



# East Lancashire Medical Services

*Involving you in all we do. Delivering primary  
healthcare to local people since 1994*

## Annual Report 2022 – 2023



[Company Number – IP30263R](#)

[CQC Provider ID - 1-199801603](#)

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## ABOUT ELMS

### Introduction

#### East Lancashire Medical Services Ltd

#### Our Vision –

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

East Lancashire Medical Services (ELMS) evolved out of the Blackburn with Darwen and East Lancashire GP Out of Hours Co-Operatives 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 – Blackburn with Darwen and East 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 population of Pennine Lancashire 24 hours per day 365 days a year and was contracted by the local Commissioning Blackburn with Darwen and East Lancashire Clinical Commissioning Groups (CCGs), as an independent healthcare provider, delivering an Integrated Urgent Care service – IUC. The Society works in close partnership with the CCGs, NHS 111/999, NWS 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](http://www.elms-nfp.co.uk)



## Who's Who?

### ELMS Council

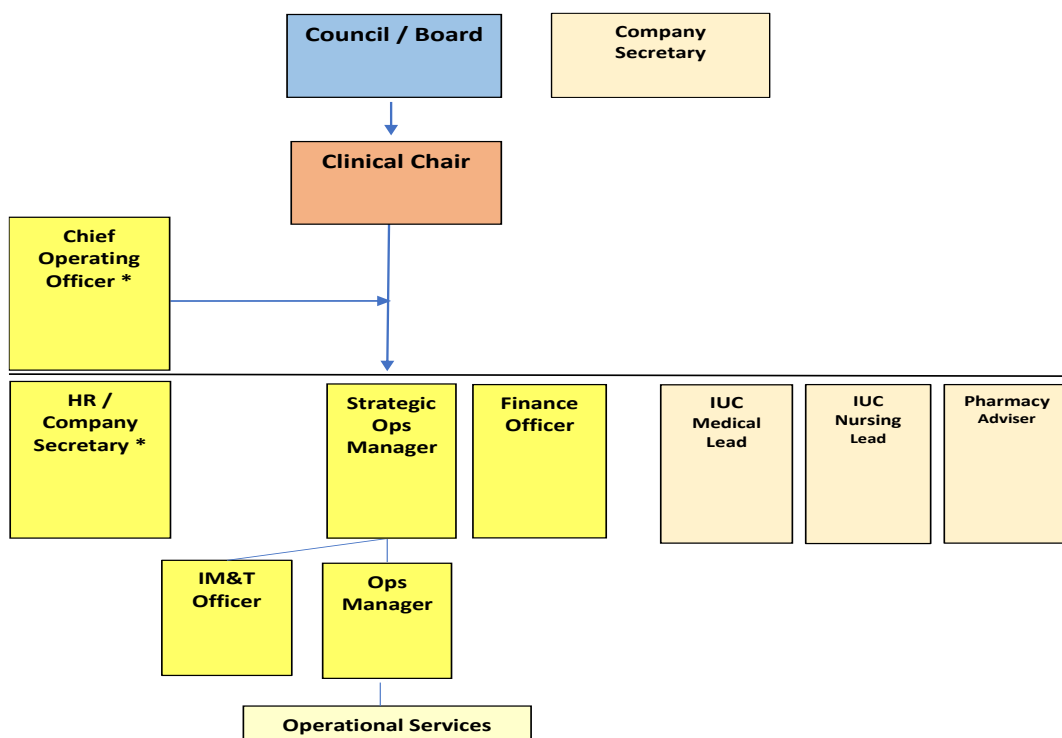
A Council elected by members to whom the Executive Team is accountable oversees the Society's operations. The Council is a peer group elected by a voting membership and comprises a GP Chair, GP representatives, Nursing and staff representatives.

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.

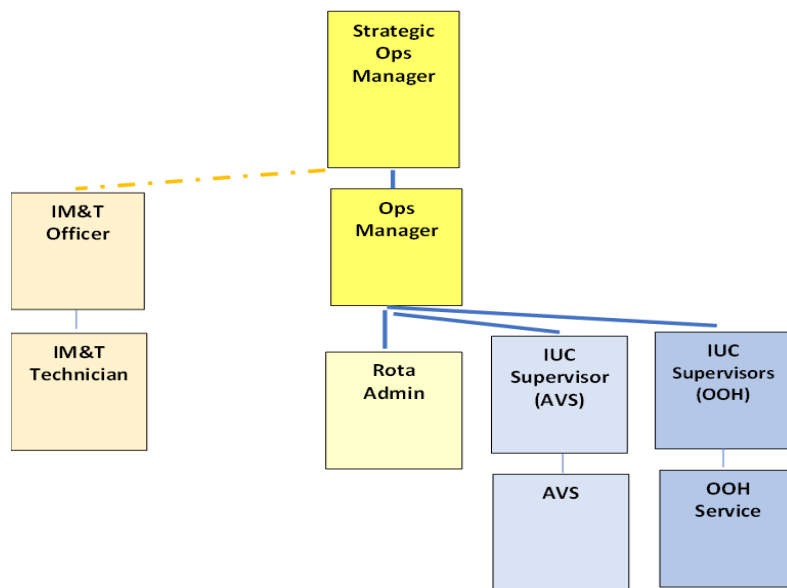
### The Council member representatives | 2022-23 were:

- Dr M K Datta, Dr P Muzaffar and Dr Y Arshad, Dr Hassan Manzur. Tracy Pettit (Nurses) and Peter Tandy(staff), leaving a vacancy for one staff member

## ELMS Organisational Structure 2022-23



## ELMS Operations Team Structure 2022–23



### ELMS Officers

## ELMS Who's Who 2022-23

Clinical Chair/Safeguarding Lead & Caldicott Guardian	Dr Asif Garda
Chief Operating Officer and SIRO	Michael O'Connor
HR/Company Secretary & DPO	Levis Springer
Strategic Operations Manger	James Bibby April-Nov 22
	Darren Bateman Jan-March 2023
Finance Officer	Alison Pettinger
Medical Lead	Dr Pervez Muzaffar
Nursing Lead	Katrina Taylor
Nav Hub Lead	Brenda Re
Optimization Pharmacist	Janice Davies
Operations Manager	Aumar Hanif
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 2022-23

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 pressures generated by the COVID pandemic and changes in the local health economy, whilst working in partnership with primary, secondary and urgent care provider colleagues.

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, 2022-23 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.

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.

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 has seen us regularly being asked to contribute to system developments and we saw a co-ordinated Acute Respiratory Hub service, enhanced Clinical Assessment Service and Burnley Out of Hours developments this year which 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 2022-23. 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 COMMENTARY

Another extremely busy year, not just for ELMS but whole of the NHS. The effects of the COVID Pandemic are felt in every walk of life, increasing both demand and complexity of patient need.

We are seeing lengthening waiting lists and waiting times in urgent care to name but a few pressures. ELMS has been supporting the local system through AVS, OOH, CAS, Pathfinder, referrals and many more services. Clinical and Non-clinical colleagues continue to maintain high levels of care to both patients, families and carers.

As an organisation we appreciate all the work done by colleagues and congratulate them for all the work and support they have provided, in going the extra mile to make a difference.

We are proud of the fact that complaints account for less than 1% of all the patients that we see, which reflects the high standards of the care provided.

ELMS facilitated clinical educational sessions for its clinical staff and contractors and colleagues from across the local health economy; these sessions were oversubscribed such is their popularity and value of these sessions. In 2023-24, we are planning to continue these hot-topic sessions but also looking at other such as safeguarding, legal matters etc.

We have also added more clinicians – independent contractors and agency - to our current performer list, they have all settled in well and providing excellent service.

Overall this year was busier than last year, but with an increase in our performer list and better planning we have managed to deal with the system pressures effectively and safely. Congratulations to everyone and hope we continue to look after our population in 2023-24.

*Dr Pervez Muzaffar*

**ELMS Medical Lead**

## CORPORATE SERVICES

### Disclosure & Barring Service (DBS)

In 2022-23 ELMS undertook just 101 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. **Sixty-five** trees were saved from destruction in 2022-23, 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.





## Corporate Governance

The Society looks to provide unscheduled primary healthcare services to the people of Pennine Lancashire 24 hours of the day, 7 days per week, 365 days of the year. ELMS place the highest priority to providing a safe and high-quality service centred on the patient receiving treatment from us.

- ELMS are registered with the Care Quality Commission (CQC);
- Has a range of formal policies and procedures that set out working arrangements and checks;
- We proactively monitor and report performance, including reports to Commissioners;
- Our Executive team is accountable to ELMS Council; and
- We monitor activity and service performance through a number of meetings:
  - Senior Management Team (SMT) meet weekly;
  - ELMS Board meet monthly as well as attending the SMT meeting;
  - ELMS Clinical Governance Group meets on a bi-monthly basis; and
  - ELMS Council meets quarterly.

### Care Quality Commission (CQC)

ELMS is registered with the CQC 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. The CQC have continued 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 and last carried out a review of the data available to them about our services St Ives House on 9 March 2023 and found no evidence that they needed to carry out an inspection or reassess their rating of ELMS at that stage.

## 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 2022-23, ELMS received 85,693 referrals in its IUC service and 12,671 through its AVS – which resulted in the delivery of a total of 98,364 patient referrals in the year.

### 2022-23 Compliments

COVID impacted the ability of ELMS to secure feedback from patients with the survey of patients using the NHS Family and Friends Test (FFT), suspended in agreement with Commissioners. In late 2022-23 we did restart the FFT survey and received 58 FFT responses - most of it positive.

97% of those respondents said they were “*Extremely Likely*” or “*Likely*” to recommend our service with the remaining 3% saying they were “*Neither Likely*” nor “*Unlikely*” to recommend our service. ELMS consider that this reflects positively on our teams and their service delivery and our ethos of putting patients at the centre of all that we do.

Please see the feedback comments shown below:

Positive	Negative
Thank you, very quick and accessible	Waiting time are long
Lovely staff, great with children	
Receptionist staff are always welcoming and doctors are so helpful	
Fast response and friendly	
Very helpful, professional. Put me at ease	
It was brill, thank you	
Amazing service, lovely kind, knowledgeable nurse practitioner. Brilliant bedside manner :)	
From the original phonecall, down to the visit and contact with the receptionist - I could not fault the service. The made me fell at ease and they were all polite	
Received a call very quickly and got an appointment	
Helpful, kind, understanding	
Efficient and friendly	
Excellent, approachable - interpersonal skills. Very happy with service. Thank goodness for ELMS	
Very friendly staff. The nurse made me feel so wlcome and listened to all concerns	
Lovely staff	
Doctor best help I ever had. Thank you	
GP was very helpful	
Dr Khan (Registrar) was brilliant, the service he gave us was fantastic 150%. Thank you. Staff were polite too	
Very quick on getting appointment. Nice clean and tidy building	
Amazing service. Under 2 hours from 111 call to being seen. Very happy - Thank you	
Fabulous service from first call / online to call back. Thank you, keep up the good work	
Excellent service, thank you very much. It helps when the staff are ace, fantastic, the staff need a bonus. Thanks to Paul	
Thank you for keeping the doors opened to see patients at this surgery in Blackburn. The Victoria Hospital walk in centre should be still available like it used to	
Excellent service, fast. Dr Shah was brilliant, fantastic	
Staff are very kind and friendly. Very clean and tidy	
This is very good for us because 6-8 hrs in emergency is hard. Dr Hussain checked me well. I am satisfied with all staff	
111Phone consultation organised this appointment both GP & the lady on the phone have been very helpful	
Good service. Came the week before & GP was very thorough and had a good caring bedside manner, Not been to see GP though but phone call received shortly after 111 call and prompt appointment then made	

## 2022-23 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 **25 complaints** in 2022-23, which is **0.01% of total IUC and AVS activity**.

Issue / Period	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<b>Total Received/Notified in period</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>
Unhappy with GP	2							1		1		1
Unhappy with Nurse												
Aspect of Clinical Treatment		1		2		1	1			2		2
Staff Attitude			1				2					
Communication		1		1	1							
Service Delivery												
Breaches- IG/CQC			1									
Appointments	1	1										
Safeguarding												
Premises												
Inappropriate Referral												
Lead by External body	2											

## Information Governance

Core to our service delivery and business operation is patient and business information. This data supports ELMS clinical operations and management of services so the Society does all it can to ensure its information systems are managed effectively within a robust governance framework. The Society also looks to ensure that the information ELMS use is 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 submit an annual self-assessment return to NHS Digital's Data Security and Protection Toolkit against a range of data protection and security criteria - [Data Security and Protection Toolkit \(dsptoolkit.nhs.uk\)](https://dsptoolkit.nhs.uk).

ELMS IT Officer and an IT Technician, supported by the Society's Chief Operating Officer, maintain 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.

To support delivery of safe and responsive services, ELMS access up-to-date information and deploys procedures and policies that can be accessed via a passworded protected document management system that provides action reminders helping with timely updates to the company's documentation and to redistribute content to those who need relevant information.

## Clinical Governance

### Promoting Best Practice

- ELMS use Clinical Bulletins and Agilio’s TeamNet (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 Audit

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 Aadastra clinical system and consultation information is used by the on-line Clinical Guardian tool to review a proportion of each ELMS clinician’s consultations, in accordance with RCGP criteria and subject to appropriate safeguards for confidentiality. ELMS use Clinical Guardian to facilitates peer review and discussion around issues arising from audits and individual scores/consultations with reporting is month in arrears i.e. May reporting period reflects April audits. The percentage to be audited - comparable to best practice - applied to each clinician’s consultations, is based on the perceived risk associated with that clinician:

Status / Colour	Percentage	Definition	Criteria
White	25%	Trainee GP (GPST – supervised practice)	
Blue	100%	Newly appointed clinician	<b>10 scored before status change</b>
Green	1%	Experienced clinician	
Amber	25%	Significant concerns re performance	Decided by review panel; referred to clinical lead and clinical chair for review prior to improvement activities.
Red	N/A	Should not be working for ELMS	

The results for March 2023 show the status of clinicians who have worked in ELMS and used Adastra for the previous 12 months and includes inactive clinicians:

Mar-23					
Performer	Amber	Green	Blue	White	Grand Total
Doctor	1	66	1		68
GPST				47	47
Nurse		17	2		19
Pharmacist		2			2
<b>Grand Total</b>	<b>1</b>	<b>85</b>	<b>3</b>	<b>47</b>	<b>136</b>

Audit levels are comparable to best practice.

March 2023 was typical of the numbers against which ELMS audit. 77 clinicians worked for ELMS in the reporting period (month in arrears) of which: 9 GPSTs; 53 GPs; 14 Nurses and 1 Pharmacist. In the reporting period (one month in arrears), we audited 127 cases, which is 1.7% of total consultations worked – all deemed appropriate.

- Acute Visiting Service (AVS)**

AVS is now provided in Blackburn with Darwen and East Lancashire with the number of patients increasing in 2023.

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:

Consultations Ratings following Audit - 2022-23	Unsafe to Work in Service	Needs development	Competent	Excellent	Total No. Assessed	Total No. Episodes of Care	% of Episodes Audited
Scoring range	0-4	5-8	9-12	13-16			
Total No. Consultations scored	0	0	68	218	286	12671	2.3%
Percentage of Total No. Audited	0	0	24%	76%			

AVS 2022-23		
Clinician	% of Total Audits	Average Score
GP	59	13
ANP	41	14

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 in 2022-23 on Deep Vein Thrombosis and Non-Medical Prescribing (NMP), Children in Hospital and Cellulitis. Katrina will repeat the NMP audit on an annual basis. Janice Davies, ELMS Medicines Optimisation Pharmacist, continues to audit ELMS prescribing. 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.

*Levis Springer*  
**Company Secretary**

## **CONTRACT PERFORMANCE & FINANCE**

### **ELMS Contract Performance**

This section details the status of ELMS contracts and any service developments in 2022-23. It should be read in conjunction with the section for ELMS Unscheduled Care Services of this report that provides an operational commentary on the delivery of ELMS services.

ELMS is a Community Benefits Society that delivers patient focused, high quality and safe services, operating as a business but with a not for profit ethos. ELMS is a key healthcare provider in the local health system that continues to evolve and continue to work collaboratively with Commissioners, primary care providers and PCNs and the East Lancashire Hospital Trust. Clinical commissioning groups (CCGs) were established as part of the Health and Social Care Act in 2012, and replaced primary care trusts on 1 April 2013. On 1 July 2022, integrated care systems (ICSs) became legally established through the Health and Care Act 2022, and CCGs were closed down. Accordingly, the Blackburn with Darwen and East Lancashire CCGs became an ICS on a Lancashire and South Cumbria wide basis in July. 2022.

The executive team are grateful for the support and collaboration of non-clinical colleagues and both salaried and sessional clinicians who help maintain ELMS reputation for a high quality and safe service that looks to put the patient at the heart of its services.

### **ELMS Service Offer**

ELMS deliver healthcare service cares to the Pennine Lancashire – Blackburn with Darwen and East Lancashire – area, 24 hours per day, 365 days per year including bank holidays.

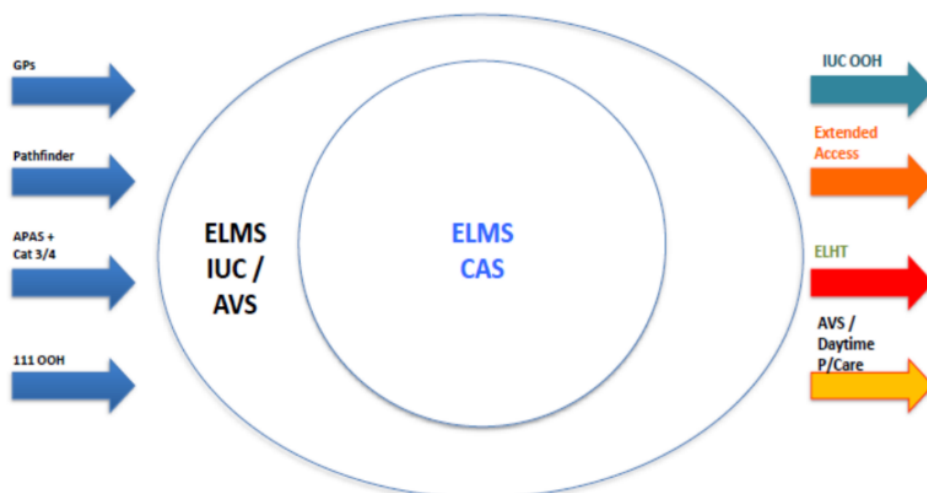
There are no patient self-referral pathways into ELMS, other than NHS 111 on-line, with the majority of referrals coming from NHS 111 and 999, Healthcare Professionals (including GP Practices, District nurses, Paramedics, etc) via electronic referrals via secure links or by direct telephone lines.

Its services cover a range of consultation models including hear, talk and treat, face-to-face treatment centre appointments and home visits, based on the nature of the presentation and the needs of the patient. All address the need for immediate necessary treatment for patients with medical conditions of an urgent primary care nature.

ELMS services aim to address the needs of patient presentations via its consultation models that may include care advice (including self-care), prescribing medication or referring the patient onto a more appropriate point of treatment for the patient's needs with the aim of minimising patient conveyance to or attendance at hospital so that only those that need to attend hospital do so, if their conditions requires.

Other services to which ELMS might refer a patient may include community services, primary care extended access, as well as secondary care services for more acute presentations. Please see overleaf:

## ELMS Current Service Offer



ELMS now deliver more advice activity than face-to-face contact, via either telephones or video consultations, as this makes better use of NHS clinical resource and ensures that only those patients with an identifiable clinical need to be seen face-to-face.

**Integrated Urgent Care (IUC)** - This service operates 24 hours per day, 365 days per year including bank holidays and is integrated with NHS 111 – including NHS 111 online - and NWS 999 from whom it receives referrals as well as a direct telephone line for local Health Care Professionals (HCPs).

The IUC service, incorporates:

- A Clinical Assessment Service (CAS) that operates on a talk and treat basis to provide a telephone consultation or identify another service solution to address a patient's need. This includes an in-hours weekday Clinical Navigation Hub (Nav Hub). The CAS and "Nav Hub" or CAS may broker a referral to that other service including ELMS daytime Acute Visiting Service and our GP out of hours IUC service amongst other service solutions; and
- a GP "Out of Hours" service offering a hear and treat service as part of the CAS and/or a direct consultation via a Treatment Centre or home visit, when a patient cannot wait until their host GP surgery re-opens.

Changes to the NHS landscape, with the establishment of a pan Lancashire and South Cumbria ICS has seen Commissioners limit the commissioning of new services and the delivery of short-term solutions. ELMS has continued to demonstrate its ability to respond to changing service needs within the health system.



ELMS IUC service is contracted under the auspices of a standard NHS contract and the provisions of Schedule 2L that means the contract is treated as an APMS Contract in respect of the provision of primary care services. The Commissioners designate within that schedule what is covered and this includes the full range of services delivered by ELMS. As the Society is not a Health Service Body and accordingly, the contract is not an NHS Contract.

For 2022-23 ELMS had to try to plan IUC service delivery on the basis of short-term notice that contracts are to be renewed and then for a year at a time, which creates major challenges in designing and budgeting for service delivery, with budgets advised once contracts have gone live. ELMS executive team achieved this as reflected in the excellent service performance and finance figures reported in this annual report. ELMS IUC contract for both Pennine Lancashire areas is currently scheduled to run to March 2024.

**Acute Visiting Service (AVS)** - ELMS continues to deliver an effective acute visiting service (AVS) across Blackburn with Darwen (BwD) and East Lancashire, working with local GP Practices and Commissioners 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.

ELMS AVS service in East Lancashire is commissioned on the basis of a core service in the spring, summer and autumn months and enhanced capacity in the winter, with an additional visiting team to help address winter capacity issues within GP Practices. ELMS AVS continues to support patients who have an acute on the day exacerbated condition, whether patients are COVID or non-COVID.

ELMS AVS service contract for Blackburn with Darwen and East Lancashire is part of its IUC contract allowing for the provisions of Schedule 2L to apply for the provision of primary care services. Like the IUC service, the AVS is delivered on the basis of short-term notice that contracts which impacts the ability to plan long-term. ELMS AVS contract is currently scheduled to run to March 2024.

**Other services** – During 2022-23 ELMS were asked to support system responses to Avian Flu, primary care medical oversight to the Intensive Home Support Service and a Respiratory Infection hub service over winter 2022. These were all time limited services delivered on a reimbursement basis.

ELMS have continued to be on standby in support of a system response to any incidents of Monkey Pox.

At a time when the Commissioner landscape is subject to change, ELMS continues to support the local health system on a place or ICB basis and has offered its support to any transformational design support for the development of patient focused services.

*Michael O'Connor*  
**Chief Operating Officer**

## **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

ELMS provide safe, high quality and cost-effective services reflecting its key role within the local health system where it supports partnership working, with the patient at the heart of all that we do. This is achieved through good management, teamwork between its clinicians and non-clinicians, maintaining high standards of service delivery of services.

This is reflected in an ethos that prioritises patient care and operates on a not for profit basis, while concentrating on effective cost management and service efficiency. The Society must be satisfied that a service is viable to ensure it is sustainable and able to support the community ethos of the Society.

The number of contracts held by the Society in 2022-23 has not increased but has delivered some additional services to address short-term local system needs.

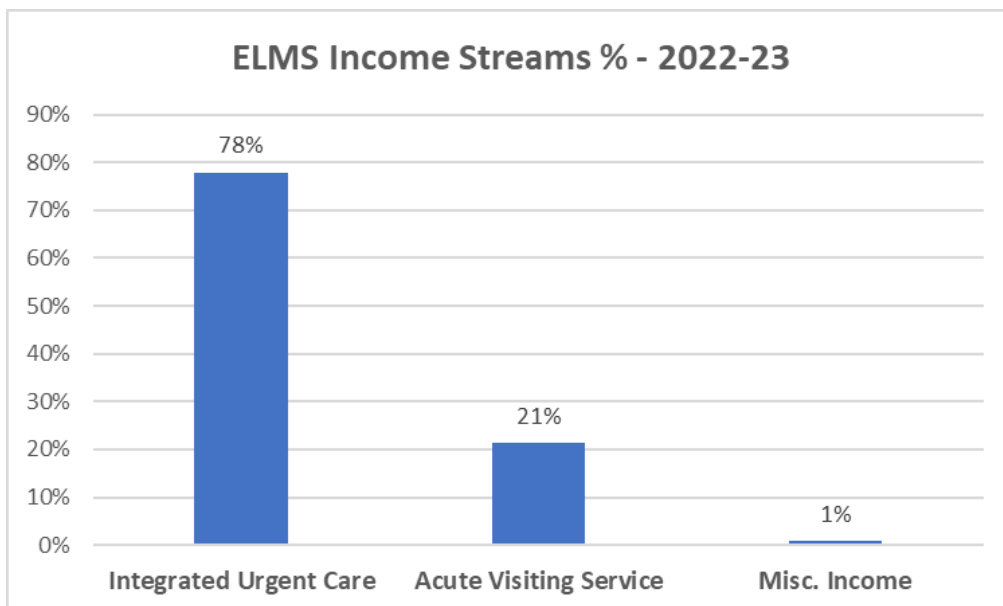
2022-23 turnover increased following a contract value increase while ELMS managers continued to achieve cost efficiencies meaning the Society is able to report a trading surplus for redistribution to charities and reinvestment in the business.

ELMS accountants, Pierce, a business and accountancy group based in Blackburn, independently audit the Society's accounts and have been able to report a clean audit report within the financial statements for 2022-23. No significant weaknesses in systems were noted by Pierce during the audit work undertaken. ELMS enjoy robust and effective finance systems to support the business and audit process, thanks to Alison Pettinger, ELMS Finance Officer.

## **Revenue**

East Lancashire Medical Services (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 £6,75m - a 1.7% increase from 2021-22.

The contribution of individual contracts and miscellaneous income to the 2022-23 financial year position overall, are shown overleaf:



The aggregated Integrated Urgent Care (IUC) contract - including GP “Out of Hours”, GP Advice and the Clinical Navigation Hub - was the main source of turnover at £5.22m. The IUC service continues to evolve to reflect the changing system requirement with most activity being in its advice function but with increasing face-to-face contact, further development on patient pathways and increasing acuity of presentations. A number of time-limited services were commissioned from ELMS under the auspices and provisions of ELMS IUC Contract.

The aggregated – Blackburn with Darwen and East Lancashire - 2022-23 Acute Visiting Service (AVS) contract provided £1.43m of income for the Society. AVS continued to treat patients with acute exacerbated conditions (that might otherwise have seen them conveyed or attending secondary care) and supporting Pennine Lancashire GP Practices with these on-the-day acute presentations.

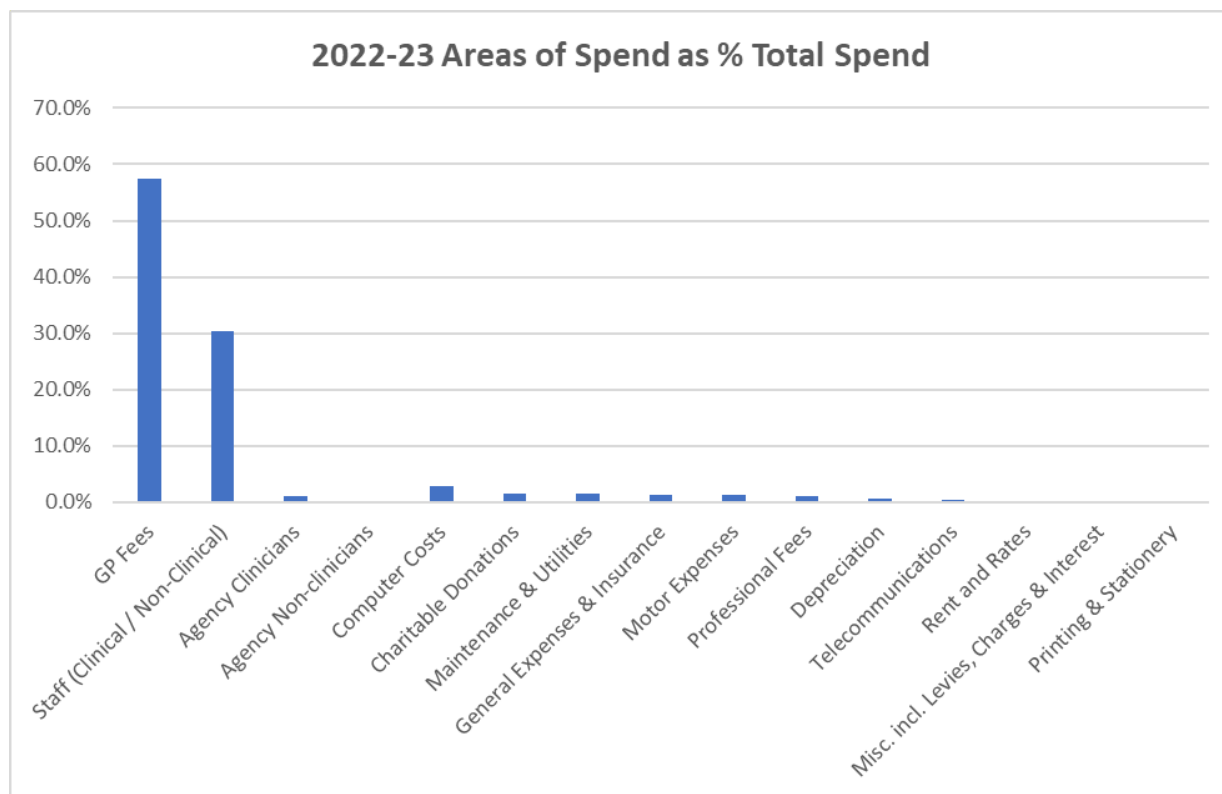
Additional income streams identified by the corporate team, as reflected in miscellaneous income including corporate services e.g. management fees, processing DBS applications, etc. plus bank interest, contributing £32k to Society turnover in 2022-23.

## Expenditure

ELMS 2022-23 total direct and administrative costs amounted to £6.65m. Cost management continues to be a corporate priority while the contribution of individual service costs to the financial year position overall, are shown overleaf.

## ELMS - IUC and AVS

The breakdown of the Society’s core services – IUC and AVS - expenditure for 2022-23 is shown below:



The Society high standards of patient care and corporate functionality are due to an excellent clinical and non-clinical team and corporate resource who support operational services. For 2022-23, the cost of clinical cover, salaried clinical and non-clinical staff continues to be ELMS main area of expenditure at £5.9m – **89% of total spend**. This includes clinical and non-clinical agency staff.

- ELMS successfully maintain clinical performer capacity through its contracting arrangements with independent contractor clinicians and agencies. ELMS offer its independent contractors competitive hourly rates set against contracts that set out the duties and responsibilities of each party. In 2022-23 the cost of direct clinical costs – independent contractors and agency staff – used across ELMS services was £3.9m. This includes GPs, ANPs and other Healthcare Care Professionals.
- In addition to its organisation and management capabilities this has allowed the Society to respond quickly to services needs when asked to deliver by the local Commissioners. Where necessary ELMS will vary its contractor hourly rates to ensure service continuity and viability.
- ELMS have at times enhanced its hourly rates or paid performance premia to clinical contractors to deal with exceptional demand such as during COVID and winter pressures, for example, when in December 2022, at a time when there was an acute increase in patient presentations, a 46% increase on December 2021 levels to ensure that patients continued to be seen and treated on a timely basis.
- ELMS continue to support the training of medical students either working through placements in our IUC or AVS services.

- The number of persons listed on our payroll as working in the Society's services during the 2022-23 year was on average 74 per month, a small reduction from 2021-22.
- Staff costs equated to £2.0m for 2022-23 including non-clinical agency staff (treated as direct labour for accounting purposes).
- ELMS executive team acknowledged the input of employed colleagues through a mid-year payment to help with winter fuel bills, a Christmas hamper and voucher, and a year-end pay rise of 4.2%, backdated to April 2022.

The next largest area of spend in 2022-23 was for ELMS computer and IM&T systems and hardware at £185k, a 1.43% saving on 2021-22. ELMS continue the development of its clinical systems and other IT systems, including functionality and security to ensure the Society's systems are fit for purpose in support of business and patient needs. ELMS make formal submissions to NHS England's Data Security and Protection Toolkit on an annual basis to affirm its arrangements for its IM&T system and data are robust.

In 2022-23, after service and corporate costs and investment, ELMS was able to donate £102k to local charities in support of its community benefits society ethos to support improvements in the health and wellbeing of local communities with donations to local foodbanks, homeless charities and hospices across the Pennine Lancashire on an equitable per capita basis for the areas served across Pennine Lancashire.

In 2022-23, ELMS spent £102k on maintenance and utilities a 7% reduction on 2021-22 costs; this includes £74k for the cost of maintaining and repairing the St Ives House (a 6% reduction on 2021-22 repair and maintenance costs). ELMS budget included provision for increasing energy costs but ELMS did not experience the same quantum of increased energy costs due to fixed tariff arrangements being in place for the reporting period.

ELMS 2022-23 general expenses and insurance increased by 9.8% in 2022-23 to £87k. This cost area includes general costs associated with running a business and insurance - for motor vehicles, business and professional liability, etc. - as both a business, employer and as a medical services provider. ELMS and its clinical performers continue to enjoy clinical negligence cover from the NHS Clinical Negligence Scheme for General Practitioners but also has to provide for run-off cover against future claims for historic services; this potential liability decreases over time as the liability for past services reduces.

ELMS motor expenses for 2022-23 increased by 8% from 2021-22 to £83k. This increased cost arose from the cost of repairing vehicles and increased running costs as the number of home visits increases over time.

ELMS 2022-23 Professional fee and subscription costs increased by 30% to £69k. These costs include CQC and Social Enterprise registration, accountancy fees, clinical auditor 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); legal and professional fees increased by a similar percentage to £59k in 2022-23.

ELMS maintain stocks of appropriate PPE to clinicians and staff during this period while also maintaining stocks of medicines and drugs for dispensing in service where supply via a community pharmacy is not possible and other clinical and non-clinical consumables.

ELMS has been allocated a prescribing budget by local Commissioners that does not adequately reflect the nature of our service or the presentations we are dealing with, consequently the Society continues to reconcile the costs of its prescribing budget on a monthly basis so that it is cost neutral to ELMS. This reconciliation process acknowledges the difference in acuity of patients presenting to the Integrated Urgent Care service and those patients prescribed medicines and drugs by the host GP Practice during routine daytime hours.

The cost of rent and rates was unchanged for 2022-23 at £19k.

ELMS provision for depreciation that was reduced in value for 2022-23 by 1.3% to £45k to reflect the significant change in property valuation confirmed last year.

## Year-end Results

As a not for profit organisation, ELMS set its budgets on a breakeven basis and any trading surplus arises from in-year efficiencies or identified income such as increasing contract values after the start of the year or bank interest. ELMS management team continue to look to improve service viability and the number of services delivered as reflected in the following trading figures for 2022-23:

- An operating surplus before tax against the main ELMS accounts of £150k.  
ELMS surplus 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 £24k in corporation tax, giving an overall surplus of £125,871 for 2022-23 – 1.9% of turnover.

This surplus reflects a viable service model with ELMS enjoying a positive trading account and balance sheet. ELMS continue to be a financially healthy organisation with a strong balance sheet:

- The 2022-23 Balance sheet value has increased to £2.7m, a £126k increase on 2021-22.
- ELMS cash at the bank and in hand – both current and deposit accounts – stands at £2.6m for 2022-23.
- In-year investments include resources to support service delivery included purchase of £61k worth of computer equipment, £39k worth of motor vehicles and £6k in plant and machinery.
- Fixed assets are valued at £783k – an 8% increase on the 2021-22 value.
- ELMS have no significant external debt.

## Conclusion

ELMS continue to deliver patient focused healthcare services, in support of the local population and health system, in a safe and effective way and is financially robust and well managed – our auditors acknowledge the effectiveness of our financial arrangements.

ELMS have a further contract extension to March 2024 and expects a further extension on the basis of its high-quality service delivery and corporate effectiveness. 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 2023-24.

*Michael O'Connor*                      &                      *Alison Pettinger*  
**Chief Operating Officer**    **Finance Officer**

## **ELMS UNSCHEDULED CARE SERVICES**

### **Integrated Urgent Care – 24/7/365**

ELMS would like to place on record its thanks and gratitude to the staff and independent contractors working across the Society's Integrated Urgent Care (IUC) service for their hard work and professionalism throughout the year. The team have ensured ELMS continue to deliver the highest standards of service on which we pride ourselves.

#### **IUC Service Overview**

ELMS Integrated Urgent Care (IUC) service provides primary care 24 hours per day, 7 days per week, 365 days per year (including bank holidays) as per Schedule 2L of ELMS Contract, for those patients presenting with acute on-the-day primary care-based presentations that would otherwise be treated by the host GP. Its services include Clinical Navigation Hub and Clinical Assessment Service with referrals from NHS 111, NHS 111 online and NHS 999 and other Healthcare Professionals on a hear and treat and face-to-face basis.

The service is managed by an Operations Management team under the direction of the COO, ELMS Board and ELMS Council, supported by ELMS Senior Management Team and Clinical and Organisational Governance Committee. Operationally the service continued to be overseen by the IUC Supervisors - Andrew Gott and Paul Slater - with support from Controllers and driver Navigators.

The clinical element is delivered by independent contractor and agency General Practitioners, Advanced Nurse Practitioners, Nurse Advisors and Pharmacists; these other non-GP healthcare professionals may also be employed clinical staff. ELMS clinicians – independent contractors or employed clinical staff as detailed above - use their professional expertise to determine how they will manage the consultation, including the option for hear and treat or face-to-face consultations.

As an integral part of the ELMS Integrated Urgent Care Service that is available to deliver a 24/7/365 service, the weekday in-hours Navigation Hub (Nav Hub) – complemented by a day-time CAS GP funded by the Commissioners on a time-limited reimbursement basis - continues in its capacity as a Clinical Assessment Service (CAS), to take Acute Patient Assessment Service (APAS) calls, with the CAS taking direct referrals from NHS 111, NHS 111 online and 999 calls under agreed symptom groups and disposition codes. These referrals are received electronically via the Adastra clinical software platform, making the process very efficient; some referrals come in from other sources including direct calls into the service by NWS Paramedics and other Healthcare Professionals.

The "Nav Hub" team consists of Registered Nurses, with extensive and varied experience in Community and/or Acute settings, along with the daytime weekday CAS GP, resolve most cases on a see and treat basis but also broker referrals on behalf of patients and Healthcare Professionals so supporting community teams and ELMS Acute Visiting Service team to make onward referrals to other services and where possible avoiding conveyance or attendance at secondary care services.

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.



## **IUC System Management**

ELMS IUC services use the Aداstra clinical management system to support and empower its independent contractor and employed healthcare to assess and a patient's needs and record episodes of care. ELMS are committed to keeping up to date with the latest developments and our Aداstra system underwent a full upgrade to the latest version to maximise the functionality and integration the system has to offer. ELMS continue to seek opportunities to secure additional funding along with its own investment in development of the current systems for the benefit of clinicians, staff and patients.

On the morning of 4 August 2022, a national cyber-attack on Advanced, the provider of software for various parts of **the** health service including ELMS, caused widespread outages across the NHS. Consequently, between 4 August and 6 September 2022, ELMS IUC service operated on a manual basis as its Aداstra clinical system was not available. This did not impact on patient safety and confidentiality of patient information, as ELMS deployed its planned contingency measures to ensure service continuity and to forward consultation details to host GP Practices as quickly as possible. Consequently, ELMS activity data for 2022-23, detailed in the performance section below, does not have the same level of detail for that period as for the rest of the reporting period but does allow us to provide aggregated activity levels.

## **IUC Performance**

In 2022-23 there were 85,693 patients referred into our system; this is a 10% increase on aggregated activity for 2021-22 and equates to an average increase of 22 extra referrals per day.

On the morning of 4 August 2022, a national cyber-attack on the provider of software for various parts of **the** health service including ELMS, Advanced, caused widespread outages across the NHS. Therefore, between 4 August and 6 September 2022, ELMS IUC service operated on a manual basis as Advanced could not provide access to its Aداstra clinical system, that provides the technological support system to ELMS IUC services. This did not impact on patient safety and confidentiality of patient information, as ELMS deployed its planned contingency measures to ensure service continuity.

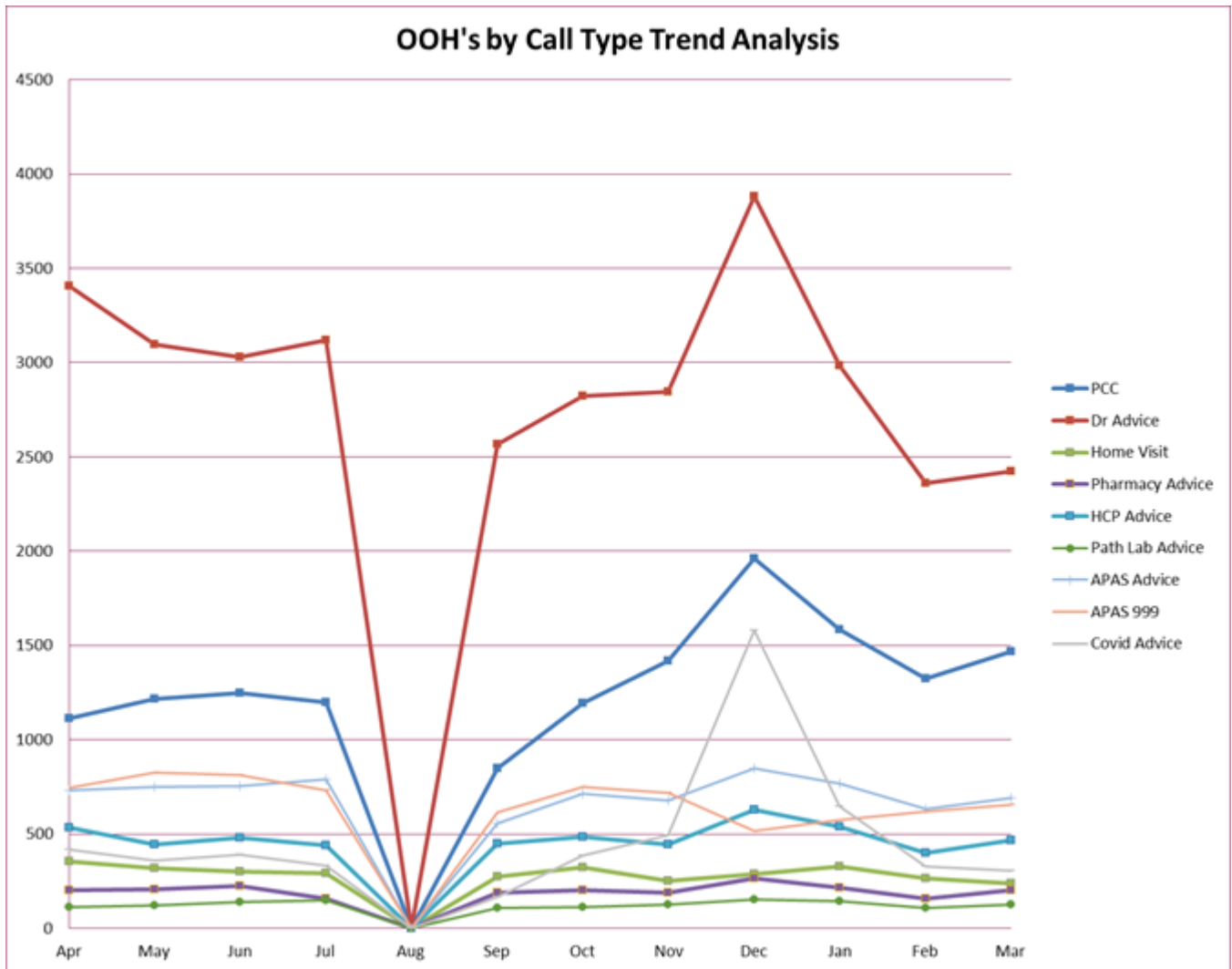
ELMS report against Received Case Types and Finished case types but this does not catch the additional touches that may arise. Received case types in 2022-23 as detailed below reflect historic referral paths but “To Be Seen” are now subject to a clinical advice triage to confirm the need to be seen or to offer an alternative consultation mode. Please see table below:

2022-23 Received Case Type	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Average	
Advice	7453	7148	7193	7006	-	5630	6787	7015	9911	7626	6068	6456	78293	7118	excl. Aug-22
To Be Seen	162	186	180	192	-	139	198	144	268	212	173	175	2029	184	
<b>Total</b>	<b>7615</b>	<b>7334</b>	<b>7373</b>	<b>7198</b>	<b>5371</b>	<b>5769</b>	<b>6985</b>	<b>7159</b>	<b>10179</b>	<b>7838</b>	<b>6241</b>	<b>6631</b>	<b>85693</b>	<b>7141</b>	

While Mondays, Fridays and weekends (and bank holiday weekends) continued to be the busiest days with activity midweek remaining consistent with previous years, as was the season pattern. However, with the continued threat of COVID - with the decline in testing there was a continued risk of patients not being aware but presenting with COVID - and the rise of other respiratory infections, as well as industrial action within the health service, ELMS activity across the winter months – November 2022 to January 2023 – increased by 24% on the same period in 2021-22. December 2022 was particularly challenging with a 46% increase on the previous December and ELMS services were under considerable pressure during that month.

Cases are dealt with under a number of different pathways and case types and as all are now subject to an advice clinical triage and consultation which may result in a patient receiving remote treatment or being seen face to face – either via a Home Visit or at a Primary Care Centre/Treatment Centre (PCC), as detailed below and further illustrated by the trend data shown overleaf:

2022/23	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals	%	Trend	Additional touches	
PCC	1113	1215	1248	1197	-	847	1194	1416	1961	1585	1322	1466	14564	87.2%		14564	
Dr Advice	3407	3097	3029	3118	-	2568	2824	2843	3883	2982	2358	2424	32533				
Home Visit	355	318	302	292	-	275	323	251	287	326	264	238	3231				3231
Pharmacy Advice	203	205	223	156	-	186	201	189	264	215	157	202	2201				
HCP Advice	532	444	479	438	-	450	484	443	626	538	401	468	5303				
Path Lab Advice	114	123	138	148	-	106	112	125	150	144	106	126	1392				
APAS Advice	729	748	752	788	-	557	713	679	847	766	631	692	7902				
APAS 999	745	824	814	731	-	615	750	718	515	574	618	654	7558				
Covid Advice	417	360	388	330	-	165	384	495	1578	646	326	307	5396				
UTC Advice	-	-	-	-	-	-	-	-	68	62	58	54	242				
<b>Total Volume</b>	<b>7615</b>	<b>7334</b>	<b>7373</b>	<b>7198</b>	<b>5371</b>	<b>5769</b>	<b>6985</b>	<b>7159</b>	<b>10179</b>	<b>7838</b>	<b>6241</b>	<b>6631</b>	<b>85693</b>			<b>17795</b>	



Accordingly, 79% of the 85,693 cases were treated through advice. Face-to-Face contacts equates to 21% of the reported 85,693 contacts but these are an additional 17,795 patient contacts to the reported figures - as the Home Visits and PCC consultations would have been subject to an ELMS clinical triage first - meaning that the aggregated total is therefore 103,488 in 2022-23.

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 by the Pennine Lancashire position as at March 2023:

Period	Received as Emergency Case Types - Pennine Lancs Activity	Secondary Care Referrals	Secondary Care Referrals - OOA and OHP (M/H and MIU)	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-23											
Total Year to Date	35877	12105	256	22137	62%	4363645.44	1616001	3752.55	465316.2	10507.14	£ 6,444,962.6

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

## Ongoing Developments

ELMS continue to develop the functionality of the Adastra clinical system using the GP Connect function that enables ELMS to electronically book appointments into GP Practices and other services, including into secondary care as appropriate and following a clinical triage by ELMS clinicians. This helps provide a better patient journey and work is ongoing to ensure more GP Practices and services within East Lancashire Hospitals Trust will allow slots to be available to ELMS where patient fit the receiving service criteria.

ELMS resumed its out of hours surgery service from Burnley General Hospital, based in the Children's Minor Illness Unit (CMIU), next door to the Urgent Treatment Centre on 25 February 2023. This service sees patients booked in for face-to-face consultations following a clinical triage by ELMS clinicians. The service operates 12:00-20:00 for pre-booked appointments Saturday and Sundays plus bank holidays.

*Michael O'Connor*  
**Chief Operating Officer**

## Clinical Assessment Service & Clinical Navigation Hub

### Service Overview

2022-2023 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 (IUC) delivering a Clinical Advisory Service (CAS) 24 hours per day, 7 days per week, 365 days per year.

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

- broker referrals on behalf of Health Care Professionals to support community teams and ELMS AVS team to make onward referrals to other health and social care 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 the service is covered by sessional GPs and Nurses.

In September 2020 a new pathway into East Lancashire Hospital Trust (ELHT) was agreed and allowed ELMS to book patients directly into their Urgent Treatment Centres (UTC) at Blackburn and Burnley; the Surgical Ambulatory Emergency Care Unit (SAECU); the Ambulatory Emergency Care Unit (AECU); and the Children's Observation and Assessment Unit (COAU), after clinical triage and providing the patient fits the service criteria. This ensures patients are not attending Emergency Department (ED) unnecessarily and experience a better patient journey. There has been some issues and concerns from ELHT clinicians receiving referrals but recently this has changed and we have had a number of successful acceptances into SAECU after telephone triage, thus avoiding the patient needing to wait in the ED department.

The CAS APAS Service is continuing to provide 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 with a patient when they are unable to contact the host GP and enables the Paramedic to leave 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 medical assessment 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 thus avoiding an unnecessary long wait for an ambulance.

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 into the local health system.

The Nurses in the Nav Hub also provide support to the AVS operational control team.

### CAS/Nav Hub System Management

The CAS/Nav Hub use the Adastra clinical system.

Between 4 August and 6 September 2022, the Nav Hub and CAS operated on a manual basis as did the rest of ELMS IUC service due to a national cyber-attack on the Adastra clinical system (this did not impact on patient safety and confidentiality of patient information as ELMS deployed its contingency measures to ensure service continuity. Consequently, the Nav Hub and CAS GP activity figures for 2022-23 undercast total activity.

### CAS/Nav Hub Performance

Like the out of hours element of the IUC, the majority of referrals the Nav Hub and CAS GP receive are of emergency or urgent acuity, requiring prompt response and treatment, as healthcare professions (primarily the ambulance service) or patients via NHS 111 and 999 may look to use the service rather than convey to secondary care. In 2022-23 the daytime, weekday Nav Hub and CAS GP received 7,353 referrals, of which:

<b>2022-23 Information Outcomes for Nav Hub and CAS GP Referrals</b>	
Percentage deflected from secondary care and resolved within ELMS including further primary care action by Host GP	<b>59%</b>
Percentage referred to Other Providers incl. extended access, District Nurses, DVT service, Intensive Home Support Services, Mental Health services, primary care MIU, social services, community pharmacy and treatment room services	<b>0.4%</b>
Percentage referred to secondary care incl. ambulance services	<b>39%</b>
of which: Percentage of ambulance cases	16%
of which: Percentage of Out of Area secondary care providers	2%
Percentage patient refused service or referral was cancelled by referrer e.g. NHS 111, 999 or ambulance service	<b>0.7%</b>
Percentage patient did not attend or service failed to contact	<b>2.0%</b>

Those patients subsequently referred to secondary care and the ambulance service are those patients whose acuity requires emergency or urgent secondary care intervention and as such confirms the acuity of referral to ELMS but does provide a further clinical assessment of patient need.

*Brenda Re*

**Nav Hub Lead Nurse**

## **Acute Visiting Service (AVS)**

Delivery of the Acute Visiting Service (AVS) is based on the needs of patients who are unable to leave home and assessed by their host GP Practice clinicians as presenting with an acute on-the-day condition that might require conveyance or referral to secondary care, if the patient were not visited.

### **AVS Service Overview**

ELMS provide its AVS – in GP Practice hours weekdays excluding Bank Holidays - for Blackburn with Darwen and East Lancashire registered patients respectively but operate the service as pan-Pennine Lancashire service to ensure service continuity and efficiency in the delivery of patient care. Service capacity is increased for 13 weeks over the winter period for East Lancashire, in line with commissioning directives. Patients are clinically triaged by their host GP Practice who can then book visit slots for ELMS to expedite; as per Commissioners specification these visit slots are available on a first-come-first-served basis, subject to the patients meeting service referral criteria.

The service is managed by an Operations Management team under the direction of the COO, ELMS Board and ELMS Council, supported by ELMS Senior Management Team and Clinical and Organisational Governance Committee. On a day-to-day basis, the service continued to be overseen by the AVS Supervisors with support from an AVS Controller and driver Navigators

Dedicated visiting teams attend patient place of residence in a fleet of 4x4 vehicles, based on capacity commissioned for each area. ELMS clinicians – independent contractor GPs, and employed and locum agency Nurse Practitioners and other Healthcare Professions, may visit referred cases but use their professional expertise to determine how they will manage the consultation, including the option for a further remote assessment prior to visit.

Like the IUC service, COVID continued to impact AVS in 2022-23 and while not a COVID visiting service - and referrals should not be made to ELMS simply on that basis - ELMS will treat patients with acute exacerbated conditions who may have COVID (there is a risk of patients not being aware but having COVID).

### **AVS System Management**

ELMS use the EMIS clinical system in its administration of the service and to support patient assessment and care, to maintain patient records and to record the results of patient consultations including any further action required by the host GP Practice or other services. ELMS look to maintain the system to the latest versions and to take on-board any opportunities for system and/or operational development.

In 2023-24 ELMS will look to engage Egerton, the provider of the EMIS system, in further system development offered through the GP Connect software, and to secure training to support ELMS Operational and IT staff with their understanding and effective use of the system.

## AVS Performance

Both Blackburn with Darwen and East Lancashire GP Practices use of AVS continues to increase as reflected in the table below:

AVS Activity	2021-22	2022-23	% Change
Blackburn with Darwen	4442	4674	5%
East Lancashire	7661	7997	4%
<b>Pennine Lancs</b>	<b>12103</b>	<b>12671</b>	<b>5%</b>

Both Pennine Lancashire areas continue utilise the AVS across the year with only a small amount of capacity lost due to low take-up by host GP Practices or on the day absence due to sickness, including COVID.

### 90% of referred cases are deflected away from secondary care.

There are minor issues with the appropriateness of some referrals not meeting the service criteria and patient awareness of the service being independent of the host GP Practice and that it is a home visiting service meaning that there are occasions when the patient refuses the service or the visiting team fail to encounter the patient.

This GP-led service that includes Advanced Nurse Practitioners in the visiting teams is cost effective and offers 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 overleaf.

Pennine Lancs AVS Efficacy: 2022/23										
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-23										
Total Year to Date	12671	£ 570,195	90%	11336	£ 2,234,607	£ 827,548	3514	£ 435,766	9840	£ 4,068,116

ELMS continuously monitor the quality of AVS through proactive audits and reporting. Monthly reports continue to evidence that the AVS continues to meet the needs of patients and host GP Practices seeking out of hospital solutions to avoid stepping patients up to secondary care.

## Medicines Management

Administration of ELMS medicines management is provided by Andrew Chapman, AVS Supervisor, supported operationally by the IUC Supervisors. Clinical oversight is provided by the Accountable Person, ELMS Clinical Chair, Dr Asif Garda along with Janice Davies, ELMS Optimization Pharmacist and ELMS Medical Lead, Dr Pervez Muzaffar. Improved control measures have been implemented as directed by Janice Davies and the Medical Leads.

Electronic Prescribing Systems (EPS), with the ability to send prescriptions direct to community pharmacies for dispensing, has significantly reduced the medicines function within ELMS and further work for efficiency continues under the guidance of the clinical leads.

*Michael O'Connor*  
**Chief Operating Officer**

## Rota Management

Clinical and non-clinical rotas continue to be administered effectively and efficiently. Sessions are uploaded to a computerised rota system and sessional clinicians and staff apply for available sessions on the rota. Typically, there are more clinical contractors than available clinical sessions and the Rota Administrator, supported by the management team, needs to allocate the sessions, with contractor performance being a key factor in deciding allocations.

ELMS utilise:

- Independent contractor clinicians – mainly GPs – some agency staff and some employed clinicians (primarily Advanced Nurse Practitioners) working rotas; and
- Employed non-clinical staff with some working full-time (generally salaried who do not work rota hours), but the majority working part-time via the rota.

In 2022-23 the allocation of Rota hours was:

2022-23 Rota Shifts	IUC	AVS
Clinical	35,989	12,871
Non-Clinical	22,243	13,689

*Alison Pettinger*  
**Finance Officer**



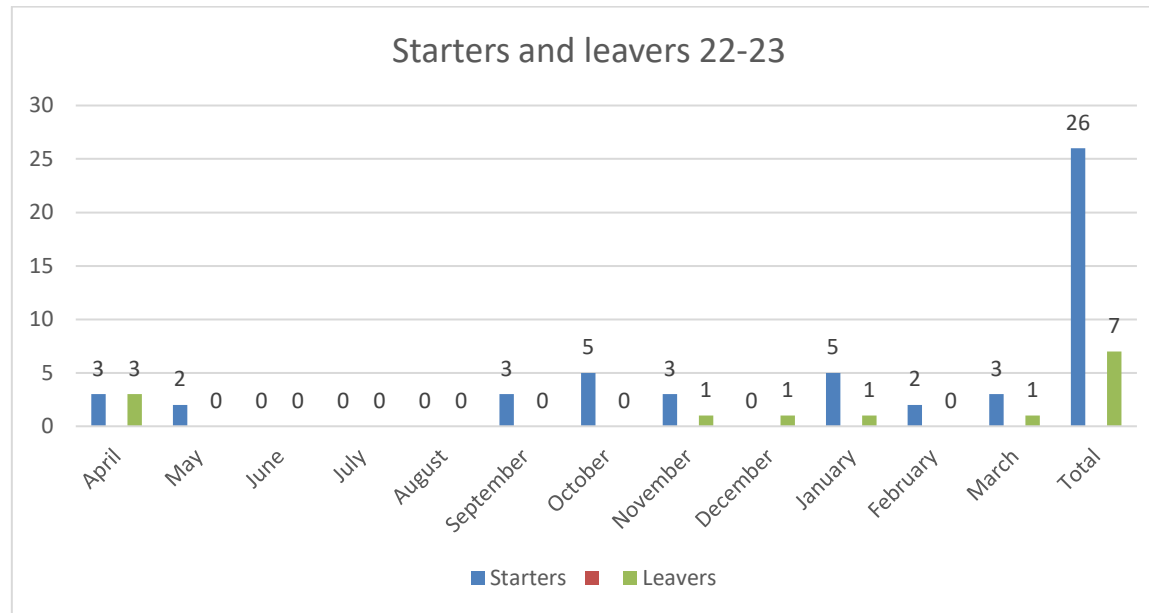
## HUMAN RESOURCES & WORKFORCE

During 22-23 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

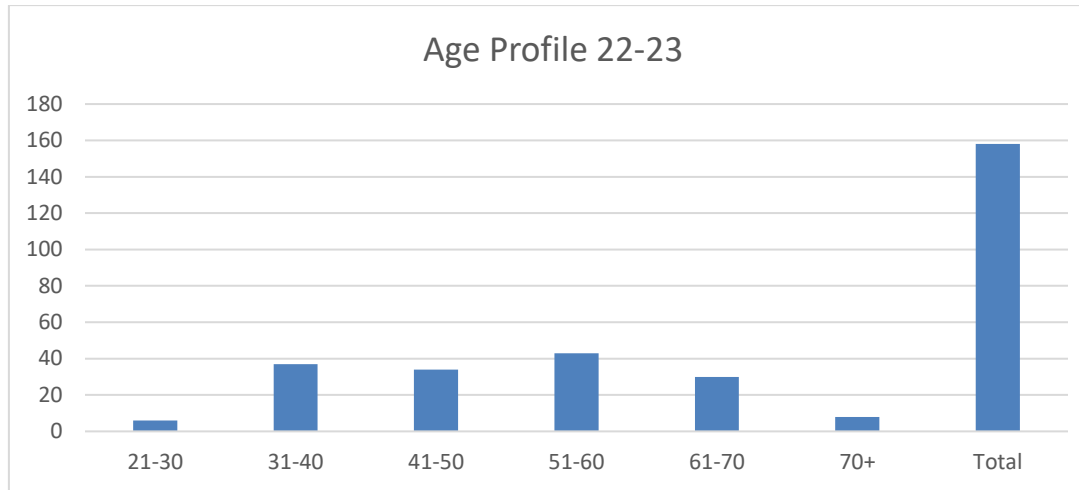
#### Turnover

There was a total of 26 starters and 7 Leavers in 2022-23, and an annual turnover of 10 %



	April	May	June	July	August	September	October	November	December	January	February	March	Total
Starters	3	2	0	0	0	3	5	3	0	5	2	3	26
	April	May	June	July	August	September	October	November	December	January	February	March	
Leavers	3	0	0	0	0	0	0	1	1	1	0	1	7

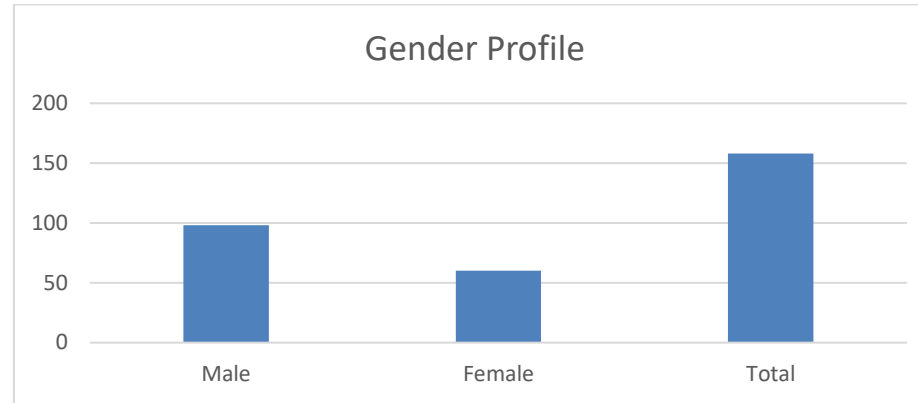
## Age Profile



Age	21-30	31-40	41-50	51-60	61-70	71+
No.	6	37	34	43	30	8

The largest single age group is 51-60 representing just over a quarter of the workforce. Over 50's represent over half the workforce.

## Gender



Male	Female
98	60

## Ethnic breakdown



African Black or Black British	Any Other Asian Background Asian or Asian British	Any Other White Background	Arab Other Ethnic Group	Bangladeshi Asian or Asian British	British White	Caribbean Black or Black British	Indian Asian or Asian British	Irish White	Not Answered	Pakistani Asian or Asian British
1	1	4	1	1	73	1	24	1	7	44

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 & Development**

ELMS continue to have high levels of compliance with all statutory and mandatory training modules, with an overall compliance level of 94% in 2022-23.

*Levis Springer*  
**HR Manager**

## **HEALTH & SAFETY and ESTATES**

### **Health & Safety**

2022-23 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 continue 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 22-23

### **Estates**

In 2022-23 following a period of significant improvement to the Estate there were no further major developments undertaken with some additional minor work based essential maintenance and repair to ensure the site remains safe and fit for purpose. Further consideration will be given to developments in 2023-24.

*Levis Springer*

**HR Manager & Company Secretary**