



Annual Report 2021 – 2022



Company Number – IP30263R

CQC Provider ID - 1-199801603

Contents

ABOUT ELMS	3
CLINICAL CHAIRS REPORT	7
CLINICAL SERVICES	8
GOVERNANCE.....	10
CONTRACT PERFORMANCE & FINANCE	15
ELMS CONTRACT PERFORMANCE.....	15
ELMS FINANCE.....	21
ELMS UNSCHEDULED CARE SERVICES	28
ELMS Integrated Urgent Care – 24/7/365.....	28
Acute Visiting Service (AVS).....	30
Medicines Management.....	30
CLINICAL NAVIGATION HUB.....	31
HUMAN RESOURCES & WORKFORCE	33
HEALTH & SAFETY and ESTATES.....	36

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) evolved out of the – Blackburn with Darwen and East Lancashire GP Out of Hours Co-Ops and has been delivering healthcare to Pennine Lancashire since 1994. ELMS is a registered society under the Co-Operative and Community Benefits Societies Act 2014, operating on a not-for-profit basis and owned by its members based on a nominal £1 share each.

Pennine Lancashire has a diverse population with differing health experience and covers a large geographic area with operational challenges to match. ELMS deliver healthcare to the c550,000 populations of Pennine Lancashire – Blackburn with Darwen and East Lancashire – 24 hours per day 365 days a year. ELMS is contracted by the local Commissioning Blackburn with Darwen and East Lancashire CCGs, as an independent healthcare provider to provide an Integrated Urgent Care service – IUC – the Society works in close partnership with the CCGs, NHS 111/999, NWAS and other local providers across the local health and social care system

ELMS IUC service can only be accessed via NHS 111, 999 or directly by a local Healthcare Professional. It is not a direct access service and it does not accept walk-in patients.

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 unscheduled primary medical care and infrastructure for Pennine Lancashire

Strategic Priorities

- Identify Contract Opportunities
- Develop 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
- Staff and clinical performer engagement

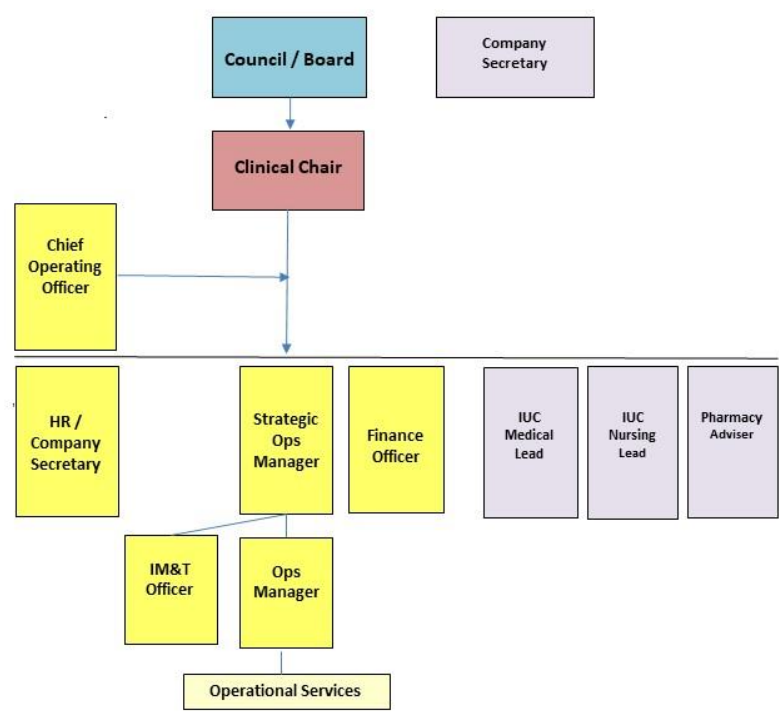
Values

Jan-20

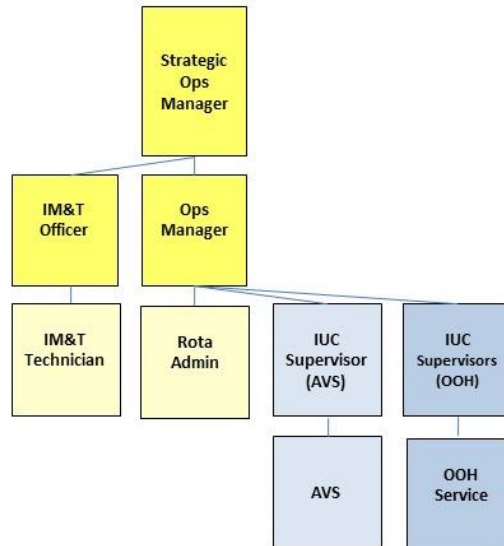
A membership organisation working collaboratively in patients interest - trustworthy, caring and capable, safe and effective

Who's Who?

ELMS Organisational Structure – February 2022



ELMS Operations Team Structure – February 2022



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 | 2021-22 were:

- Dr M K Datta, Dr P Muzaffar and Dr Y Arshad, Tracy Pettit (Nurses) Warren Greenacre (staff) and Peter Tandy(staff), Warren retired in 2021-22 leaving a vacancy for one staff member

The existing vacancy for an East Lancashire GP was filled by Dr Hassan Manzur.



ELMS Who's Who - February 2022

Clinical Chair /Safeguarding Lead & Caldicott Guardian	Dr Asif Garda
Chief Operating Officer & SIRO	Michael O'Connor
HR / Company Secretary & DPO	Levis Springer
Strategic Operations Manager	James Bibby
Finance Officer	Alison Pettinger
Medical Lead	Dr Pervez Muzaffar
Nursing Lead	Katrina Taylor
Pharmacy Adviser	Janice Davies
Operations Manager	Vacant
IM&T Officer	Andrew Connell
IUC Supervisor (Daytime)	Andrew Chapman
IUC Supervisor (Out of Hours)	Andrew Gott
IUC Supervisor (Out of Hours)	Paul Slater

CLINICAL CHAIRS REPORT

I commend the details of this report provided by my corporate colleagues on the delivery of ELMS services in 2021-22

ELMS continue to have a key role in the Pennine Lancashire health economy.

The principal activity of the Society continued to be the provision of 24/7 Unscheduled and Primary Care Services to patients in Pennine Lancashire – through its Integrated Urgent Care contract - along with services and facilities to its members.

The Society continued to manage the financial and organisational pressures during the ongoing COVID pandemic and change in the local health economy, and played a leading role in the local healthcare system response, alongside provider partners and the CCGs, during a period of considerable challenge.

This year the executive continued its priority to manage the alignment of service costs and as a result was able to invest in the Society's infrastructure and reward colleagues with pay increases and/or bonuses as a reflection of the executive team's policy of sharing the success with every colleague

Turnover has increased from last year and the Society enjoys providing services against substantial contracts and robust financial reserves. In line with its community benefits ethos, 2021-22 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 an area we will look to develop in future years.

We have seen significant change in this last year as we moved from Clinical Commissioning Groups to an Integrated Care System across Lancashire and South Cumbria; and a local place-based partnership across Pennine Lancashire.

We have built on our existing track record of service delivery and relationships to ensure ELMS retains and enhances its position as a valuable system partner, both at place and system level. The trust and assurance ELMS provides as a healthcare provider sees us regularly being asked to support urgent care initiatives, and Avian Flu, Monkeypox, Virtual Wards and Enhanced Clinical Assessment Service developments this last year are symbolic of our positive response and ability to deliver.

I am immensely proud of all of ELMS management, operational and clinical teams for this work.

I take this opportunity to thank all of our much-valued colleagues, staff and clinicians for their ongoing support and professionalism in 2021-22. I am confident my ELMS colleagues will continue responding positively to the challenges in the year ahead.

Dr Asif Garda
ELMS Clinical Chair

CLINICAL SERVICES

Once again, I would like to congratulate and thank every, clinician and operational staff member for the excellent care they provided for the patients during yet another challenging time for both of our personal and professional lives.

2021-22, saw the trend of increasing numbers of more complex cases continue however ELMS continued to provide vital support to both primary and secondary care as they struggle to cope with the ever-increasing demand. Whilst the threat of COVID-19 gradually diminished, ELMS continued to manage the COVID Management Service and the COVID Virtual Ward.

ELMS also continued to provide additional day time capacity through the Clinical Assessment Service and Navigation Hub to our system partners.

The operational change in the delivery of care through total remote triage and the suspension of ELMS services at Burnley continued to be a significant feature of service delivery during 2021-22.

Although ELMS Clinical Governance Group kept abreast of the latest NHS guidelines on PPE and infection prevention, vaccination in maintaining a safe environment to protect, patients, staff and our clinicians. There was a slow but deliberate return to more face to face contacts and home visits

The number of complaints against ELMS services and clinicians has been low representing approximately 0.01% of all contacts with patients. It should be noted that the majority of these complaints reflect poor communication and attitude of a small number of the clinicians which we proactively address and are conscious of the need to aspire to improve in all aspects of our care.

There was unfortunately one serious untoward Incident, which has been extensively reviewed and changes implemented as part of lessons learnt.

ELMS continued to assess the quality of clinical consultations through Clinical Guardian in the out-of-hours setting and through manual audits for AVS. Monitoring has not identified any significant issues or areas of concern

ELMS continue report breaches to the Commissioners which largely remain a consequence of service pressures due to increasing demand rather than resourcing issues. Although evidence remains that some delays are due to both cherry picking of the cases and prolonged inactivity. cases in order and if needed bring them in to ELMS Treatment Centre rather than deflecting to UCC.

Overall, however ELMS clinicians and operational colleagues did a great job during what remained a pressurised and testing time.

Thanks for your effort.

Dr Pervez Muzaffar
ELMS Medical Lead

CORPORATE SERVICES

Disclosure & Baring Service (DBS)

ELMS remain fully compliant with all Disclosure and Baring Service (DBS) requirements and continues to be an umbrella organisation for DBS. In 2021-22 ELMS undertook 121 DBS applications including standard or enhanced DBS checks undertaken for local Practices and 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. Fifty-two trees were saved from destruction in 2021/22, a marked increase on the previous year 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 **52** trees.

GOVERNANCE

The Society provides healthcare services to the people of Pennine Lancashire 24 hours of the day, 7 days per week, 365 days of the year. Our unscheduled primary care advice services are available 24 hours per day, 7 days a week 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.

CQC

ELMS is registered with the Care Quality Commission for the delivery of the services we deliver. Care Quality Commission Provider ID is 1-199801603.

CQC suspended their routine inspection programme in March 2020 in response to Covid-19 and have not resumed it since. The CQC continue to use a mix of onsite and off-site monitoring to ensure the public have assurance as to the safety and quality of the care they receive. As the UK emerges from the pandemic the CQC are further developing their monitoring approach. In accordance with this approach the CQC carried out a review of the data available to them about St Ives House on 03-02-2022. CQC added the following text to their website to inform the public about this outcome:

“We carried out a review of the data available to us about St Ives House on 03-02-2022. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage. This could change at any time if we receive new information. We will continue to monitor data about this service. If you have concerns about (this will be prepopulated with your location name), you can give feedback on this service.”

Patient Experience

Given ELMS ethos as a Community Benefits Society, ELMS take 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, however the Coronavirus pandemic minimised the opportunity for face-to-face contacts and led to the suspension of our Family & Friends Test (FFT) questionnaire, as our normal means of collecting feedback from our patients, carers and other stakeholders.

In 2020-21, ELMS received 77,749 referrals in its IUC service and 12,181 through its AVS – which resulted in the delivery of a total of 89,930 patient referrals in the year.

2020-21 COMPLAINTS

Given the high number of patients and their families we support do not get many complaints and patient satisfaction, measured against the level of complaints, across all our services continues to be deemed good. ELMS received **11 complaints** in 2021-22, which is **0.01% of total IUC and AVS activity**.

Issue / Period	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Total Received/Notified in period	0	0	0	1	1	1	0	2	1	0	4	1	11
Unhappy with GP					1						3		4
Unhappy with Nurse												1	1
Aspect of Clinical Treatment								1			1		2
Staff Attitude									1				1
Communication				1		1							2
Service Delivery													
Breaches- IG/CQC													
Appointments								1					1
Safeguarding													
Premises													
Inappropriate Referral													
Lead by External body													

Information Governance

Patient and business information supports ELMS clinical operations and the effective management of services and resources so it is essential that the Society's information systems are managed effectively within a robust governance framework and that the information ELMS use are sourced, held and used appropriately, 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, while 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 work to NHS standards and GDPR requirements to maintain robust and effective IT and information systems in line with its contractual and statutory obligations. The security of the Society's systems is 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 line with revised national timeline for accreditation).

ELMS IT Officer, Andrew Connell, supported by an IT Technician and the Chief Operating Officer, maintains ELMS accreditation for the Microsoft Defender for Endpoints (MDE) programme – helps networks prevent, detect, investigate and respond to advanced cyber threats - supported by NHS Digital and Microsoft.

In order to deliver safe and responsive services, ELMS access timely and up-to-date information and deploys procedures and policies to support its operations. To support this 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.

Promoting Best Practice

- ELMS use Clinical Bulletins and ClarityTeam Net (a web-based information system portal) to provide appropriate information to ELMS clinicians on NICE guidance and best practice, learning events, formulary updates and safety alerts. Staff briefings are used to communicate updates to non-clinical colleagues in addition face-to-face contacts and use of the information portal
- Robust safeguarding arrangements are in place, supported by formal policies and procedures. ELMS maintain 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 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.

Integrated Urgent Care (IUC)

ELMS Integrated Urgent Care (IUC) service IUC uses the Adastra 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. The percentage to be audited, applied to each clinician's consultations, is based on the perceived risk associated with that clinician. ELMS use Clinical Guardian to feedback to clinicians on good practice and those that need improvement.

The results as at March 2022 were:

Clinical Guardian - ELMS use the Clinical Guardian system to monitor clinician performance and as the trigger for performance review and management. Data below is headcount of all ELMS clinicians using Adastra to support their consultations for the previous 12 months to reporting date and includes inactive clinicians.												
Risk Rating / Period	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Red - clinician deemed clinically unsafe to work in the service												
Amber - Clinician under full review as a result of complaint or clinical concerns raised												1
Yellow - Clinician under standard review as a result of complaint or clinical concerns raised												
Others - Satisfactory, new clinicians and supervised GP Registrars	159	156	145	132	125	132	140	149	151	151	150	148
Summary of issues for reporting period:	<p>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.</p> <p>81 clinicians worked for ELMS in the reporting period (month in arrears) of which: 14 GPSTs; 53 GPs; 13 Nurses; and 1 Pharmacist). In the reporting period (one month in arrears), we audited 236 cases, which is 2% of total consultations worked – 70 deemed Good (29.7%) and 166 deemed Satisfactory (70.3%).</p> <p>1 clinician has been deemed to be amber and will be subject to 25% of their audits being audited for 3 months and a comparative monitoring of their face-to-face conversion rate.</p> <p><small>V:\Reports\Reports to Commissioners\2018_19\2018_12 for 2018_11 data\Clinician_status 101218 V:\Reports\Reports to Commissioners\2018_19\2018_12 for 2018_11 data\Clinicians Number by Month V:\Clinical Guardian\System Maintenance\Running Data</small></p>											

Acute Visiting Service (AVS)

AVS was been provided in Blackburn with Darwen CCG area for several years, but 2020-21 saw the roll-out of the service into East Lancashire and numbers of patients seen has increased in 2021-22.

AVS uses the EMIS clinical system to capture details of patient consultations and as it does not integrate into the on-line Clinical Guardian audit system that ELMS use to audit its IUC consultations, the Society has developed a manual audit programme to formally assess consultations, based on the same RCGP criteria as that used for Clinical Guardian. Reviews are conducted by ELMS Clinical Chair, Medical Lead and/or Nurse Adviser.

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

E. Lancs. Service								
March 2021	Unsafe to Work in Service	Needs development	Competent	Excellent	Total No. Assessed	Total episodes of Care	Percentage Audited %	
Scoring range	0-4	5-8	9-12	13-16				
No. of consultations		2	44	127	173	7661	2.3%	
% of consultations	0%	1%	25%	73%				
BwD Service								
March 2021	Unsafe to Work in Service	Needs development	Competent	Excellent	Total No. Assessed	Total episodes of Care	Percentage Audited %	
Scoring range	0-4	5-8	9-12	13-16				
No. of consultations			35	101	136	4440	3.1%	
% of consultations	0%	0%	26%	74%				

Clinicians receive feedback on their performance and any seen with developmental needs are supported by ELMS senior clinicians.

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 or Katrina Taylor, ELMS Nurse Adviser, and actions are audited for appropriate referral and escalation. Remedial or supplementary action is taken if the audit identifies a need for the same.

Katrina Taylor, ELMS Nurse Adviser, led ELMS clinical audit programme in conjunction with Dr Asif Garda and undertook a number of audits on Conjunctivitis, Deep Vein Thrombosis and Non-Medical Prescribing (NMP) in 2021-22. Katrina will repeat the NMP audit on an annual basis. Janice Davies ELMS Medicines Optimisation Pharmacist, undertook an audit on ELMS Antimicrobial Prescribing for the treatment of acute sore throat and another audit on medication quantities. Asif Garda carried out an audit on the appropriateness of ELMS category 1 ambulance referrals. Lessons learnt were shared via ELMS clinicians via the ELMS clinical bulletin or separate briefings and copies of the audits were shared with Commissioners in line with contract requirements.

CONTRACT PERFORMANCE & FINANCE

ELMS CONTRACT PERFORMANCE

ELMS Business Services (EBS)

ELMS Business Service was dormant in 2020-21 and had no trading activity, from other services subject to VAT for example. ELMS Board proposed and ELMS Council agreed to its closure and it was deregistered in March 2022.

East Lancashire Medical Services (ELMS)

This section details the status of ELMS contracts and any service developments in 2021-22. It should be read in conjunction with the section for ELMS Unscheduled Care Services of this report by James Bibby, ELMS Strategic Operations Manager, that provides an operational commentary on the delivery of ELMS services.

In 2021-22 ELMS maintained its not for profit ethos, given our Community Benefits Society status in the delivery of its service contracts, while ensuring that any existing and new business are viable and delivered on a patient focused but commercially disciplined basis.

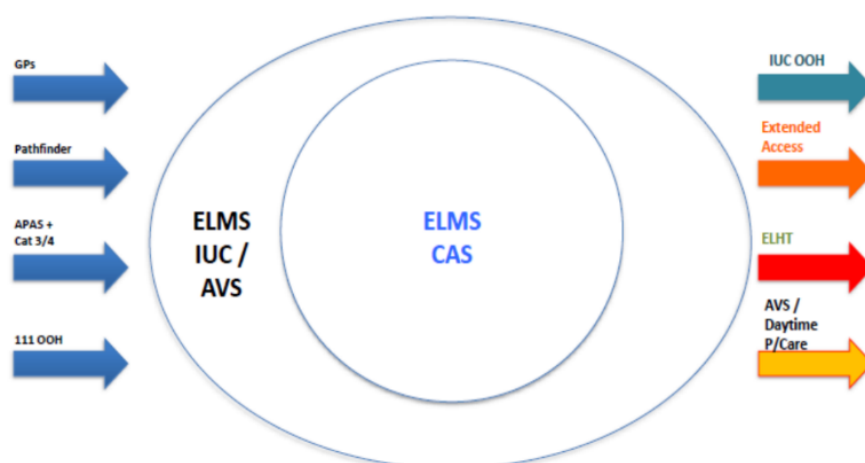
2021-22 saw the Society continue to underpin local primary care services and the health economy – ELMS is a key healthcare provider in the local health system. ELMS continue to be a good system partner, working positively with local primary care providers and PCNs, East Lancashire Hospital Trust, with the Blackburn with Darwen and East Lancashire CCGs, and the emerging Integrated Care System on a Lancashire and South Cumbria wide basis.

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

Integrated Urgent Care

ELMS core Out of Hours Integrated Urgent Care (IUC) service addresses clinical presentations for those patients in Blackburn with Darwen and East Lancashire and those from out of area presenting for immediate necessary treatment, with medical conditions of an urgent primary care nature. ELMS are proud to deliver a robust and safe, 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 Current Service Offer



This service is integrated with NHS 111 and 999 from whom it receives referrals as well as a direct telephone line for local Health Care Professionals (HCPs) to make referrals and ELMS service continues to be subject to ongoing redesign as the range of patient presenting conditions increases. ELMS IUC service cares for patients 24 hours per day, 365 days per year including bank holidays.

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.

The total number of patient contacts can exceed the numbers referred as patients may receive an advice call that then gets converted to a face-to-face consultation.

In 2021-22 ELMS IUC service dealt with 77,715 referrals including face-to-face treatment centre episodes of care, home visits and talk and treat advice calls.

The increase use of the talk and treat model – in part influenced by the impact of COVID-19 - makes better use of clinical resource and looks to ensure that only those patients with an identifiable clinical need to be seen face-to-face. The volumes of referrals received as “advice” or “to be seen” that changed through the ELMS episode of care, with the volume changed to “to be seen” increasing in the course of the year, can be seen in the tables below:

Received case type:

East Lancs CCG	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Advice	97.0%	97.0%	97.2%	96.8%	97.2%	96.7%	96.9%	96.7%	96.6%	97.1%	97.3%	96.9%
To Be Seen	3.0%	3.0%	2.8%	3.2%	2.8%	3.3%	3.1%	3.3%	3.4%	2.9%	2.7%	3.1%

BwD CCG	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Advice	97.1%	96.9%	96.2%	96.8%	96.9%	97.9%	96.8%	97.2%	97.1%	97.1%	97.0%	97.8%
To Be Seen	2.9%	3.1%	3.8%	3.2%	3.1%	2.1%	3.2%	2.8%	2.9%	2.9%	3.0%	2.2%

Finished case type:

East Lancs CCG	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Advice	93.9%	93.6%	95.5%	94.0%	92.1%	91.9%	91.5%	89.8%	87.7%	86.8%	86.5%	86.3%
To Be Seen	6.1%	6.4%	4.5%	6.0%	7.9%	8.1%	8.5%	10.2%	12.3%	13.2%	13.5%	13.7%

BwD CCG	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Advice	92.8%	92.9%	93.2%	91.7%	91.2%	90.5%	89.2%	86.8%	84.4%	85.5%	81.8%	80.5%
To Be Seen	7.2%	7.1%	6.8%	8.3%	8.8%	9.5%	10.8%	13.2%	15.6%	14.5%	18.2%	19.5%

The IUC service responded to referrals from NHS 111 and 999, and local Health Care Professionals (HCPs) including Paramedical Pathfinder from North West Ambulance Service (NWAS), 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.

These referral sources impact the level of case acuity referred into the Society’s IUC service with the acuity level continuing to grow in 2021-22. The number of emergency cases referred into ELMS continues at a high share of overall activity, as reflected in the Received Case Priority information shown below. The level of case acuity was addressed by ELMS clinicians as reflected in the Finished Case Priority also shown below:

Case Acuity

Received Case Priority	2021-22 %
Emergency	46.8%
Urgent	45.2%
Routine	8.0%

Finished Case Priority	2021-22 %
Blank	3.3%
Emergency	5.0%
Urgent	12.5%
Routine	79.1%

ELMS IUC service continues to cope with limited access to alternative services out of hours and it is hoped and anticipated that this is an area of service development in the local health economy in 2022-23. In the meantime, ELMS Unscheduled Care section within this report.

COVID continued to impact services in 2021-22. ELMS dealt with 4,279 COVID received type cases in 2021-22, 6% on the year’s workload and approximately 1,400 down on the previous year. 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. ELMS implemented the DH guidance applicable at the time on vaccine status and testing for NHS staff, which was of particular importance when in contact with vulnerable adults.

The suspension of ELMS IUC service at Burnley General Hospital, with effect from 1 April 2020, continued into 2021-22. This service consolidation to a single site – the Society’s main site in Blackburn - provided greater service resilience but this position will be reviewed in 2022-23 as the COVID pressure eases but is dependent on the local hospital trust – East Lancashire Hospitals NHS Trust - confirming the availability of suitable clinical space.

ELMS IUC service continues to provide the local health system with opportunities for savings against services that might be deployed if the patient is referred onto secondary care, as demonstrated below; 2021-22 position as at March 2022:

ELMS IUC Efficacy: 2021/22 - Referrals received as emergency

Period	Received as Emergency Case Types - Pennine Lancs Activity	Secondary Care Referrals	Activity deflected from ELHT	Received Emergency Cases Deflection Rate %	NWAS conveyance saving at £197.12 (note 2)	A&E attendance tariff saving at £73 (note 3)	NWAS assume 31% (note 4) of patients admitted	Emergency admission tariff saving at £124 (note 5) on 31% of patients (note 4)	Beds days on 31% of patients 2.8 days (note 4)	Total savings
Reporting Month: Mar-22										
Total Year to Date	36344	11715	22608	62%	4456488.96	1650384	3631.65	450324.6	10168.62	£ 6,557,197.56
Note 1: Above figures exclude DNAs etc.										
Note 2: Indicative NWAS tariff										
Note 3: 2019/20 tariff cost for type 3 dept.										
Note 4: NWAS rates agreed by Commissioners										
Note 5: Code - PA57Z - Examination, Follow-up, Special Screening or other Admissions, with length of stay 1 day or more										

The impact of COVID and the ability of ELMS to respond to local health service pressures, through the delivery of effective services, meant the Society continued to play 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:

- COVID Virtual Ward** – continues from 2020-21 and formally contracted via a contract variation with effect from April 2021. ELMS were part of an integrated partnership and delivery model recognised in the 2021 HSJ Awards with the award for Best Use of Integrated care and Partnership Working in Patient Safety. The ELMS team led by Dr Asif Garda, ELMS Clinical Chair, has provided medical support and oversight for the COVID Virtual Ward and the Intensive Home Support models. This award reflected the positive benefits of partnership working, in which Dr Garda and ELMS have played a key role, in the delivery of an integrated service to deliver timely support and care to patients.

ELMS Annual Report 2021 – 2022

- Clinical Assessment Service (CAS) GP** – CAS is an intermediate service that allows patient assessment to ensure treatment on a “hear-and-treat” basis or directed efficiently and effectively into the most appropriate onward care pathway. Short-term funding was provided following on from 2020-21, for a weekday in-hours GP continues to support ELMS provide a 24/7 365 CAS response, as part of ELMS IUC service offer, and help deflect patients referred to ELMS by NHS111/999 away from secondary care. The impact of the CAS element of the Society’s IUC service is shown in the tables below that reflect the different pathways into ELMS CAS:

APAS – Potential ETC Attendance in 1-4 hours

APAS Contacts	Apr-21		May-21		Jun-21		Jul-21		Aug-21		Sep-21		Oct-21		Nov-21		Dec-21		Jan-22		Feb-22		Mar-22	
	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total
Total	585		705		580		497		446		453		487		496		462		507		450		421	
Stayed in Primary Care / Other services	299	51%	388	55%	334	58%	314	63%	281	63%	269	59%	303	62%	324	65%	359	78%	303	60%	278	62%	243	58%
Secondary care	286	49%	317	45%	246	42%	183	37%	165	37%	184	41%	184	38%	172	35%	103	22%	204	40%	172	38%	178	42%
Secondary Care – referred direct to ELHT Department	50	2%	35	11%	36	15%	15	8.2%	18	10.9%	7	4%	23	12.5%	13	7.6%	7	6.8%	13	6.4%	17	9.9%	27	15.2%

APAS 999

APAS Contacts	Apr-21		May-21		Jun-21		Jul-21		Aug-21		Sep-21		Oct-21		Nov-21		Dec-21		Jan-22		Feb-22		Mar-22	
	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total	No. Contacts	% of Total
Total	635		702		616		482		543		537		606		716		749		815		745		786	
Stayed in Primary Care / Other services	210	33%	281	40%	237	38%	169	35%	209	38%	194	36%	232	38%	273	38%	278	37%	303	37%	235	32%	276	35%
Secondary care (incl. OOA i.e. Airedale)	425	67%	421	60%	379	62%	313	65%	334	62%	343	64%	374	62%	443	62%	471	63%	512	63%	510	68%	510	65%
Secondary Care – referred direct to ELHT Department	3	1%	3	1%	5	1%	4	1.3%	3	0.9%	1	0%	3	0.8%	4	0.9%	3	0.6%	5	1.0%	9	1.8%	14	2.7%

NHS 111 On-line

APAS 111 on-line Contacts	Apr-21		May-21		Jun-21		Jul-21		Aug-21		Sep-21		Oct-21		Nov-21		Dec-21		Jan-22		Feb-22		Mar-22	
	No. Contacts	% of Total	No. Contact	% of Total	No. Contact	% of Total	No. Contact	% of Total	No. Contact	% of Total	No. Contact	% of Total	No. Contact	% of Total	No. Contact	% of Total	No. Contact	% of Total	No. Contact	% of Total	No. Contact	% of Total	No. Contact	% of Total
Total	99		114		166		236		174		229		238		247		268		275		236		284	
Stayed in Primary Care / Other services	56	57%	64	56%	101	61%	147	62%	104	60%	137	60%	155	65%	162	66%	164	61%	177	64%	138	58%	175	62%
Secondary care	43	43%	50	44%	65	39%	89	38%	70	40%	92	40%	83	35%	85	34%	104	39%	98	36%	98	42%	109	38%
Secondary Care – referred direct to ELHT Department	11	26%	10	20%	17	26%	18	20.2%	15	21.4%	10	11%	11	13.3%	8	9.4%	6	5.8%	7	7.1%	11	11.2%	25	22.9%

Secondary care includes referrals onto out of area acute providers i.e. Airedale, Preston. Figures include direct referrals to RUTC and BUTC but exclude Did Not Attend, Refused Treatment, Failed to Contact etc. Patients may still have chosen to attend ETC or be conveyed to secondary care.

- **MCCD Service Pilot** – at the height of the COVID pandemic, ELMS undertook to support the issuing Medical Certificates of Cause of Death (MCCD) during out of hours periods (weekends and bank holidays) when a family, for religious or cultural reasons require an immediate burial and where there are no other reasons for a delay. The MCCD pilot ran between 6th August– 5th November 2021 and issued 10 certificates.
- Medical oversight and support for **Afghan Resettlement Project** for period 10-29 September 2021. ELMS service included on-site attendance by a visiting GP and on-call cover, caring for 120 people of which 94 were children.
- **Albion Mill service** – Albion Mill in Blackburn is a 35 bedded Intermediate Care Service offering short- term as step up or step-down intermediate care for patients. Nurses working in Albion Mill have access to ELMS HCP Line out of hours along with the other LSCFT Community Nurses.

In looking to plan and manage this service ELMS is faced with an ongoing uncertainty each year as to the contract duration and value to be confirmed each year due to the Commissioner decision making process. Blackburn with Darwen and East Lancashire CCGs have confirmed that the IUC contract for this core ELMS service runs to March 2023 but did not advise an increase in contract value for 2021-22 until after year-end, so it could not be incorporated in the Society's service delivery plans for the year.

Acute Visiting Service (AVS)

ELMS continue to deliver an effective AVS across Blackburn with Darwen (BwD) and now East Lancashire, working with local Practices and the CCGs 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.

The Society has demonstrated its ability to provide flexible delivery service models in the rollout of the AVS service in East Lancashire; this has been commissioned on the basis of a core service in the spring, summer and autumn months and enhanced capacity in the winter. An additional visiting team was also funded for the winter period up to March 2022, to help address winter capacity issues within GP Practices.

COVID-19 continues to impact on the health system and ELMS AVS has continued to support GP Practices as the service accepts 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.

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

BwD AVS Efficacy: 2021/22										
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-22										
BwD Total Year to Date	4442	£ 199,890	90%	3984	£ 785,351	£ 290,841	1235	£ 153,150	3458	£ 1,429,233
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

EL AVS Efficacy: 2021/22										
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-22										
EL Total Year to Date	7661	£ 344,745	90%	6879	1355931	502146	2132	£ 264,418	5971	£ 2,467,239
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										

Like its IUC service ELMS AVS contract is subject to ongoing uncertainty each year as to the contract duration and value. Blackburn with Darwen and East Lancashire CCGs have confirmed that the AVS contract runs to March 2023 but did not advise an increase in contract value for 2021-22 until after year-end, so it could not be incorporated in the Society's service delivery plans for the year.

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

In 2021-22 ELMS continues to provide safe, high quality and cost-effective services reflecting in its 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, the Society 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.

While the number of contracts held by the Society in 2021-22 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 2021-22.

Achieving cost efficiency continues to be a corporate priority and credit goes to all ELMS managers who strive to operate within budget, with the company able to report a trading surplus for redistribution to charities and reinvestment in the business.

Pierce, a business and accountancy group based in Blackburn, independently audits ELMS accounts. Pierce has again provided a clean audit report within the financial statements for ELMS for 2021-22, with no significant weaknesses in systems have been noted during the audit work undertaken. ELMS and Pierce have the diligent hard work of Alison Pettinger, ELMS Finance Officer, to thank for the delivery of effective finance systems to support the business and support for the audit process, including sharing of timely and accurate information on a commercial in confidence basis in accordance with best practice.

Revenue

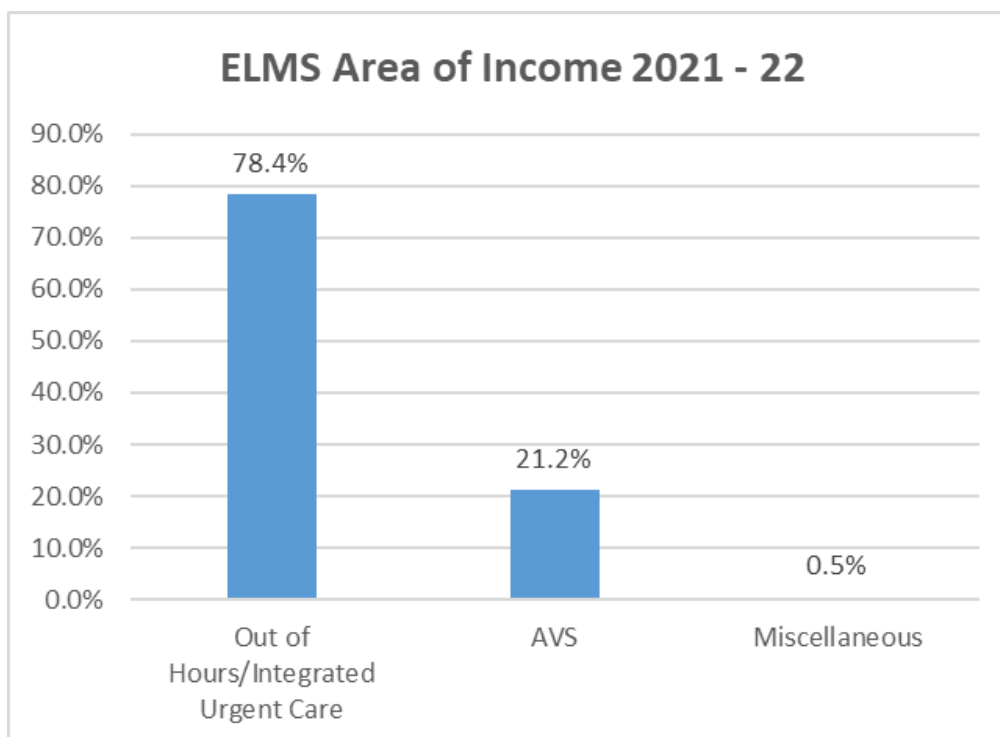
ELMS Business Services (EBS)

ELMS Business Services (EBS) EBS closed in 2020-21 and had no trading activity in 2021-22. EBS paid a £4,190 dividend to ELMS in 2021-22, as final settlement of its accounts.

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 £6.64m - a 4.3% increase from 2021-22. This change in turnover is due to an increase in service activity and additional income streams, include a contract uplift received after year-end but relating to the 2021-22 contract, as set out below.

The contribution of individual contracts and miscellaneous income to the 2021-22 financial year position overall, are shown below:



IUC and AVS Income

The 2021-22 combined primary care service income was £6.61m and included contract values (with a £160k contract uplift after year-end) 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 at £5.21m. 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.

The 2021-22 Acute Visiting Service (AVS) contract provided £1.4m of income for the Society. 2021-22 saw the full rollout of an East Lancashire (East Lancs) AVS in addition to the existing Blackburn with Darwen (BwD) service. AVS continued to treat patients with acute exacerbated conditions, whether patients were COVID or non-COVID and supporting East Lancs and BwD GP Practices.

Other Income

Additional income streams identified by the corporate team, as reflected in miscellaneous income including corporate services e.g. management fees, processing DBS applications, etc., a dividend from EBS and some financial adjustments plus bank interest, contributing £30,110 to Society turnover in 2021-22.

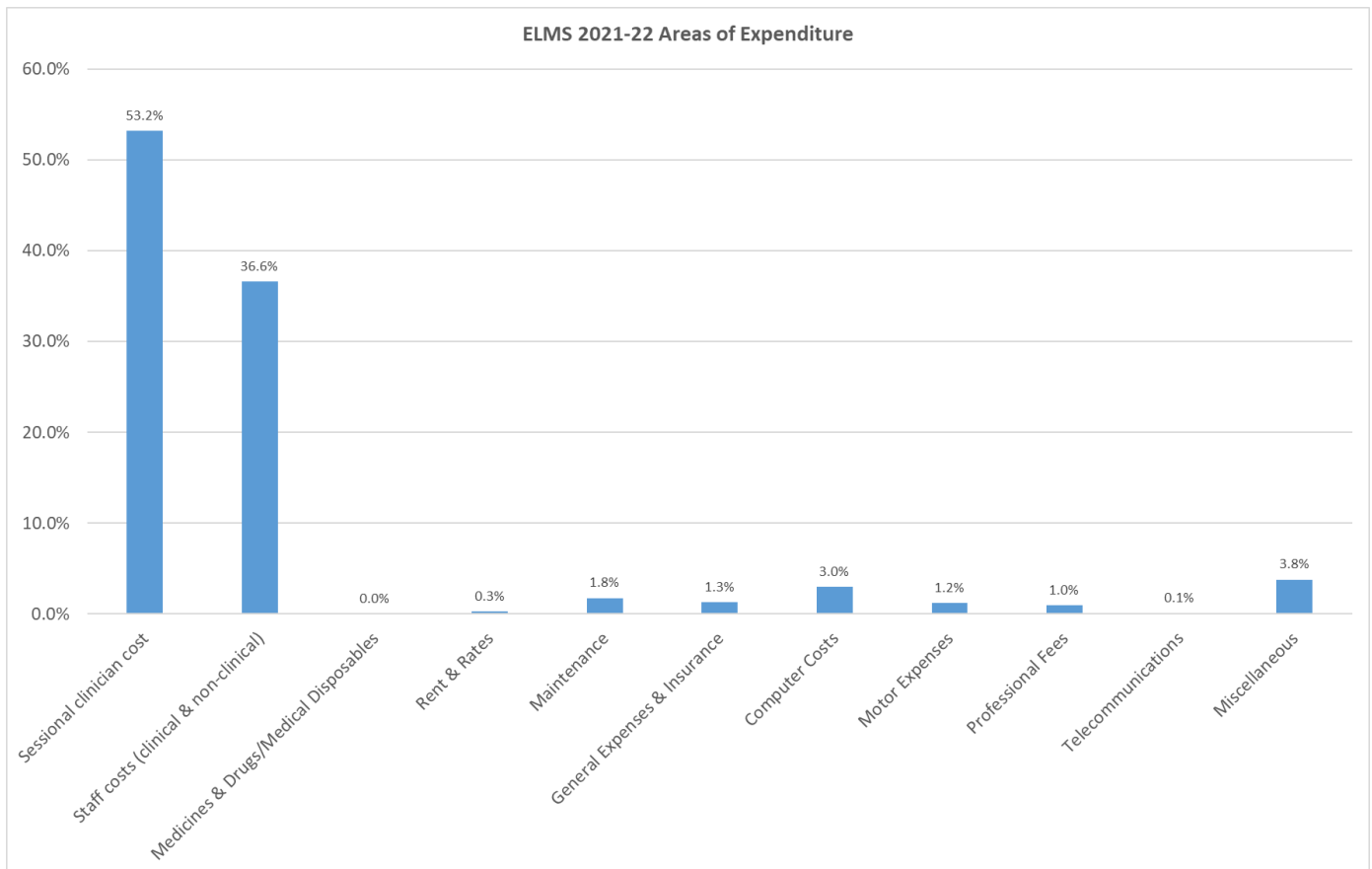
Expenditure

ELMS 2021-22 total direct and administrative costs amounted to £6.40m.

Management of ELMS cost of sales and administrative expenses, continues to be a corporate priority; the contribution of individual service costs to the 2021-22 financial year position overall, are shown below.

ELMS - IUC and AVS

The breakdown of the Society’s core services – IUC and AVS - expenditure for 2021-22 is shown below:



The cost of clinical cover and salaried clinical and non-clinical staff continues to be ELMS main area of expenditure at £5.6m – 88% of total spend.

- The average monthly number of persons working in the Society’s services during the year was 79, a small reduction from 2020-21.
- ELMS has maintained clinical performer capacity and has been able to respond to services needs when asked to deliver by the local Commissioners, as well as supporting the training of medical students either working through placements in our IUC or AVS services. Two members of staff were redundant as a result of a review of business operations and three because of the current suspension of the service historically based at Burnley. One of these colleagues subsequently re-joined ELMS in a new role.

- The Society continues to maintain high standards of direct patient care and corporate functionality, thanks to the excellent non-clinical team and corporate resource who support operational services. ELMS executive team acknowledged the input of colleagues through a 3% pay rise for most staff, a Christmas hamper for staff and clinicians and a year-end bonus to thank staff and clinicians who had supported the service during the COVID period.

The next largest area of spend in 2021-22 was for ELMS computer and IM&T systems and hardware at £187,647 an 11% saving on 2020-22. The Society uses two clinical systems for its clinical services; these are funded from contract revenue as well as ongoing maintenance and ad hoc work required to keep vital systems operating effectively. The Society continues the development of system functionality and security to ensure the IM&T systems remain fit for purpose in support of business and patient needs.

A significant area of expenditure was charitable donations as ELMS looked to promote its community benefits society ethos with donations to local Age UK, Acquired Brain Injury and Bereavement Charities, foodbanks and hospices and homeless charities across the Pennine Lancashire; the Society donated £171,733 in 2021-22. This reflects the Society ethos that, subject to service and corporate viability, the Society looks to invest some of its trading surpluses to socially positive outcomes that support improvements to the health and wellbeing of local communities on a pro rata equitable basis across the boroughs ELMS serve.

In 2020-21, ELMS spent £110,060m on maintenance and utilities a 25% reduction on 2020-21 costs. Expenditure included cost of maintaining and repairing the St Ives House site as the base for IUC and the AVS included removal of asbestos materials and this element was offset against the Society's tax liability. £63,100 was added to the value of the property in-year as a result of premises refurbishments. Political developments at the end of 2021-22 affected international energy markets that saw the cost of gas and electric start to rise and ELMS 2022-23 budget includes increasing provision for these increasing energy costs.

ELMS maintained the availability of appropriate PPE to clinicians and staff during this period. 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 continue 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 3% from 2020-21 to £79,202. 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. ELMS benefit from clinical negligence cover from the Department of Health's Clinical Negligence Scheme for General Practitioners but continues 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 10% from the previous year to £76,568 as the Society needed to repair vehicles and faced increased running costs from the development of AVS in East Lancashire and increases in fuel prices.

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 2021-22.

Miscellaneous costs increased significantly in 2021-22 to £238,069; these costs cover a range of sundry business expenses but in this year, primarily accounted for the cost of ELMS charitable donations to local good causes. ELMS provision for depreciation that was reduced in value by 30% from 2020-21; this reduction in cost was primarily due to the significant change in property valuation confirmed last year.

The cost of rent and rates at £19,087 saw a 39% reduction in costs for 2021-22, resulting from a financial adjustment in the previous year arising from a historic rental bill for ELMS Federated Practices.

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 2021-22:

- An operating surplus against the main ELMS accounts of £232,423 plus £11,152 bank interest - £243,574 in total.

The size of the operating surplus reflects a £159,799 contract uplift for 2021-22 received after year-end, so it could not be incorporated in ELMS business plans for the trading year.

ELMS surplus net of this windfall is not large relative to the size of the annual turnover and reflects the proactive management of the Society's flexible service offer, while bearing down on service costs.

- The Society paid £36,170 in corporation tax, giving an overall surplus of £207,404 for 2021-22.

This surplus reflects the viability of the company with a positive trading account and balance sheet.

ELMS continue to be a financially healthy organisation with a strong balance sheet:

- Balance sheet value has increased from £2.3m to £2.5m for 2021-22.
- ELMS cash at the bank and in hand – both current and deposit accounts – boosted by the 2021-22 operating surplus across its range of services and the 2021-22 contract uplift received after year-end stands at £2.4m.

- In-year investments include resources to support service delivery: purchase of a replacement CCTV system, computer equipment including new network switches and front and rear cameras for ELMS vehicle fleet.
- ELMS have no significant external debt.

Conclusion

ELMS continue its history of delivering patient focused 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 acknowledge the effectiveness of our financial arrangements - and continues to be viable as it enters its next trading year.

ELMS anticipate further contract extensions given this well-deserved reputation for service delivery and corporate effectiveness, subject to the vagaries of the Commissioners decision making processes that have seen final decisions deferred until the very end of the financial year in recent years.

The changing NHS infrastructure with the planned demise of CCGs in 2022-23 and the establishment of a pan Lancashire and South Cumbria Integrated Commissioning Board has seen Commissioners limit the commissioning of new services. They have looked to short-term solutions and ELMS will continue to demonstrate its ability to respond to changing service needs within the health system. The corporate ethos of prioritising new service opportunities that benefits patients and the communities we service, while ensuring their financial sustainability will be maintained into 2022-23.

ELMS UNSCHEDULED CARE SERVICES

ELMS Integrated Urgent Care – 24/7/365

We would like to place on record our thanks and gratitude to everyone working across the ELMS Integrated Urgent Care Services in your varying roles for all the help, support and sacrifices given to us and the teams throughout the year, you have ensured we continue to deliver and produce the highest standards of service on which we have all prided ourselves on.

System Management

The Aadastra Clinical Management System underwent a full upgrade to the latest version 3.38.06 to maximise the functionality and integration the system has to offer.

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

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.

2021-22 – Rotamaster Clinical Hours

	IUC	AVS
Total Hours Provided	35667	14444
% Clinical Hours Provided by GP	89.50%	56%
% Clinical Hours Provided by Nurse	6.90%	33%
% Clinical Hours Provided by Locum Nurse	0.20%	6%
% Clinical Hours Provided by Pharmacist	1.00%	n/a
% Clinical Hours unfilled	2.40%	5.30%

2021-22 – Rotamaster Non-Clinical Hours

	IUC	AVS
Total Hours Provided	27060	14733

Integrated Urgent Care (IUC) Activity

The service continued to be run under the stewardship of Andrew Gott and Paul Slater with support from controllers, navigators, General Practitioners, Advanced Nurse Practitioners, Nurse Advisors and Pharmacists.

The service continued to be guided by ELMS Executive and ELMS Council and supported by ELMS Senior Management Team and Clinical & Organisational Governance Committee.

Total triage systems remained in place due to COVID with some relaxation of Under 5s being offered an appointment in an attempt to reduce pressure and risk on advice call wait times.

Only 10% (n7691) of the total number of referrals was seen face to face of which n5,100 seen in Treatment Centre, n2,584 Home Visits and n7 “To Be Seen”. In total 85,399 consultations were completed in ELMS IUC – based on the assumption that face-to-face consultations (excl. “To Be Seen”) were proceeded by an advice call.

Activity levels grew by 11% (n7,737) with 77, 715 referrals received in 2021-22 compared with 69,978 in 2020-21. This equated to an increase on average of an additional 21 referrals per day

Activity by Finished Case Types by month of the year was:

Finished Case Types	APAS 999 Advice	APAS Advice	COVID-19	DN/HV	GP Advice	HCP Advice	Home Visit	NH Nurse Advice	Path Lab Advice	Pharmacy Advice	Treatment Centre	Failed To Contact	To Be Seen	Total
April	633	669	113	64	3752	565	224	127	138	180	202	0	2	6669
May	706	812	272	66	4610	572	259	140	130	176	260	0	1	8004
June	648	736	352	56	3401	466	150	157	131	156	186	0	0	6439
July	503	719	306	61	3248	481	193	115	130	189	213	0	1	6159
August	543	619	303	65	2980	486	232	87	85	169	239	0	0	5808
September	558	671	366	61	2740	416	237	80	101	129	274	0	0	5633
October	644	761	594	65	3264	478	242	83	95	201	382	0	2	6811
November	745	784	432	59	2864	465	191	97	115	144	520	0	0	6416
December	806	735	535	80	2961	540	216	83	129	186	712	0	0	6983
January	848	770	471	72	2899	476	276	100	143	208	658	0	0	6921
February	767	666	218	49	2299	437	173	113	143	139	686	0	0	5690
March	835	686	317	60	2399	441	191	204	135	145	768	0	1	6182
Grand Total	8236	8628	4279	758	37417	5823	2584	1386	1475	2022	5100	0	7	77715

Surprisingly it was quarter 1 months, April, May and June proving to be the peak quarter for the year, whilst the winter months presented the usual challenge consistent with previous years.

Activity by Finished Case Types by day of the week was:

Finished Case Types	APAS 999 Advice	APAS Advice	COVID-19	DN/HV	GP Advice	HCP Advice	Home Visit	NH Nurse Advice	Path Lab Advice	Pharmacy Advice	Treatment Centre	Failed To Contact	To Be Seen	Total
Mon	1068	1238	301	83	2878	384	94	240	187	105	305	0	0	6883
Tue	1237	1155	293	80	3114	412	45	329	275	86	303	0	1	7330
Wed	1080	1206	330	70	2943	436	64	280	286	108	315	0	3	7121
Thur	1152	1113	323	93	3097	462	63	302	285	104	253	0	1	7248
Fri	1031	1018	349	102	3454	535	129	234	284	217	372	0	2	7727
Sat	1235	1325	1269	164	10952	1824	948	0	141	777	1638	0	0	20273
Sun	1218	1324	1182	137	9118	1482	1077	1	13	488	1716	0	0	17756
BH	215	249	232	29	1861	288	164	0	4	137	198	0	0	3377
Grand Total	8236	8628	4279	758	37417	5823	2584	1386	1475	2022	5100	0	7	77715

Monday and weekends continued to be the busiest days with activity midweek remaining consistent with previous years:

Day of Week	No. of Referrals	Average
Mon	6883	150
Tue	7330	144
Wed	7121	137
Thur	7248	137
Fri	7727	152
Sat	20273	390
Sun	17756	341
BH	3377	422
Grand Total	77715	213

Acute Visiting Service (AVS)

The service continued to be run under the stewardship of Andrew Chapman with support from Olivia Fisher and Tom Marsden.

Capacity was increased for 13 weeks over the winter period for East Lancashire in line with commissioning directives. It was further enhanced over winter months as a result of Primary Care Network Funding being allocated to ELMS to support GP Practices.

Both CCG areas continued to be well utilised across the year with only a small amount of capacity lost due to on the day sickness.

2021-22	BwD Visits	East Lancs Visits	Combined Visits
Apr-21	364	546	910
May-21	334	508	842
Jun-21	399	590	989
Jul-21	311	545	856
Aug-21	344	511	855
Sep-21	386	611	997
Oct-21	397	615	1012
Nov-21	409	708	1117
Dec-21	369	701	1070
Jan-22	334	722	1056
Feb-22	359	711	1070
Mar-22	436	893	1329
Grand Total	4442	7661	12103

Medicines Management

Management of the processes continued under the stewardship of Andrew Chapman, Andrew Gott and Paul Slater supported through Clinical Performance Lead Dr Pervez Muzaffar with improved control measures implemented as directed, so many thanks to them for their continued support.

With Electronic Prescribing Systems (EPS) now fully implemented and functioning well this has significantly reduced the medicines function within ELMS creating scope and opportunity for efficiencies to be gained.

With BGH functions continued re-deployment to St Ives House throughout the past year, further improvements ref stock rationalisation was agreed and implemented by ELMS Clinical Governance thus ensuring the organisation reduced the administrative burden, reduced waste and made the service more efficient and more cost effective through 2021-22.

CLINICAL NAVIGATION HUB

2021-2022 saw the Navigation Hub continue in its capacity as a Clinical Assessment Service and continues to be an integral part of the ELMS Integrated Urgent Care Service that is available to deliver a 24/7/365 Clinical Advisory Service (CAS).

The team still consists of four Registered Nurses, with extensive and varied experience in Community and/or Acute settings. The team continue to broker referrals on behalf of Healthcare Professionals so supporting community teams and ELMS Acute Visiting Service team to make onward referrals to other services.

The Hub also continues to take Acute Patient Assessment Service (APAS) calls, with the CAS taking direct referrals from NHS 111 and 999 calls under agreed symptom groups and disposition codes.

In December 2020, the CCGs commissioned a GP to join with the Hub to take CAS/APAS Calls providing further assessment to Blackburn with Darwen and East Lancashire patients who have called the ambulance service or advised to attend an Emergency Department (ED) by NHS 111.

By utilising the CAS GP, we are able to take calls from Paramedics on scene when they have been unsuccessful at contacting the patient's own GP. This enables the Paramedic to leave the scene, avoid unnecessary waiting times at the patient's home and ensures they are able to move on to their next patient. The aim is to prevent unnecessary ED attendances and ambulance conveyances through a further assessment offer. This ensures that patients receive the right care, in the right place, at the right time. In many cases, it was an alternative to ED attendance with care arranged closer to home following assessment.

Since the COVID Pandemic healthcare services have prioritised triaging their patients via telephone consultation before any face-to-face contact. However, as the day progresses patients may be unable to obtain telephone consultations from their host Practice and may be advised by the GP Practice receptionist/care navigator that they need to attend ED or ring NHS 111. Thus, ELMS Nav Hub have found an increase in the number of calls from NHS 111 and APAS 999 and inevitably an increase in calls needed to be taken by the Nav Hub team of Nurse Advisers.

ELMS already have the technical capability (through Aadastra clinical system's GP Connect) to be able to electronically book appointments into GP Practices, however, there are only a limited number of Surgeries that have agreed to allow this to be available on their system. Talks are already underway with ELMS and Commissioners to ensure more Practices will allow slots to be available to ensure that APAS Calls will be able to be given an appointment with the patient's own GP if pertinent after triage.

Since the roll out of APAS calls in 2018, further improvements came in August 2019 to ensure the post event messages received have all the required information to maximise the information available to ELMS clinicians. This enabled clinician to request NWS Taxis if deemed appropriate to convey the patients to UTC or ED or MIU.

Referrals received are all electronic using the Aadastra clinical software platform, making the process very efficient as this interface with NHS 111 and 999 services.

In September 2020 we also were given a new Pathway from ELHT that allowed us to book patients directly in RUTC (Royal Blackburn Urgent Treatment Centre), BUTC (Burnley urgent Treatment Centre), SAECU (Surgical Ambulatory Emergency Care Unit), AECU (Ambulatory Emergency Care Unit) and COAU (Children's Observation and Assessment Unit) after clinical triage. This is providing the patient fits the receiving service criteria. This should ensure patients are not attending ED unnecessarily and provides a better patient journey. However, having these pathways available to us has had mixed success as we have not been able to easily book patients in to COAU as recurring problems were identified; the COAU were reluctant to take referrals from us as they had not been seen face-to-face. The same problem was experienced with SAECU and AECU referrals because they will only accept patients who have been seen face-to-face rather than telephone triage.

ELMS continuously monitor the quality of service through proactive audits and reporting. Monthly reports continue to evidence that the Hub addresses the needs of those clinicians seeking out of hospital solutions to avoid stepping patients up to secondary care.

In summary, the Clinical Navigation Hub is continuing to do its part to reduce avoidable emergency admissions.

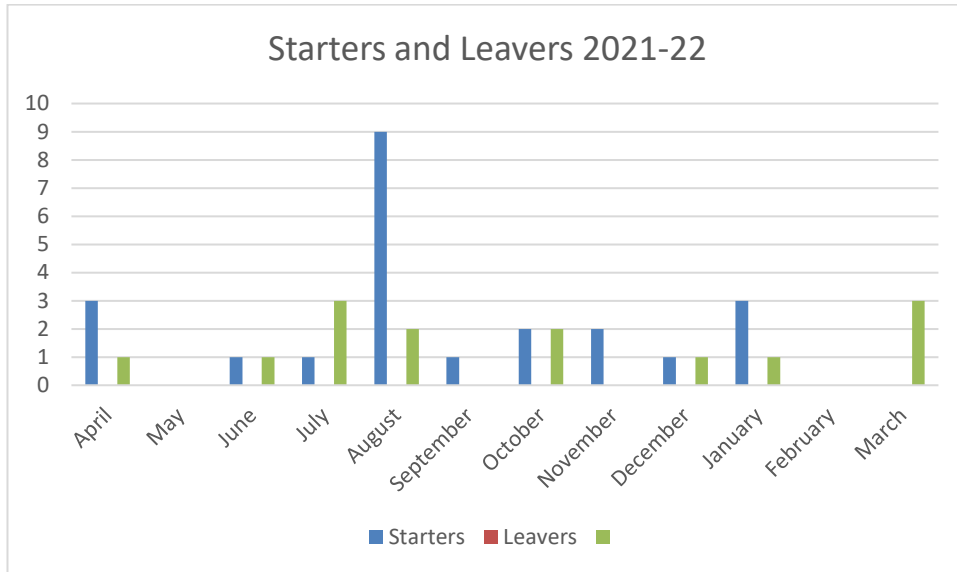
HUMAN RESOURCES & WORKFORCE

During 21-22 ELMS was at the forefront of delivering Primary Care Services via its delivery of Integrated Urgent Care and AVS services, providing vital support across Pennine Lancashire.

Workforce Profile

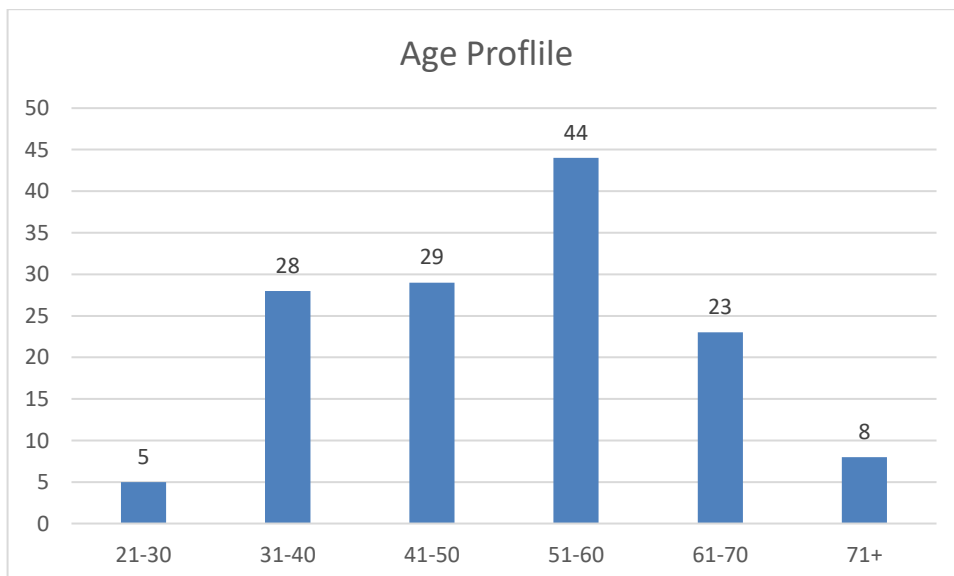
Turnover

There was a total of 23 starters and 13 Leavers in 2020-21, and an annual turnover of 12 %



	April	May	June	July	August	September	October	November	December	January	February	March	Total
Starters	3	0	1	1	9	1	2	2	1	3	0	0	23
Leavers	1	0	1	3	2	0	2	0	1	1	0	3	14

Age Profile

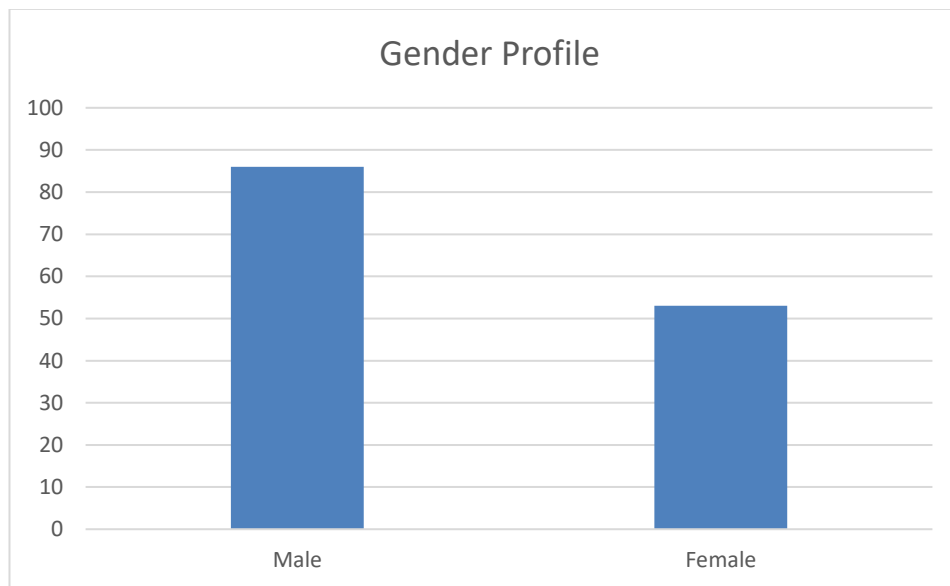


Age Profile

Age	21-30	31-40	41-50	51-60	61-70	71+
No.	5	30	29	44	23	8

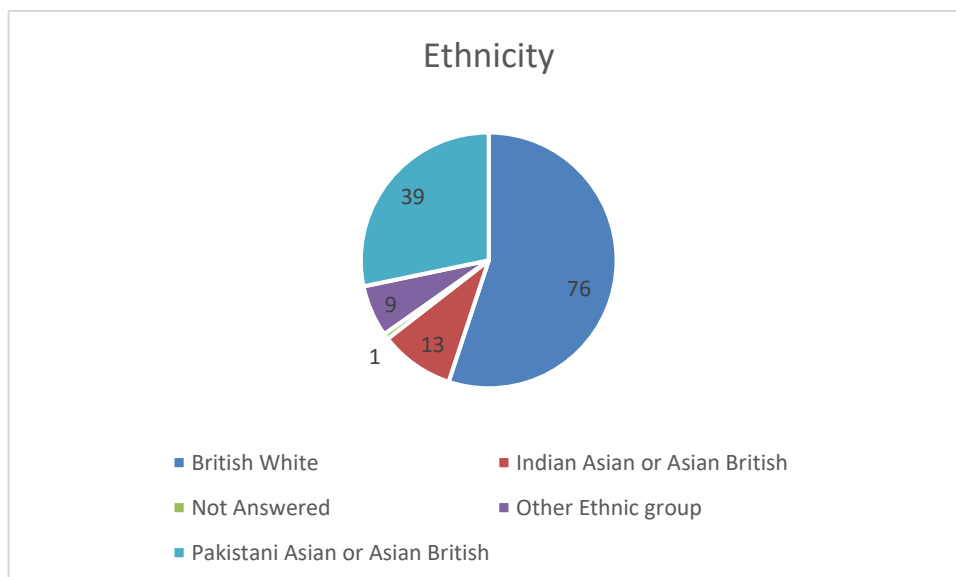
The largest single age group is 51-60 representing nearly one third of the workforce

Gender



Male	Female
86	53

Ethnic breakdown



Black British	British White	Indian /Asian British	Pakistani Asian or Asian British	Other Ethnic group	Not recorded
1	76	13	39	9	1

ELMS Board reflects the ethnic diversity of our area:

Black British	British White	Indian /Asian British
1	1	1

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

Training and development

ELMS continue to have high levels of compliance with all statutory and mandatory training modules, with an overall compliance level of 93% in 2021-22.

HEALTH & SAFETY and ESTATES

Although 2021 -22 saw a reduction in the threat posed by Covid largely due in thanks to the rollout of the vaccination programme. ELMS maintained all of the practices that it implemented at the height of Covid in order to ensure the continuing the health safety and wellbeing of staff and patients. Maintaining the principles of protecting, supporting, and engaging staff.

2021-22 saw the completion of the following Health and a Safety checks

- Bi-annual asbestos survey
- Annual Pat Testing
- Annual fire equipment Check
- Bi-annual Legionella survey

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 21-22

Estates

2021/22 saw the further completion of significant improvement to the Estate. This included the installation of LED lighting in both St Ives House and ELMS Business Centre as part of our commitment to the environment.

Improvements to the business continuity of electricity supply in the purchase of new UPS servers

There were also improvements to the security of the site in the purchase of new improved security cameras

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