

## BEMS Quality Account 2025/26

### About BEMS

Banes Enhanced Medical Services (BEMS+) is a local not-for-profit GP Federation, working across the community to improve patient care. We provide high-quality community-based clinical services and support Primary Care through a range of clinical, workforce, training and educational services.

Based in the local community and owned by our members, who include all local practices, local GPs, Practice Managers, our staff, patients and the public, we were formed in 2004 when the three local Out-of-Hours GP services combined.

Our clinical services provided in 2025/26 included the Acute Respiratory Hubs, Covid Medicine Delivery Unit, Dermatology Clinics, DVT Diagnostics, Enhanced Access Services, Fracture and Soft Tissue Clinics, Image Taking Hubs, Outreach Vaccination Services, providing GPs for the local Urgent Care Centre and a Women's Health Hub.

During 2025/26, BEMS also continued to support various projects across B&NES. BEMS employed a Cancer Care Project Manager who worked closely with the local hospital, the Royal United Hospital (RUH), to embed End of Treatment Summaries across all of the RUH Cancer specialties. A smoking cessation improvement project provided targeted funding to GP practices to develop innovative approaches to support more people to quit smoking. Practices were encouraged to tailor interventions for specific population groups, offer clinics in community settings and outside core hours, and test flexible delivery models to improve access, engagement, and quit outcomes. BEMS also provided a Cancer Awareness Raising project, working closely with the public, local businesses, General Practices and health and social care staff to promote screening and self-checking for early signs of Cancer, prioritising awareness for people aged 25 - 49 as evidence suggests the incidence of Cancer in this age group is increasing.

We actively participate in many important system-level meetings, which allows us to represent primary care perspectives and advocate for the needs of our community. All that we do is part of General Practice preparing for the challenges ahead in terms of higher patient clinical need, moving services from hospital into the community and practices working more closely together. This collaborative effort is key to building resilient, healthy communities and improving overall public health outcomes, with our organisation ensuring that primary care remains at the forefront of these transformative changes.

As one of the 'voices' of primary care in B&NES, we have the ability to influence and support the development and implementation of new Health and Social Care initiatives to ensure they are fully embedded in primary care and will maximise the benefit to the residents of B&NES.



### **Aims and Objectives**

- 1) Delivering services directly to the patients registered with our member practices
- 2) Delivering services and functions to support our member practices
- 3) Developing the primary care workforce
- 4) Representation of the collective voice of General Practice

### **Values**

Trusted and respected leadership  
Responsiveness  
Quality  
Efficiency  
Clear purpose  
Local focus  
Openness and Transparency  
Being a good partner



## Statement from Chief Executive Officer

This Quality Account describes the quality of services delivered by BaNES Enhanced Medical Services (BEMS) during 2025/26 and outlines our priorities for improvement in 2026/27. It has been prepared in line with national requirements to ensure transparency and a clear focus on patient safety, clinical effectiveness, and patient experience.

During 2025/26, BEMS has continued to deliver and expand a broad range of community-based services, supporting the delivery of care closer to home and contributing to system-wide priorities across Bath and North East Somerset, Swindon, and Wiltshire. Our services have played an important role in improving access to care, and enhancing patient outcomes through timely, high-quality clinical interventions.

We have made measurable progress in a number of areas. This includes the continued development of specialist community services, such as Dermatology, and Fracture and Soft Tissue Injury, alongside the successful mobilisation of new initiatives including Image Taking Hubs and the Outreach Vaccination programme. Our work to support cancer care improvement, including the implementation of End of Treatment Summaries and targeted awareness activity, demonstrates our commitment to early diagnosis, improved patient pathways, and greater continuity of care.

We remain committed to delivering safe, high-quality care. Our governance framework, including the implementation of the Patient Safety Incident Response Framework, supports a strong culture of learning and continuous improvement. Feedback from patients and staff continues to be positive and is used to inform service development and quality improvement. We recognise the ongoing challenges facing the healthcare system and continue to work collaboratively with partners to develop sustainable, integrated models of care. Our priorities for 2026/27 focus on patient safety, digital innovation, community-based care, and improving accessibility and patient engagement.

I would like to thank all BEMS staff for their dedication and professionalism, and our partners for their continued support.

In my view, this report presents a true and accurate reflection of the quality of services provided by BEMS during 2025/26.

**Dr Charles Bleakley**  
**Chief Executive Officer**

## Part 1 – Our Services

### Acute Respiratory Hubs

In October 2025, BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) commissioned BEMS to provide urgent same-day care for children under 16 experiencing acute presentation of fever, shortness of breath, difficulty breathing, productive and non-productive cough or wheeze. This was to alleviate winter pressures on primary and secondary care and in turn reduce hospital admissions.

It was the fifth time BEMS had been asked to provide this seasonal service. This service was operational from 5th November 2025 – 28th February 2026. Outcomes from the service highlight that it benefitted secondary care by managing the increase in demand from this cohort of patients through planned availability of urgent, same-day face-to-face appointments. Thereby reducing the fluctuations in demand on urgent and emergency department services within secondary care.

The increased capacity of appointments benefitted primary care by managing the daily demand for appointments in a cohort of patients who require a face-to-face assessment and whose condition can deteriorate very quickly. The service also benefitted patient care and experience as the timely assessment of patients under 16 years of age can reduce parental concern and anxiety, potentially further reducing the demand on secondary care services.

BEMS provided an additional 1,121 appointments over this period. The service operated from six different host sites across Bath, Keynsham, Midsomer Norton, Radstock and West Wiltshire. This ensured patients had access to a service close to their usual GP Surgery. The patient survey data highlighted that 74% of patients would have called 111 or attended A&E if this service had not been available.

### Cancer Awareness Raising

BEMS delivered a Cancer Awareness Raising project in partnership with the public, local businesses, General Practices, and health and social care staff to promote cancer screening and encourage self-checking for early signs and symptoms of cancer. The project particularly focused on adults aged 25–49, reflecting evidence that cancer incidence within this age group is increasing. BEMS staff attended a range of public engagement events organised by the Local Authority Health Promotion Team, including outreach sessions in shopping centres alongside partner organisations. Local businesses frequently visited by the target age group were engaged to support the initiative by displaying awareness posters in discreet locations such as staff and customer toilets. Resource packs linked to national and local awareness campaigns were developed and distributed quarterly to all 20 B&NES GP practices. In addition, a dedicated Linktree resource hub was created and promoted through campaign materials to provide easy access to further information and support, generating 253 views with a 50% click-through rate to linked resources.

### Cancer Care Project Manager

BEMS employed a dedicated Cancer Care Project Manager who worked closely with the local hospital, the RUH, to successfully embed End of Treatment Summaries across all RUH cancer specialties. The project was successfully implemented across 17 tumour sites,

progressing through the full cycle of design, testing, mobilisation and evaluation phases to ensure the process was effective, sustainable and patient-centred. A Cancer End of Treatment Summary is a document completed by the specialist team at the end of a patient's treatment. It provides a comprehensive overview of the care received, outlines potential side effects and ongoing recovery needs, and details follow-up and future care plans. The summaries are also shared with GPs to improve the coordination of care between hospital and primary care services, helping patients feel more supported as they transition beyond treatment.

A second project of focus, started during 2025, focused on collecting and analysing local cancer prevalence and screening uptake data, with the aim of informing and supporting targeted cancer awareness and engagement strategies across General Practices. As part of the project, collaborative work has taken place with the RUH to obtain secondary care data relating to cancer diagnoses and referral pathways. In parallel, searches on General Practice systems have been developed and prepared for implementation with Practices. A pilot data insights pack has been created for one Practice, bringing together local Practice information alongside hospital data and collated national prevalence data for relevant cancer groups. This will be used to test and refine the approach before wider rollout across additional practices. To ensure the quality and reliability of the data, validation queries are being cross-referenced between RUH secondary care datasets and SystmOne data. Communications and engagement materials for practices have also been drafted in preparation for the next phase of rollout in 2026/27.

### **Covid Medicine Delivery Unit**

The Covid Medicine Delivery Unit (CMDU) is provided by BEMS across BaNES, Swindon and Wiltshire offering a remote service for high-risk, non-hospitalised patients with Covid-19. CMDU gives new Covid-19 treatments for patients, who are at the highest risk in the community. These treatments involve prescribing oral antiviral treatments or referring for intravenous infusion of neutralising monoclonal antibodies.

The BEMS GPs consulted with 261 patients, and prescribed antiviral medication for 121 patients. 10 patients were referred on to the hospital for intravenous infusion therapy.

Prior to BEMS being commissioned, prescriptions were provided and dispensed by the local acute hospitals. As part of the service transfer to BEMS, we worked with commissioners and local pharmacies across BaNES, Swindon and Wiltshire to establish a process for the patients' nominated pharmacies to order and dispense the required oral antiviral medication. This ensured patients could receive their medication promptly, close to home.

### **Dermatology Service**

The community-based Dermatology Service sees patients with a wide range of skin conditions who have been referred to the service by their GP. The team of Dermatology Specialist Doctors and Nurses assess the skin condition and agree the management and treatment plan in collaboration with the patient. The service offers a 'one stop shop' which can include a biopsy or excision of a lesion during the appointment. The Dermatology Nurse supports the team of Doctors, reviewing patients with specific conditions to improve clinical outcomes and quality of life for people suffering with chronic skin conditions. They also

support the management of patients on systemic medications / treatments which require frequent monitoring.

During 2025/26, BEMS continued to provide the Isotretinoin service, initiating patients on the medication for acne, with monthly consultant supervision from the local acute hospital, the RUH. This service offers patients a location closer to home to commence the treatment and attend regular follow-up appointments, thus preventing the need to attend the RUH. BEMS continued prescribing other systemic medications such as Methotrexate and Acitretin, and began prescribing new medications such as Ciclosporin and Dapsone, supporting more patients to be treated within the community. 1,993 appointments were provided throughout 2024/25, 727 of which were patients seen in our Isotretinoin service. BEMS received 872 referrals this year which is a 14% increase compared to the previous year, and we had 70 more patient contacts in the Isotretinoin service when compared to 2024/25.

### **Deep Vein Thrombosis (DVT) Service**

The community-based DVT service sees patients who may have a DVT via referral from their GP or the hospital. Patients will ideally have an ultrasound of the swollen leg at our community clinic within 48 hours of referral (including weekends). Patients are started on anticoagulant treatment by their own GP, although BEMS can provide this if it is required on a weekend clinic. If the scan confirms a DVT then the patient is treated by their GP for a minimum of three months.

During 2025/26, the service received 67 referrals per month which is 12 more per month than 2024/25. In October 2025, the couch was upgraded to an electronic couch to improve the accessibility for patients with mobility issues and reduce physical strain for service staff.

### **Enhanced Access Service**

During 2025/26, BEMS continued to provide the Enhanced Access Service on behalf of three Primary Care Networks in BaNES, offering patients a mixture of routine, pre-bookable and same-day General Practice appointments with a GP or nurse. The service is designed to provide GP Practices with an additional option for their patients who may benefit from an evening or weekend appointment. The service operates Monday to Saturday from seven sites across Bath, Paulton and Radstock.

During 2025/26, BEMS provided over 6,500 GP appointments and over 7,000 nurse appointments. This year, we expanded the service into the Chew Valley area, to provide better access for patients registered in North East Somerset Practices. At the request of the General Practices that commission this service, more of the GP provision was converted to face-to-face appointments, to better reflect patient demand. An additional 1,600 GP appointments were provided specifically to support provision with two Practices.

### **Fracture and Soft Tissue Injury Clinic**

This community-based Fracture and Soft Tissue Injury Service is for patients with a range of injuries who have been referred to the service by their GP, A&E or the Minor Injuries Unit. We offer a complete follow-up service that includes expert medical advice, X-ray, physiotherapy and plaster application and removal where needed. Onward tests can be requested including urgent MRI scans and direct referral into acute fracture teams at the RUH.

BEMS provided over 2,822 appointments throughout the year, which is over 520 more than 2024/25 and a 21% increase. Over 800 patients who required physiotherapy were able to have an appointment immediately after their Specialist GP consultation, with a physiotherapist on-site. 323 patients received a same-day x-ray and over 100 steroid injections were given, all supporting this one-stop shop service.

The service is provided at two local hospitals and a local GP Surgery. At Sulis Hospital Bath and Paulton Memorial Community Hospital, we can provide x-ray services. The service provided from a local GP Surgery is set up for soft tissue injuries only and has expanded our capacity to manage the consistent increase in workload. Patients are triaged by our experienced team to ensure soft tissue injuries only are seen in this service. The service takes place at the start of the week so that if x-ray is required, the patient can be booked into a Paulton Hospital or Sulis Hospital clinic within the same week. This has reduced wait times for patients and expanded our geographical offering.

### **Image Taking Hubs**

During 2025/26, BEMS mobilised a pilot Image Taking Hub service on behalf of three B&NES Primary Care Networks, covering 14 Practices. An Image Taking Hub is a dedicated community-based clinic designed to capture high-quality clinical photographs of skin conditions, moles, or lesions for rapid specialist review (teledermatology). These hubs aim to speed up cancer diagnosis, reduce hospital appointments, and cut waiting times by allowing specialists to review cases remotely.

Operating from four General Practice sites across B&NES, the pilot started August 2025 and photographed over 600 patients in the first eight months.

Initial feedback from the local hospital is that the percentage of teledermatology referrals is increasing month on month, and up to 35% of cases are discharged upon review by a Consultant Dermatologist. This prompt review of the images reduces waiting times and anxiety for patients, reduces unnecessary hospital visits and increases convenience and accessibility for patients.

### **Outreach Vaccination Services**

BEMS were successful in bidding to provide the B&NES, Swindon and Wiltshire Outreach Vaccinations Service. This service covers vaccination awareness, engagement, education, roving multi vaccinations delivery and support to potential outbreak responses. The service uses targeted interventions to reduce health inequalities, increasing access to and uptake of vaccination.

During September 2025, a number of skilled and expert existing staff were transferred to BEMS, and 15 nurses were directly recruited to support delivery of the service. In the autumn Covid-19 and seasonal influenza campaign, the service successfully delivered 3,489 flu vaccinations and 2,664 covid-19 vaccinations in various settings including care homes, housebound patients and roving pop-up clinics. These visits have also helped to “make every contact count” by offering wider health support, such as blood pressure (hypertension) checks, health advice, and signposting to other services, improving overall health, not just vaccination uptake.

### **Practice Support**

Alongside delivering clinical services, our Federation continues to provide a wide range of practical support to member Practices through our “Practice Support” work. Using the experience and expertise of our central team, we have been able to offer additional help to practices at no extra cost, supporting them to remain resilient and focused on patient care. This has included providing a Freedom to Speak Up service for all member practices, seconding staff to support workforce pressures and projects such as CQC preparation, developing SystemOne templates and reporting tools for NHS Health Checks monitoring, and helping practices with DSP Toolkit submissions and website accessibility reviews. We have also supported Practices by sharing policies and standard operating procedures, sourcing mentoring support, assisting with employee appeal processes, negotiating collective purchasing arrangements for IT systems, and negotiating the agreement for evening cover services with HealthHero. In addition, we have shared office equipment, opened our BLS training to practice staff, and helped practices secure last-minute clinical cover through our network of sessional GPs and nurses. This collaborative approach reflects our commitment to supporting practices beyond direct service delivery, helping strengthen primary care for the benefit of local patients.

### **Smoking Cessation**

The BEMS targeted smoking cessation project ran between January 2025 and March 2026. The aim of the project was to prioritise offering smoking cessation support to a defined cohort of patients, smokers aged 18-65, with a diagnosed risk factor. The project encouraged General Practices to promote the ‘Swap to Stop’ free vape initiative and to increase engagement by offering appointments in community settings and outside of core General Practice hours. One example includes dedicated sessions at a local football club, where patients were offered free tickets to the game after their appointment. BEMS worked primarily with five local GP Practices with 155 patients attending appointments.

### **Urgent Care Centre**

BEMS provide the GP workforce for the Urgent Care Centre (UCC) based in the RUH. The Urgent Care Centre is for patients who have an urgent need to see a GP or nurse but whose illness or injury is not life-threatening.

During 2025/26, BEMS provided 3,970 hours of General Practitioner time within the service, which is in line with the contracted hours required by the RUH and 400 hours greater than provided in 2024/25. This equates to over 790 shifts within the department.

A Service Development Improvement Plan is being implemented with the RUH. This plan is focused on the quality of the service provided within the UCC environment and will allow the Clinical Governance team to focus on quality improvement work in key areas such as: IT, estates, medicine management, and the process of clinical streaming. Clinical streaming to the UCC, which is a co-located primary care service within the Emergency Department, helps to ensure patients see the right person, first time.

### **Women’s Health Hub**

The Women’s Health Hub was a pilot funded by BaNES, Swindon and Wiltshire Integrated Care Board for patients referred to the RUH for a routine gynaecology outpatient

appointment. The Hub accepted GP referrals that meet a strict inclusion criterion that would otherwise require secondary care input. The services included were:

- Assessment and treatment of menstrual problems
- Assessment and treatment of menopausal problems; to include complex HRT prescribing and bleeding issues on HRT
- Complex pessary fitting and removal
- Difficult coil fitting and removal
- Benign vulval conditions
- Concern regarding abnormal appearance of cervix including cervical polyps

The service operated a one-stop shop approach, providing a multitude of procedures within the appointment, requiring very few follow-up appointments for patients.

This service accepted 30% of secondary care gynaecology referrals during the pilot. The feedback from patients, host sites and referring Practices was overwhelmingly positive. Based on all received patient feedback, 98% were very satisfied or satisfied with the service and 98% would recommend this service to a family member or friend. However, BEMS was unable to secure continued funding for this service, so the hub was closed in September 2025.

As a primary care organisation with close working relationships with both community and secondary care services, we recognise the pressures across the healthcare system and are proud to have played a role in meeting the healthcare needs of our population and bringing services out into the community hubs. We are grateful for the cooperation and support we received during this pilot.

### **Workforce Education and Training**

BEMS support the BSW Training Hub work programme for the Bath and North East Somerset locality. We continue to develop GPs with enhanced roles, support specialist staff working in GP practices like Clinical Pharmacists and Paramedics, promote student placements and run the Deputy Practice Managers', Practice Nurse and Health Care Assistant forums.

During 2025/26, BEMS ran four in-person nurse forums attended by practice nurses, nurse associates and health care assistants. The forums focused on leg ulcer care, the diabetic foot and an annual flu vaccination update. The feedback was very positive with 91% rating the sessions as good/excellent and 100% stating they would attend and recommend future events to colleagues. The sessions had positive outcomes which included the identification of activities to improve the quality of care in practice.

BEMS also facilitated a Community Nurse Conference in June 2025, delivered with another community healthcare provider; HCRG Care Group. The conference focused on integration, with the primary goal of fostering collaboration among nurses, celebrating achievements in nursing, and building on the positive momentum from the previous year's event. Delegates participated in a specialised workshop, choosing between wound care, led by the HCRG B&NES Tissue Viability Nurse Lead or, Service User Wellness and Health Promotion, led by the Community Engagement Insight Lead from Everyone Health. The conference was enhanced by insightful presentations from key speakers, including the NHS England Deputy

Director for Community and Primary Care Nursing, the BSW Training Hub's Programme and Wellbeing Lead and Nurse Education Fellow. Their contributions offered valuable knowledge, innovative ideas, and sparked meaningful discussions that facilitated networking opportunities among attendees. Feedback was again positive, with participants expressing their satisfaction and appreciation for the conference, organisation and content. 100% of respondents would attend a conference of this nature again and 96% would recommend the conference to a colleague. BEMS are committed to co-hosting a nurse conference in March 2027.

BEMS also run a bi-monthly Deputy Practice Manager forum; this year we delivered six sessions that provided targeted training and updates on topics such as General Practice Patient Administration system, SystemOne, and Infection Control. These forums also addressed a variety of issues impacting primary care, while supporting ongoing engagement and growth of the network.

## **Part 2 – Quality Assurance: Governance, Safeguarding, Incident Management & Patient Experience**

BEMS has a robust governance framework in place, incorporating quality assurance for every area of service being provided. This quality assurance encompasses the activities and series of measures that are designed to ensure continuous improvement in the quality of health care services.

### **Management Executive Committee**

The Management Executive Committee (MEC) is made up of the Directors of BEMS, and includes local GPs, Practice Managers and experienced BEMS management staff. The MEC meets monthly to manage the day-to-day responsibilities of the organisation, monitoring services against key performance indicators and driving service improvement.

### **Clinical Governance Committee**

The Clinical Governance Committee is a quarterly committee meeting, led by the Quality and Clinical Governance Director, and attended by Operations Director, Practice Manager Director, Senior Project Manager and Lead Nurse Quality and Compliance. The committee provides clinical oversight for MEC and the BEMS Council, ensuring that governance, quality, productivity and operational decisions relevant to clinical practice meet the highest standards. The committee reviews data on incidents, safeguarding, audits and patient and staff feedback. Incidents and complaints are reviewed in detail across all services, to maximise learning opportunities, agree actions and ongoing monitoring requirements.

### **BEMS Council**

The BEMS Council is an advisory group to the Management Executive Committee. It is made up of Clinical Directors from each Primary Care Network in BaNES, representing their locality, as well as a Practice Manager, sessional GP representative, Nurse Practitioner and Patient Representative from across BaNES. Most of the Council members are from local Practices and have first-hand experience of patients' challenges. The group meets quarterly to provide strategic oversight on direction of travel for the organisation, quality, workforce and finance.

### CQC report

BEMS were inspected by CQC for the first time in May 2019. We are proud to say that we were rated 'Good' in the areas of Safe, Effective, Caring and Responsive. We were rated 'Outstanding' in the area Well-led.



As part of the full report, here are the key observations made by the CQC:

- BEMS was an integral part of the local community and actively promoted the health of the population.
- Feedback from patients was consistently positive about the service they received from BEMS.
- The culture of BEMS and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.
- Leaders had an inspiring shared purpose, striving to deliver and motivate staff to succeed. There was a strong culture of continuous improvement.

The full CQC assessment from 2019 can be found [here](#).

### Safeguarding

Protecting people's health and wellbeing, respecting human rights and ensuring that no harm will occur to any service user or staff as a result of contact with BEMS is of the utmost importance to BEMS.

The Safeguarding Team is made up of Dr Christopher Lewis (Safeguarding Lead & Quality and Clinical Governance Director) and Rebecca Battagel (Safeguarding Support and Lead Nurse Quality and Compliance). The team are responsible for training, compliance and ensuring that BEMS processes are clear and safe. In addition, the team follow up on the outcome of any referrals made, to ensure that good quality feedback is provided to our colleagues.

In 2025/26, no safeguarding referrals were made from a BEMS service.

Work undertaken during 2025/26 includes:

- The Safeguarding Lead and Lead Nurse Quality and Compliance attended relevant safeguarding sessions at a strategic level.
- The Lead Nurse Quality and Compliance attended ICB safeguarding multidisciplinary meetings to gain an overview of national guidelines and initiatives and be aware of local and national safeguarding reviews and themes. Relevant information from the safeguarding adult reviews have been shared with all staff.
- New processes and documents shared throughout the year by the BSW ICB safeguarding team have been circulated to relevant staff groups. This includes:
  - o Learning from Local Child Safeguarding Practice Reviews
  - o BCSSP Self Neglect Policy and Procedure and MARMM notification process
  - o “A Guide to making an Adult Safeguarding Referral” circulated by BaNES safeguarding team
  - o New process for referrals to Adult Social Care beginning 06th October 2025
  - o Compass: information for referrers to support young people at risk of extra familial harm in BaNES
  - o “ACT Early” counter terrorism policing campaign toolkit
  - o BSW ICB primary care safeguarding SharePoint access
  - o BSW ICB Children Looked After resource pack
  - o Southside IRIS newsletters
  - o Groups Early Threat Identification Notice and briefings
  - o BaNES Early Help Offer for Children, Young People and Families
- The Oliver McGowan Training on Learning Disability and Autism has been implemented as part of BEMS statutory and mandatory training matrix. Communications to both clinical and non-clinical staff regarding the requirements appropriate to their role and how to access training are ongoing.
- Safeguarding audits are included in the BEMS Clinical Audit Programme and are reported and monitored through the clinical governance processes. During this period the following audits were undertaken:
  - o Clinical consultation audits within Enhanced Access Service demonstrating compliance with documenting ‘safeguarding’ or ‘no safeguarding concerns’ via the BEMS templates.
  - o “Hearing the voice of the child” is included within the record keeping audit to review the effectiveness of clinicians involving children and young people in their assessment and treatment.
- Audits of clinical consultation documentation within Enhanced Access and Acute Respiratory Hub clinics demonstrate compliance with recording ‘safeguarding’ or ‘no safeguarding concerns’ on the BEMS templates.
- The BEMS Was Not Brought Policy and protocol for children and vulnerable adults was implemented in March 2022. The 2025/26 audit confirms the BEMS Was Not

Brought Policy and Protocol continues to be implemented effectively by clinicians and administrators working within BEMS community clinics. The BEMS Was Not Brought policy remains an important contribution to the process of identifying children with possible safeguarding concerns who are not brought to clinic appointments.

- Continued vigilance for children who are not brought (WNB) to the Enhanced Access, PUSH and Fracture and Soft Tissue Injury Clinics is maintained via a daily search that informs their registered General Practitioner.
- BEMS Urgent Care Centre (UCC) service lead liaised with the RUH safeguarding team to improve the information about RUH safeguarding processes and protocols within the induction process for new GPs. The RUH safeguarding team developed a bespoke child and adult training package for BEMS GPs.

### **Incident reporting**

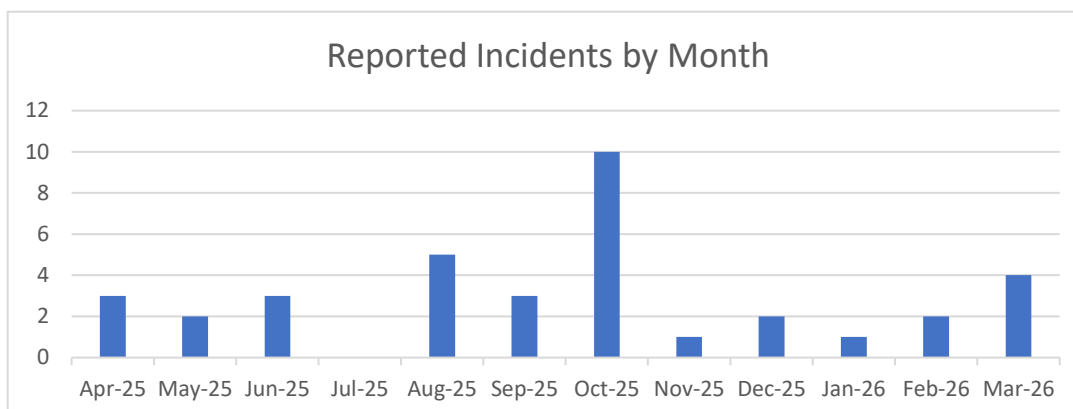
BEMS has an incident reporting policy that is annually reviewed in light of best practice and contracting requirements. BEMS has a culture of encouraging the reporting of incidents so that we can continually learn from them and improve services for patients. Effective incident management allows for proactive risk identification, assessment, and mitigation. By promptly addressing incidents and implementing preventative measures, BEMS can reduce the likelihood of future occurrences and minimise harm to patients.

During 2024/25, BEMS incident reporting policy and process was reviewed and updated in line with the Patient Safety Incident Reporting Framework (PSIRF) and is aligned with our Patient Safety Incident Reporting Plan (PSIRP), which we have shared with, and has subsequently been approved by, BaNES, Swindon & Wiltshire Integrated Care Board. The revised process includes a simplified, online reporting form and amendments to reporting of serious incidents via the Learning From Patient Safety Events (LFPSE) online platform.

Whenever a staff member reports an incident, it is recorded electronically in our incident reporting matrix. Any incident identified as high-risk is escalated for discussion with the Quality and Clinical Governance Director, Operations Director, and if appropriate, Service Clinical Lead, for immediate implementation of necessary actions or mitigations. The lead investigating officer will be BEMS Quality and Clinical Governance Director. The lead will be fully conversant with investigation procedures, including after action reviews (AAR), and where appropriate will have relevant expertise in or understanding of the work area. The lead will ensure that actions comply with the NHS Contract Incident Process requirements, where applicable.

As reflected in our staff survey results, BEMS has a strong reporting culture, and as such, most incidents are classified as low risk and result in learning points shared with team members or fed back to external organisations. Where themes are identified, the Clinical Governance Committee review and action changes to improve, share learning and reinforce best practice.

All incidents recorded are reported to the Integrated Care Board on a quarterly basis. From April 2025 to March 2026, 36 incidents were reported in total, with no Serious Incidents recorded. This is 1 more incident than recorded in 2024/25.



### Complaints Management

Making a complaint is one way in which service users can make their views known that their expectations have not been met. BEMS takes complaints seriously and recognises that they provide valuable opportunities to learn and improve the service provided.

BEMS respects the rights of users to express dissatisfaction and equally recognises that members of staff who are the subject of complaints have a vital role and are engaged in the process in an open and supportive manner.

BEMS has multiple methods for a complaint to be made. In the first instance it is encouraged for any complaints to be discussed with a member of staff at the time. If a complainant does not wish to raise their complaint with the staff involved, or this is not appropriate or possible to do so, then a complaint can be made in the following ways:

- Telephone: A verbal complaint can be made to a member of the team on 01225 560806
- Email: Email the team directly at [bems.adminoffice@nhs.net](mailto:bems.adminoffice@nhs.net)
- Post: Address your letter of complaint to: Complaints Manager, B&NES Enhanced Medical Services, Unit 1a, Paulton House, Old Mills, Paulton, Bristol, BS39 7SX

During 2024/25, two complaints were received. All complaints were dealt with within the agreed timeframe specified in the BEMS Complaints Policy. Anonymised details of the complaint are included within the incident reports that BEMS share with the Integrated Care Board.

### Patient Feedback

BEMS strive to ask all patients to complete questionnaires to gather feedback on their experiences of our services. We utilise an electronic pathway so that feedback forms can be sent to patients, via a text. We also offer paper copies to patients who do not want to receive this via a text.

Return rates for 2025/26 were as follows:

2025/26	2024/25	
10%	13%	Acute Respiratory Hubs
21%	30%	Covid Medicine Delivery Unit
15%	15%	Dermatology Clinic
29%	30%	DVT Service
80%*	10%	Enhanced Access Service
50%	60%	Fracture and Soft Tissue Injury Clinic
22%	N/A	Image Taking Hubs
N/A**	N/A	Outreach Vaccination Service
12%	8%	Women's Health Hub

*\*These figures are projected using data from the first week of the month as all patients who have an appointment within this first week are sent a survey.*

*\*\*All iPads used for recording vaccinations have a feedback form and we encourage clinical staff to offer the chance for patients to feedback regardless of vaccination setting. 145 responses gained from 6,153 vaccines given.*

In 2025/26, patient survey response rates have generally decreased over the year. Actions are being reviewed to improve patient engagement and increase response rates in the coming period.

BEMS are continuing to work on increasing the levels of response and are looking into the use of QR codes on clinic letters as another place to encourage patients to feedback.

### **Acute Respiratory Hubs**

- 95% would recommend the service to a family member or friend.

### **Covid Medicine Delivery Unit**

- 89% would recommend the service to a family member or friend.

### **Dermatology Service**

- 97% would recommend the service to a family member or friend.

### **DVT Service**

- 99% would recommend the service to a family member or friend.

### **Enhanced Access Service**

- 95% patients would recommend the service to a family member or friend.

### **Fracture and Soft Tissue Injury Clinic**

- 97% would recommend the service to a family member or friend.

### **Image Taking Hub**

- 98% would recommend the service to a family member or friend.

### **Outreach Vaccination Service**

- 99% respondent rated the service provided as Good or Very Good.

### Women's Health Hub

- 100% would recommend the service to a family member or friend.

### BEMS actions

The actions taken by BEMS as a result of patient feedback included:

- Named positive comments shared with our staff to include in their appraisals and re-validation.
- Successfully requested the Integrated Care Board to commission pharmacies across B&NES, Swindon and Wiltshire to always hold Paxlovid in stock, the antiviral medication for the CMDU service. This is an improvement for patients who are near day 5 since testing positive and need quick access to the antiviral medication.
- Guide created and shared with all Enhanced Access staff on how to register a patient on SystmOne. Occasionally, the booking Practice may make an error and book the wrong patient in. This can be rectified within the service, by BEMS staff then registering the correct patient there and then. This ensures the patient can be seen and the clinician has access to the medical record.
- Review of administrative triage process within the Fracture and Soft Tissue Service, for patients with plaster cast. All staff must review the referral form in detail before booking an appointment. Next available appointment may not be most suitable appointment for a patient in plaster who needs to be seen at a specific site. Tick box is now on the SystmOne inbound referral template, and the process was discussed from start to finish at a Service Delivery Team meeting.
- Included patient feedback in the evaluation of the Acute Respiratory Hub, to be reviewed by commissioners. Patients noted a lack of information on availability of the service. This was largely due to IT issues preventing Out of Hours and 111 from booking in directly and any advertisement resulting in limited ability for patients to access the service. This can inform the specification and procurement of any future Acute Respiratory Hub commissioned by the ICB.
- Requests from patients to access their notes via the NHS App. Unfortunately, the NHS App does not yet pull data from sources such as BEMS, although this is on the roadmap. As soon as this becomes possible, BEMS will take advantage of it.
- BEMS ran an increased number of clinics, and some extended clinics, within the Fracture and Soft Tissue Injury Clinic, to increase patient choice and reduce wait times. BEMS now have a site in Bath City for a Soft Tissue Injury Service. Patients are triaged to ensure soft tissue injuries only are seen in this service. This has reduced wait times for patients and expanded our geographical offering.

### Compliments

BEMS recognises the importance of collecting positive feedback, and its valuable contribution in assisting us to better understand the patient experience, and to influence any future service changes. Whilst incidents and complaints provide valuable opportunities for

learning, compliments also allow us to grow and develop by reinforcing the positive aspects from which to build upon. All positive feedback received is shared directly with the relevant team members, their line manager as well as via BEMS intranet to be shared across the organisation.

During 2025/26 we had we had 513 compliments. These were via the phone, emails and patient surveys. This is 196 more compliments received than in 2024/25.

Compliments include:

- “Really happy with the service. Quick, efficient and the person I spoke to on the phone was so lovely. Thank You.”
- “Recently completed six months of treatment under the care of my dermatologist. At first, I was quite anxious about starting the medication because of the potential side effects. However, thanks to the regular appointments and the consistent support I received, the process turned out to be far better than I had expected. The team were reassuring, answered all my questions, and made me feel fully supported throughout the treatment. Now that I’ve finished, my skin has improved significantly, and I feel much more confident. I’m extremely grateful, not only for the effectiveness of the treatment but also for the excellent care and support I received. This has genuinely been one of the best and most positive experiences I’ve had with the NHS.”
- “My experience today was excellent so you can’t improve on excellence. Very satisfied”.
- “The GP I saw was excellent. They listened to my concerns and then gave some reassuring advice. They put a plan in place which was explained clearly to deal with my concerns.”
- “I can’t fault the service at all, all staff were amazing, wait times amazing, overall service fab. Thank you everyone.”
- “Very efficient and well-run service. Extremely pleasant operative made me feel at home. Very relaxed.”
- “Really thorough and took so much time to explain what to look out for in future and explain why antibiotics were indicated. Great with my little boy, patient and approached him in a way they got the best outcome and allowed a thorough check up!”
- “Excellent staff interactions. Really helpful”

### **Staff feedback**

The results of the staff survey, undertaken in March 2026, were reviewed by the Management Executive Committee to formulate, assess, analyse and to set the initial action plan based on the results. BEMS Operations Director took the results to relevant staff

meetings, to share the results and the live action tracker. This was reviewed at the Management Executive Committee on a quarterly basis and updates provided at the bi-monthly staff meeting.

Staff survey summary:

- A response rate of 60% compared to 57% in 2024.
- 100% of responses indicated that they would recommend BEMS as a place to work.
- 92% always or often feel enthusiastic about their job.
- 95% staff feel communication between senior managers and staff is effective.
- 98% staff feel that they are able to make suggestions about the way that their team works.
- 97%, feel their role makes a difference to patients / service users.
- 100% staff feel safe in the workplace.
- 97% staff agree that BEMS encourages the reporting of errors.
- 97% of respondents agree that BEMS promotes a culture of health & safety for both staff and patients.
- 100% staff believe that BEMS acts fairly about career progression and training, regardless of gender, ethnicity, religion, sexual orientation, disability or age.

Action plan:

Category	Action	MEC Lead	Completion date
HR Policies	Maternity policy raised, this is a retention risk. Explore enhancements.	Practice Manager Director	September 2026
Senior Management	<p>Disconnect from senior leadership. Small drop in knowing who senior managers are. Continue to share and update the new Key Roles document so staff are aware of who the Senior Management team are, what roles they have, and how to contact them.</p> <p>Only 78% feel involved in important decisions. To consider staff consultation loops before major changes, with use of quick surveys or polls: "Option A vs B" or "Biggest concern?". To feedback to all managers in BEMS.</p>	<p>Operations Director</p> <p>Operations Director</p>	<p>Quarterly</p> <p>May 2026</p>
Staff Health and Wellbeing	Schedule quarterly updates of the Health and Wellbeing plan and communicate this to all staff. To ensure staff are aware what has been planned for the coming quarter and how to access and engage with it. To utilise staff meetings, Clinical Governance meetings and the internal bulletin.	Operations Director	May 2026 then Quarterly
Incident Reporting	Complete quarterly Quality Update Report for Enhanced Access – a staffing group that are more remote including information on usage, quality improvement changes, incidents, compliments.	Operations Director	May 2026 then Quarterly
Other	<p>Resolve issue with Zebra printers at Enhanced Access sites.</p> <p>Assign digital champions in teams to support with IT changes, first-line support for basic issues and filter out avoidable IT requests.</p> <p>Create clear SLA for staff to support IT requests. What is direct to IT support, what needs manager visibility, what has a cost and therefore needs Operations Director sign-off. To discuss with IT supplier the idea of having a simple IT request form.</p>	<p>Operations Director</p> <p>Operations Director</p> <p>Operations Director</p>	<p>May 2026</p> <p>August 2026</p> <p>August 2026</p>

### **NHS Data Security and Protection Toolkit**

The NHS Data Security and Protection Toolkit was completed, meeting the standards set. During 2025/26, an Information Governance action plan was developed, to comply with the Data Security and Protection Toolkit standards, and the General Data Protection Regulations. The action plan is reviewed quarterly by the Clinical Governance Committee, and included:

- Training needs analysis for Information Governance training. Information Asset Owner training review, to consider HR Manager, Finance Manager and HR and Finance Administrator.
- Ensure Business Continuity Plan is printed and stored securely at key staff homes, to account for any issues affecting access to key electronic files.
- Integrate a Bring Your Own Device policy into BEMS IT Internet and Electronic Communications Policy. A Bring Your Own Device (BYOD) policy helps ensure that personal phones, tablets, and laptops used for work meet appropriate security standards. This is important for protecting patient information, reducing the risk of unauthorised access or data loss, and helping staff use devices safely and consistently when accessing clinical systems or sensitive information remotely.
- Update the Asset Register with our move of Head Office and to provide a copy to our auditor.
- Provide an internal BEMS-wide information governance training session in 2026.
- Consider completion of Cyber Essentials Plus certification. Achieving Cyber Essentials Plus demonstrates that an organisation has independently verified protections in place against common cyber threats. For patients, this helps provide reassurance that personal and medical information is being handled securely, reducing the risk of data breaches, cyberattacks, and service disruption. It also shows the organisation is committed to maintaining high standards of digital safety and confidentiality. This work was started in January 2026 and will continue.

## Part 3 - Clinical & Non-Clinical Audits

### Audit

BEMS continues to seek to improve patient care and outcomes through systematic reviews and audits. BEMS works towards achieving Key Performance Indicators (KPIs) as agreed by the service contract as well as each service continuing to have its own audit programme. Local and national guidance relating to each service is reviewed and audits structured to ensure that the service meets or exceeds this guidance.

A clinical audit programme is implemented and developed across all BEMS services throughout the year. BEMS encourage individual service teams to review local and national guidance to highlight and bring forward any audit they feel should be completed

All clinical audits are assessed by the Quality and Clinical Governance Director who is responsible for ensuring that the proposed audits are ethical, any findings identified and any learning or training requirements are fully explored to ensure that local and national guidance is being followed.

Reports are shared and reviewed regularly at the quarterly Clinical Governance Committee, for group discussion and review with representatives from all areas of the organisation.

Service specific local audits completed during 2025/26 include:

### **Acute Respiratory Hubs and Enhanced Access**

#### Antimicrobial Prescribing Audit

Objective: BEMS undertook a retrospective audit of antimicrobial prescribing within its Enhanced Access and Respiratory Hub services to provide assurance that prescribing practice supports patient safety and minimises avoidable harm associated with antimicrobial resistance and adverse drug effects. During the audit period (June–November 2025), 101 patients were prescribed antimicrobial medication.

Outcome: Broad-spectrum antibiotic prescribing remained low at 6%, below the national benchmark of <10% and lower than the England average. This provides assurance that patient exposure to higher-risk antimicrobials is being appropriately limited. The audit demonstrated that 97% of antimicrobial prescribing was in accordance with BSW ICB prescribing guidance, showing improvement from 95% compliance in 2024. First-line antibiotics were used appropriately for common infections, including respiratory tract, skin and urinary infections, with prescribing choices consistent with local formulary recommendations. Overall reductions in antimicrobial prescribing, particularly in children, combined with sustained guideline compliance, demonstrate effective clinical decision-making that balances treatment effectiveness with antimicrobial stewardship.

Action: Shared audit findings with EA and Respiratory Hub clinicians to inform reflection, appraisal, and professional development. Reinforce the importance of prescribing the shortest effective antimicrobial course in line with guidance and promote clearer documentation of clinical rationale where prescribing falls outside formulary recommendations. Continue routine audit and re audit to monitor trends and sustain

improvement. Share learning with commissioners and medicines optimisation teams to demonstrate effective stewardship.

### **Covid Medicines Delivery Unit (CMDU) Service**

BEMS is contracted by the Bath and North East Somerset (BaNES), Swindon and Wiltshire Integrated Care Board (BSW ICB) to prescribe and deliver Covid-19 antiviral medication to patients within BSW. It is a remote service for high-risk, non-hospitalised patients who are testing COVID positive. Referral rates have decreased significantly in 2025-26. No clinical audits have been required to assess quality and identify service improvements.

### **Dermatology Service**

#### Surgical Site Infection Audit

Objective: BEMS undertook a retrospective audit of dermatology minor surgery procedures to assess the incidence of post-operative surgical site infection (SSI), complications and compliance with key safety documentation standards. The audit reviewed procedures undertaken between April and September 2025, with outcomes monitored for 30 days post-procedure.

Outcome: The results demonstrate the BEMS Isotretinoin clinic continues to provide a safe and effective service as defined by national guidelines and standards. 100% of women enter the Pregnancy Prevention Programme (PPP) prior to treatment and no pregnancies occurred during or after treatment. MHRA introduced the Isotretinoin Acknowledgement of Risk form and Patient Reminder Cards as compulsory risk minimisation materials for all patients when initiating Isotretinoin. Completion of Acknowledgement of Risk Form for all patients is now 100%, an increase from 55%. Submission of discharge pregnancy tests has increased to 100%. From March 2024, patients have been asked to complete the Gad-7 and PHQ9 questionnaires pre-treatment to formalise their mental health assessment. 67% of patients had the questionnaires documented in their records.

Action: Aim for 100% completion of GAD-7 and PHQ9 mental health assessment questionnaires. Consider issuing the Isotretinoin Patient Reminder Card to all patients. Consider adding a read code to the template for 'discharge pregnancy test' to facilitate an additional search in future audits.

#### Surgical Site Infection Audit – October 2024

Objective: To identify the type of minor surgery performed in BEMS Dermatology clinic, evidence the rate of surgical site infection and complication, benchmark results against the previous audits and disseminate the results to clinicians.

Outcome: A total of 54 minor surgery procedures were performed during the audit period. No surgical site infections requiring antibiotic treatment were identified, and no post-operative complications of pain, bleeding, inflammation, swelling or wound dehiscence were reported. These findings are consistent with previous audit cycles and demonstrate that the BEMS Dermatology service continues to deliver safe, effective and high-quality care in a community setting.

Action: The audit identified a reduction in compliance for scanned signed consent forms, with only 80% of consent forms attached to the electronic patient record, compared with 100% in

the previous audit cycle. Introduce a safety-netting or tracking process to ensure all consent forms are successfully scanned and uploaded to the patient record.

### **DVT Service**

#### **Referral and Outcomes Audit**

Objective: The audit was undertaken to review referral patterns and clinical outcomes within the BEMS DVT service following a sustained increase in referral volumes from April 2025. The audit sought to understand the drivers behind increased referrals, assess adherence to the BEMS DVT clinical pathway, and identify any emerging themes that may indicate inappropriate referrals or incomplete pre-probability assessment, particularly in the context of increasing use of virtual triage models in general practice.

Outcome: The audit provides strong assurance that the BEMS DVT service continues to safely manage increased demand without an increase in missed pathology. The stable number of abnormal scans suggests no compromise in patient safety. However, the findings indicate a lower clinical threshold for referral, particularly in older patients with comorbidities where DVT symptoms may overlap with other conditions. Variability in Wells Score interpretation and inconsistent use of D-dimer testing highlight opportunities for reinforcing pathway adherence. Improving consistency in pre-probability assessment will enhance diagnostic efficiency, reduce unnecessary imaging, and maximise service capacity while maintaining patient safety.

Action: Targeted feedback to practices with the largest increases in referral rates to support reflection, learning, and pathway review. Refresh education and communication on the BEMS DVT referral pathway and pre-probability scoring criteria for all BaNES clinicians referring into the service.

### **Enhanced Access Service**

#### **General Practitioner Clinical Consultation Audit**

Objective: Measure the standard of clinical consultations and documentation against the accepted standards defined in the Royal College of General Practitioners (RCGP) (2010) Universal Urgent and Emergency Care Clinical Audit Tool. Review prescribing decisions against local formulary and national guidance.

Outcome: 89% of consultations were green / excellent. 11% were amber / good. 0% were below standard.

Action: Once cases have been reviewed, emails are automatically sent directly to the clinician to see the score and the feedback provided. Any concerns are raised directly with the auditing team, which is then passed to the Clinical Lead GP and Quality and Clinical Governance Director, for further follow up with the clinician involved. Highlight the area for improvement to offer and document a chaperone for intimate examinations. Consider adopting a no-prescribe policy for flight anxiety medication.

### **Fracture and Soft Tissue Injury Service**

Clinical audits for MRI scans and steroid injections were completed in 2024 and 2025 and demonstrated continued safe and effective practice. The clinical audit programme for 2026-27 will be planned to facilitate service development and improvement.

## **Image Taking Hubs**

### Teledermatology Photography Audit September 2025

Objective: Evaluate the quality of teledermatology photographs taken within the BEMS Image Taking Hub during the initial six weeks of service delivery. Teledermatology photography represents a new clinical skill for seconded BEMS staff, and the audit aimed to assess early performance following initial training.

Outcome: A range of image quality issues were identified, including blurred images, poor lesion visibility, incorrect use or placement of scales and labels, inappropriate gel application, inconsistent lighting, and camera technique errors. Despite these issues, examples of good practice were identified, particularly in lighting, focus, scale placement, lesion marking, and anatomical context in some images.

Action: Practical guidance and visual examples were provided through a structured feedback presentation, highlighting both good practice and areas for improvement. Re-audit in Quarter 3 (2025-26) to assess improvement in image quality, confirm learning has been embedded, and provide further assurance of service safety and effectiveness.

### Teledermatology Photography Audit March 2026

Objective: The re-audit was undertaken to evaluate the quality of teledermatology photographs taken within the BEMS Image Taking Hub six months after service implementation. The purpose was to assess how learning and experience had embedded since the initial September 2025 audit, identify improvements in practice, and highlight any remaining areas requiring development to ensure images meet recognised teledermatology standards.

Outcome: Improvements were identified in several aspects of image quality, particularly lighting, lesion focus, scale placement, anatomical context, and use of dermoscopic techniques. New themes relating to close-up dermoscopic photography emerged, reflecting a shift from basic set-up issues seen in the initial audit to more advanced technical considerations.

Action: A structured refresher covering the photography process, camera settings, exposure, focus, patient management, and image transfer was included in the feedback to support continued skill development.

## **Safeguarding**

### Was Not Brought – March 2025

Objective: The annual BEMS Was Not Brought (WNB) audit was completed to ensure the BEMS response to children who are not brought to their clinic appointment is congruent with the BEMS Was Not Brought policy and protocol.

Outcome: All children who were not brought to their Acute Respiratory Hub, Enhanced Access or Fracture Clinic appointment had a WNB letter written by the BEMS clinician and sent to the child's registered GP to inform them of the child's non-attendance. There were no omissions identified within the BEMS Was Not Brought Policy or Protocol. Non-attendance rates remain broadly consistent with previous years, with a slight variation observed within

the fracture clinic; however, this is in keeping with historical trends and does not indicate emerging risk. Cases involving known safeguarding concerns were appropriately recognised and managed in line with established protocols, with no additional concerns identified through this review. The audit confirms the BEMS Was Not Brought Policy and Protocol continues to be implemented effectively by clinicians and administrators working within BEMS primary and community clinics.

Action: Continue annual audit.

### **Urgent Care Centre**

#### **Clinical Consultation Audit**

Objective: A consultation audit was required to assess the provision of care and documentation of clinical practice by BEMS GPs working within the Urgent Care Centre (UCC).

Outcome: 99% of case reviews were green / excellent. Reasons identified for not scoring 100%: partial documentation of reason for attendance, insufficient documentation of specific safety net advice given, use of abbreviations. Of the 4,067 UCC consultations undertaken by these GPs over the audit period, paediatric cases accounted for only 5.5% of the sample, reflecting changes in service configuration and improved staffing within the Children's Emergency Department.

Action: Send each GP a copy of their audit results for their structured appraisal with advice on areas for improvement of documentation. Review case notes for all new GPs working in UCC within three months of their start date.

### **Women's Health Hub**

#### **Referral audit**

Objective: The referral audit was undertaken as a follow-up to the 2024 referral audit to evaluate how referral patterns, diagnoses, and treatment plans within the BEMS Women's Health Hub have evolved as the service became embedded into routine practice. The audit aimed to identify emerging themes, assess appropriateness of referrals, and determine whether care continues to be delivered efficiently and in line with service objectives.

Outcome: Referral trends reflect a reduction in menorrhagia and irregular menstrual bleeding, alongside a decrease in Mirena IUS use for menorrhagia and a slight reduction in endometriosis diagnoses. Difficult cervical smear referrals have increased, with a corresponding slight increase in cervical polyp removals. There was a notable rise in referrals for consideration of testosterone therapy for low libido associated with menopause, aligned with increased referrals for menopausal symptoms and increased prescribing of HRT in accordance with BSW formulary guidance. Only 8% of patients required onward referral to secondary care, representing a 17% reduction compared with the 2024 audit.

Action: Circulate the audit report to the WHH Service Lead, Clinical Governance Director, Operations Director and WHH Project Manager to support oversight, assurance, and service planning.

**Additional Surveys/Audit**

- NICE compliance. NICE guidance is reviewed, disseminated to service leads and discussed. Services are sent guidelines that affect their service.
- Record keeping. All records across all services had patients name, date of birth and NHS number.
- Premises. Health and Safety & DDA audit completed on all premises where BEMS carry out services,

## Part 4 - Looking back at 2025/26

### Review of priorities in 2025/26

#### 1) **Ensure safe and effective prescribing across all BEMS services.**

BEMS are committed to helping all our patients get the most benefit from their medicines. Key areas that we will be focusing on during 2025/26 will be:

- a. Auditing that our prescribing is in line with national NHS guidance and our local formulary, ensuring consistency and safety. Specifically auditing antibiotics usage, analgesia prescribing, non-formulary items, self-care items and high-cost drugs.
- b. Antimicrobial stewardship –monitoring antibiotic use across our services to identify any areas for improvement.
- c. Auditing high-risk systemic medicines such as methotrexate and isotretinoin, which require strict monitoring, safety checks, and clear communication with patients.

During Q1 a full benchmarking exercise was undertaken with RUH to review and compare the materials used and provided to patients for the safe prescribing of Isotretinoin.

During Q3 a full benchmarking exercise was undertaken with RUH to review and compare the materials used and provided to patients for the safe prescribing of dapsone and ciclosporin.

During Q4 the antimicrobial prescribing audit was completed. The audit highlighted 97% of antimicrobial prescribing was in accordance with local formulary guidance, which is an increase from 95% in 2024.

#### 2) **Embedding the new Patient Safety Incident Response Framework (PSIRF)**

We are changing how we respond to patient safety incidents, focusing less on blame and more on learning, improvement, and involving those affected. Key areas that we will be focusing on during 2025/26 will be:

- a. Working more closely with patients, families, and carers during reviews of serious incidents.
- b. Using the Learning from Patient Safety Events (LFPSE) Portal, to share learning across teams and with patients, when appropriate.
- c. Hold team learning sessions on the new framework to embed the principles of PSIRF across the entire organisation.

Staff training undertaken in Q2 on the key tenets of PSIRF, as well as on the changes to BEMS' Incident Reporting policy as it has moved to TeamNet. This is a simpler reporting system with better audit trail and supports the PSIRF strategy.

Refresher staff training undertaken in Q4 on the key tenets of PSIRF, as well as on the changes to BEMS' Incident Reporting policy as it has moved to TeamNet. This is a simpler reporting system with better audit trail and supports the PSIRF strategy.

## Clinical Effectiveness

### 1) Continue to explore new technologies, either administrative or clinical, that improve patient care and workforce management.

BEMS are keen to utilise new technology to improve the experience of our services for both patients and staff. Key areas that we will be focusing on during 2025/26 will be:

- a. Reviewing online booking and cancellation options, and integration with the rollout of expanded NHS App functions.
- b. Focusing on the use of Clarity TeamNet to support HR, finance and governance functions, as well as its use as a portal to share key information with our General Practice members and Primary Care Networks.
- c. Continued exploration into online tools that support back-office functions and increase efficiency. Share learning with our General Practice members.
- d. Reviewing AI products that have been approved for use within the NHS, that can streamline processes and support decision-making.

During Q2, BEMS completed an analysis of various AI scribe projects to introduce into some community services. The aim of the AI scribe in these services is to move from a digital dictation model which relies on a significant amount of administrative time, to a model of AI generated letters checked by clinicians.

During Q3, BEMS undertook the necessary information governance and compliance steps to trial AI scribe technology within the Dermatology Service. Learning will be collated to determine if this is successful and should be expanded to other services.

During Q4, Heidi AI scribe has been trialled in the Dermatology Service. Learning is being collated with reviews planned with staff every four weeks. Learning will be collated to determine if this is successful and should be expanded to other services. An initial meeting took place with the Fracture and Soft Tissue Lead GP to discuss a trial in this service during 2026/27 Q1.

Recording of complaints, incidents and compliments are now via TeamNet, increasing ease of use and transparency.

Update received from TPP during Q3 that NHS Integrate functionality will begin working with the SystemOne Communications Annexe from summer 2026 – an opportunity for BEMS to integrate communications into patients' NHS App.

### 2) Benchmark more of our services against similar community-based services.

The purpose of benchmarking in healthcare is to improve efficiency, quality of care, patient safety and patient satisfaction. The process involves looking at standards, best practice, and evidence-based practice and then identifying potential areas of improvement.

During Q1 a full benchmarking exercise was undertaken with RUH to review and compare the materials used and provided to patients for the safe prescribing of Isotretinoin.

During Q3 a full benchmarking exercise was undertaken with RUH to review and compare the materials used and provided to patients for the safe prescribing of dapsone and ciclosporin.

As a member of the Association of Surgeons in Primary Care, we continue to monitor our post-procedure infection rates in the Community Dermatology Service and compare with the national data.

## Patient Experience

### 1) Improving accessibility of information about patient care, ensuring health literacy regardless of language, literacy level, disability, or digital access.

BEMS are committed to the principle that clear, inclusive communication supports safer, more effective, and more equitable healthcare. Key areas that we will be focusing on during 2025/26 will be:

- a. Increase use of Easy Read materials, translated resources and interpreter access.
- b. Include input from diverse patient groups, including people with learning disabilities, sensory impairments, and those with limited English.
- c. Enhance our website and add a language translation tool and screen reader compatibility.
- d. Regularly monitor the use and accessibility of patient resources.

BEMS has made progress in improving the accessibility of patient information during 2025/26, including the launch of a new website with improved accessibility features such as screen reader compatibility and integrated accessibility tools to support patients with different communication and access needs. Frequent reports are reviewed on access and clickthrough rates to optimise navigation of the site and ensure easy access to the core patient-facing information.

Due to staffing capacity challenges, including maternity leave within the communications team, some planned workstreams have progressed more slowly than anticipated. In particular, further development of Easy Read resources and structured engagement with diverse patient groups will be prioritised and carried forward into 2026/27.

### 2) Improving patient experience through group consultations, where patients with similar conditions meet together with a healthcare professional. These sessions can improve access, education, and support for patients, while helping services run more efficiently.

Key areas that we will be focusing on during 2025/26 will be:

- a. Pilot group consultations in dermatology for common skin conditions like eczema, acne, and psoriasis.
- b. Pilot group consultations in the Women's Health Hub, focussing on areas such as menopause, pelvic pain and HRT.
- c. Collect patient feedback to understand what works best, including preferences for online vs in-person sessions, group size, and topics.

Unfortunately, during Q2, the WHH pilot came to an end due to lack of funding for continuation.

BEMS have consolidated learning from other pilots across the country utilising group consultations. A model suitable for Dermatology has been designed with consultation with the clinical team. The first session for patients with psoriasis begins in May 2026.

## Part 5 – Priorities for 2026/27

Our priorities for 2026/27 have been identified by taking into account feedback from patients, service users, staff, commissioners and stakeholders. Some of the priorities we agreed in 2025/26 were not met in full. However, we believe that these priorities are still important, so some have been carried forward into 2026/27.

### Patient Safety

#### 1) Ensure safe and effective prescribing across all BEMS services.

BEMS are committed to helping all our patients get the most benefit from their medicines. Key areas that we will be focusing on during 2026/27 will be:

- a) To complete a full isotretinoin audit within the community dermatology service to assess the safety and effectiveness of prescribing and monitoring practices in line with MHRA guidance. The audit will evaluate treatment efficacy, dosing requirements, side effect prevalence and severity, and the frequency and severity of blood test abnormalities. Outcomes will inform quality improvement actions to support safe, effective, and consistent patient care.
- b) Expand learning from antimicrobial prescribing audits and benchmark against BSW guidance and compliance with local prescribing guidance.

#### 2) Improve digital and information governance safety

Cyber resilience and safe digital working are major NHS priorities as more care is delivered digitally and across organisational boundaries. The proposed focus areas for BEMS this year are:

- a) Progress Cyber Essentials Plus accreditation.
- b) Improve staff confidence using new digital systems safely.
- c) Ensure safe implementation of AI-supported technologies.

### Clinical Effectiveness

#### 1) Use digital innovation and AI to improve productivity and clinical efficiency.

The NHS is prioritising digital transformation, productivity improvement and reduction of administrative burden. BEMS plan to:

- a) Evaluate and expand AI scribe technology where safe and beneficial.
- b) Improve integration with NHS App and digital communications
- c) Explore use of digital triage, eReferrals and workflow automation.
- d) Share learning with member practices and PCNs.

#### 2) Expand neighbourhood-based community care models

Integrated neighbourhood working is a major NHS and BSW system priority, focused on delivering more care closer to home and reducing pressure on hospitals.

Proposed focus areas for BEMS include:

- a) Continue expansion of community-based specialist services.

- b) Support Primary Care Networks with neighbourhood-level service delivery and pathway redesign.
- c) Develop integrated pathways with RUH, community providers and the voluntary sector.
- d) Use population health and Core20PLUS5 data to target services where need is highest.
- e) Continue outreach and local hub-based models for high-demand services

## Patient Experience

### 1) Improving accessibility of information about patient care, ensuring health literacy regardless of language, literacy level, disability, or digital access.

BEMS are committed to the principle that clear, inclusive communication supports safer, more effective, and more equitable healthcare. Key areas that we will be focusing on during 2026/27 will be:

- a) Expand use of Easy Read and translated materials.
- b) Improve website accessibility and NHS App integration.
- c) Use QR codes and digital feedback tools to increase patient engagement.
- d) Ensure digital innovation does not widen inequalities.

### 2) Improving patient experience through group consultations, where patients with similar conditions meet together with a healthcare professional. These sessions can improve access, education, and support for patients, while helping services run more efficiently.

Key areas that we will be focusing on during 2025/26 will be:

- a) Pilot group consultations in dermatology for common skin conditions like eczema, acne, and psoriasis.
- b) Collect patient feedback to understand what works best, including preferences for online vs in-person sessions, group size, and topics.
- c) Consider virtual and neighbourhood-based group consultation approaches.

#### Author

Dan Smith, Operations Director  
May 2026

#### Authorised by

Clinical Governance Committee  
May 2026

## **Statement from NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) on Banes Enhanced Medical Services (BEMS+) Quality Account for 2025/2026**

NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) welcomes the opportunity to review and comment on BEMS' Quality Account for 2025/2026. Insofar as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate, aligns with information presented to the ICB via contractual monitoring, and meets NHS England Quality Account requirements.

BSW ICB notes the comprehensive overview of BEMS' activity, achievements, and future priorities, aimed at providing continued delivery of high-quality care. It is the view of the ICB that the Quality Account reflects BEMS' ongoing commitment to continuous improvement in patient care and safety, and recognises the key achievements in the following areas:

- Patient safety and governance have been strengthened through the embedding of the Patient Safety Incident Response Framework (PSIRF) and a well-established clinical governance structure, supporting a positive reporting culture and system learning.
- Clinical effectiveness and service delivery have been enhanced through the expansion of community-based services, including dermatology, fracture and soft tissue injury clinics, and image-taking hubs, supporting care closer to home and reducing pressure on secondary care.
- Patient experience and engagement remain strong, with consistently high patient satisfaction across services and demonstrable use of feedback to inform improvements.
- Improved patient information accessibility in 2025/26, including launching a new website with enhanced accessibility features to better support diverse patient needs.
- Workforce development and system collaboration have been promoted through education, training initiatives, and close partnership working across primary, community, and acute providers

The ICB recognises BEMS' 2026/27 plan to improve the quality of care and notes the following key priorities for further development:

- Safe and effective prescribing across all BEMS services.
- Improve digital and information governance safety.
- Expand neighbourhood-based community care models.
- Improve patient experience through group consultations, where patients with similar conditions meet together with a healthcare professional. These sessions can improve access, education, and support for patients, while helping services run more efficiently.

We look forward to seeing progress with the quality priorities identified in this Quality Account, in conjunction with the continued maturity of the Patient Safety Incident Response Framework and the provider's contribution to system-wide learning and improvement.

NHS Bath and North East Somerset, Swindon, and Wiltshire ICB is committed to sustaining strong working relationships with BEMS, and together with our wider stakeholders, will

continue to work collaboratively to achieve our shared priorities as an Integrated Care System in 2026/27.

Yours sincerely,

Shelagh Meldrum

A handwritten signature in black ink that reads 'Shelagh Meldrum'.

Cluster Chief Nursing Officer  
NHS Bath and North East Somerset, Swindon and Wiltshire, NHS Dorset and NHS Somerset