

## **BEMS Quality Account 2021/22**

### **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 services provided in 2021/22 included Covid-19 Hot Hubs, Dermatology Clinics, DVT Diagnostics, Fracture Clinics, Home Visiting, Improving Access Service, Paediatric Urgent Service Hubs, Referral Support Service and Vasectomy Clinics. During 2021/22, BEMS also continued running the Covid-19 Vaccination Service until June 2021, for nine local General Practices.

We have also focused on a number of respiratory projects throughout the year. The Covid-19 pandemic has increased the priority of respiratory workstreams, and we have worked with our colleagues in local Practices, the local acute hospital and the Academic Health Science Network on three different projects.

- 1) A FeNO project, enabling Practices to undertake FeNO testing on patients for whom a diagnosis of Asthma is suspected.
- 2) An asthma and COPD risk stratification project, creating a suite of clinical searches to help Practices identify asthma and COPD patients, and ensure they are treated in the timeframe, and by the clinician, most appropriate. This will help Practices to respond to the increasing demand on resources and improve patient experience and outcomes.
- 3) Supporting the Clinical Commissioning Group in the design and delivery of a Primary Care based service for Spirometry.

BEMS look forward to continuing to work collaboratively on these vital projects throughout 2022/23.

We also work closely with all the GP practices on Primary Care workforce development, such as Clinical Pharmacists, Pharmacy Technicians, First Contact Practitioner Physiotherapists, Physicians Associates and Nurse Associates for the facilitation of more collaborative working. We have been exploring multi-sector working with the local acute hospital, and were pleased to assist in the placement of two new multi-sector posts, with a Trainee Pharmacy Technician and a Foundation Pharmacist.

This is all part of General Practice preparing for the challenges ahead in terms of higher patient clinical need, moving services from hospitals into the community and practices working more closely together.

As the 'voice' 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 Business Director

Our Quality Account provides us with the opportunity to report on the progress we have made last year and our plans to improve the quality of the services we provide. We are pleased with our progress last year bearing in mind the continuation of the Covid-19 pandemic, and aim to carry on this continuous quality improvement next year. All our services continued throughout the pandemic, and we continued to expand our existing services, working from new sites and in innovative ways, as well as delivering new services, all to support patients during this difficult time. We acknowledge that we would not have achieved this without the dedication and professionalism of all our staff.

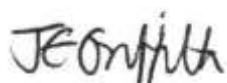
We are not complacent, there is always more to be done to improve the overall patient experience. As a primary care organisation with close working relationships with both community and secondary care services, we recognise the current pressures across the healthcare system. In the spirit of increasing integration, BEMS is leading work with other local providers to redesign outpatient services that are cost effective, future-facing, located closer to patients and which utilise a broad clinician skill mix. These would continue the BEMS ethos of high-quality patient care, whilst protecting hospital capacity for those patients who require high-intensity specialist services.

From reading this quality account, we hope you will get a sense that we are an organisation which listens to what our patients and staff tell us and use this feedback to improve the quality of the care we provide.

Sharing, openly and honestly, issues of the quality of care at BEMS, both with staff and patients is a cornerstone to this work. Encouraging all staff to report incidents that could have resulted in harm, as well as those that may have done so, is an essential starting point to enable learning and change to occur.

Our Management Executive Committee made up of the Directors of BEMS, reviews monthly reports from all our services that includes activity, key performance indicators, incidents, audits, safeguarding, risks and patient feedback.

Staff working in the frontline services including General Practitioners, nurses, health care assistants and receptionists, BEMS Head Office staff including Operational Management and Project Management, BEMS Management Executive Committee and Council and users of our services have all been involved in the writing of this report.

A handwritten signature in dark ink, appearing to read 'J Griffith', is positioned above the printed name of the Business Director.

**Julia Griffith**  
**Business Director**

## Part 1 – Our Services

### Covid-19 Hot Hub Service

BEMS continued to provide a Covid-19 Hot Hub service until July 2021. The Hot Hub service provided a suitable environment for patients with symptoms of possible COVID-19 who, following remote clinical triage, were deemed to need a face-to-face assessment. The Hot Hub clinics were staffed by GPs, Infection Control Practitioners and an Administrator. The benefits of running a specific Hot Hub service for patients with Covid-19 symptoms were to minimise the risk of a face-to-face examination for the patients themselves, other vulnerable patients in the practice and primary health care teams. We minimised this risk by implementing the highest level of infection control guidelines.

For the final four months of the service, we slowly reduced the service offering in line with local Covid-19 data, and ran from two local GP sites, Heart of Bath and Elm Hayes Surgery in Paulton, Monday to Friday.

### Covid-19 Vaccination Service

The BEMS Covid-19 Vaccination Service started in December 2020 and continued until June 2021. This service provided a local primary care-led vaccination service on behalf of three Primary Care Networks in BaNES (Minerva PCN, Unity PCN and Heart of Bath PCN).

In line with national priorities, the site administered vaccinations to each in cohort in line with government guidance.

In total, BEMS delivered over 56,000 vaccinations, including 824 Care Home Residents and 1,434 Housebound patients.

The vaccination team consisted of Doctors and Nurses from the Primary Care Networks, as well as bank staff supplied by the Royal United Hospital and volunteer staff including returning GPs. This team was supported by a fantastic group of volunteers, who generously came forward from local businesses via the Community Wellbeing Hub and 3SG BaNES to do what they can to help.

### Dermatology Service

Our community-based Dermatology Service sees patients with a wide range of skin conditions who have been referred to the service by their GP. The Dermatology Specialist Doctor assesses the skin condition and decides what further treatment is required. We offer a 'one stop shop' and should the condition require removal, biopsy or further tests we can do them there and then. 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 conditions. They also support the management of patients on systemic medications / treatments which require frequent monitoring

During 2021/22, BEMS expanded the provision of our Isotretinoin Service, initiating patients on the medication for acne, with monthly consultant supervision from the local acute hospital, the RUH. This service offers these patients a local site for commencing the treatment and the regular follow-ups, preventing them having to attend the RUH. We saw

over 1,600 patients throughout 2021/22, 177 of which were patients seen in our new Isotretinoin service.

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

Our community-based DVT service sees patients referred by their GP or the hospital who might have a DVT. Patients will ideally have an ultrasound of the swollen leg at our community clinic within 48 hours (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 2021/22, we launched a brand new, simplified referral form, to make the task of referring to the service more efficient. The service had increase activity throughout the year, and scanned on average 57 patients per month, compared to the previous years average of 48 scans per month.

### **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, physiotherapy, plaster application and removal and X-rays where needed. Onwards tests can be requested including urgent MRI scans and direct referral into acute fracture teams at the RUH.

The service is provided at BMI Bath Clinic and Paulton Memorial Community Hospital.

During 2021/22, we expanded our GP team to provide additional capacity and resilience within the service. BEMS provided over 1,500 appointments throughout the year and over 360 patients who required physiotherapy were able to have an appointment immediately after their Specialist GP consultation, with a physiotherapist on-site.

### **Home Visiting Service**

The aim of this service is to see patients who are at risk of admission to the local hospital earlier in the morning and either treat them at home or admit them earlier. This will enable observations and tests to be performed earlier in the hospital and hopefully send them home later that day, avoiding unnecessary overnight stays. This service is staffed by Specialist Paramedics and Advanced Nurse Practitioners.

During 2021/22, BEMS completed over 2,500 visits to patients in BaNES. Due to the ongoing Covid-19 pandemic, we expanded the service, and used bank GP and Nurse staff to visit Covid-19 patients at home.

### **Improving Access Service**

The Improving Access Service restarted in August 2021, following a hiatus as funding was utilised for Covid-19 specific services. This service offers the patients in BaNES, routine, pre-bookable General Practice appointments with a GP or nurse. The service operates seven days a week from sites in Bath, Paulton and Keynsham. The service is designed to provide GP Practices with an additional option for their patients when they are unable to offer a suitable appointment during their own opening times.

As part of the remobilisation of the service, BEMS altered provision to ensure patients could be offered a mixture of face-to-face, telephone and video appointments depending on their preference. Throughout the 8 month period, we offered over 2,500 GP appointments and over 1,500 nurse appointments.

### **Paediatric Urgent Service Hub (PUSH)**

In December 2021, BaNES, Swindon and Wiltshire Clinical Commissioning Group asked BEMS to provide a hub for urgent same day care for all feverish children under 5. This was due to a predicted increase in cases of Respiratory Syncytial Virus (RSV) and bronchiolitis in patients aged 0-5 years, and help to support primary and secondary care during the winter months.

BEMS set-up the service in December and ran it from January 2022 – March 2022. 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 5 years of age can reduce parental concern and anxiety, potentially further reducing the demand on secondary care services.

### **Rapid Diagnostic Service (RDS)**

During 2021/22, BEMS worked with two local Primary Care Networks (Keynsham and Minerva) to launch a new Rapid Diagnostic Service. This is a pilot for one year, and is for patients who do not meet the usual two week wait (2WW) referral criteria, but the GP feels the patient could have suspected cancer. This service allows for earlier testing which will diagnose the cause more quickly, allowing treatment to be started sooner. The patient is seen in the service within one week of receiving the referral.

The Minerva service went live in December 2021 and the Keynsham Service went live in January 2022.

### **Referral Support Service (RSS)**

The team at RSS is staffed by nurses, physiotherapists and administrators with part time support from a local GP. It is designed to help patients decide which secondary care provider they would like to go to. They can also provide advice about waiting times. Choosing the right pathway can be complicated and can depend on a range of factors, not just someone's clinical condition but also aspects of their health or past medical problems. These pathways are constantly being refined or new pathways introduced and this service helps your GP to choose the right pathway for you. This service is set up to make sure that patient's see the right person, in the right place and at the right time.

During 2021/22, the team dealt with over 20,000 referrals, helping patients to choose a provider that is best for them. We also launched a specific helpline for General Practice staff to use, enabling them to speak to a member of the team quickly and conveniently.



### **Vasectomy**

Our community-based Vasectomy service sees patients referred by their GP who would like to have a vasectomy. The man and his partner will have talked through the advantages and disadvantages of having a vasectomy with their GP prior to coming to a BEMS clinic for the procedure.

This service is based at two GP Practices in BaNES, Rush Hill Surgery in Bath and Elm Hayes Surgery in Paulton.

During 2021/22, BEMS provided 197 procedures, and will continue to support the patients with post-vasectomy sampling until they test negative.

## Part 2 – Looking back at 2021/22

During 2021/22, BEMS reviewed all the data available to us on the quality of care for all the services we provide. The data that we reviewed was the commissioner's performance indicators, the results of staff and patient surveys, complaints and compliments, NICE Guidelines, Safety Alerts, the results of audits and our CQC report.

All of BEMS functions were impacted in 2021/22 by the Covid-19 pandemic. BEMS worked with all our staff, premises teams and the local healthcare system to ensure that our core clinical services were able to continue uninterrupted. BEMS also ran a number of Covid-19 specific services throughout the year, to support the local need. The staff and services had to adapt to new ways of working to ensure the safety of staff and patients, whilst continuing to provide a high-quality service.

### 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.



During 2021/22, BEMS moved Head Office location. Once we had relocated, CQC completed a virtual review of BEMS and our services, to ensure that there was no impact on the high-quality services we provide. CQC completed a full review of BEMS, examining our existing policies and procedures, reviewing our regulatory and legal documentation, reviewing our risk assessments, checking our training records to ensure staff have all completed the required courses and reviewing our Clinical Governance structure to ensure the appropriate processes are in place to provide Safe, Effective, Caring, Responsive and Well-led services. They also undertook a full assessment of the new Head Office premises, reviewing our Health and Safety risk assessments, Fire risk assessments, security arrangements and infection control procedures.

This was a positive process as BEMS were able to evidence the processes and procedures we already have in place, and have continued to develop and improve upon since our formal visit in 2019.

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

We completed the NHS Data Security and Protection Toolkit, meeting the standards set. During 2021/22, we documented the flow of patient data and then carried out risk assessments and came up with an action plan to follow to comply with General Data Protection Regulations. The action plan included:

- Implementing a monthly SIRO board report, to be reviewed monthly by the Management Executive Committee.
- Updating BEMS core information governance policies and procedures to reflect current guidance and best Practice.
- Key staff to undertake Information Asset Owner training, following a management re-structure.
- Review and updating BEMS Privacy Statement with the Data Protection officer.
- HR team to digitise HR records and remove physical copies where appropriate.
- Updated Information Governance guidance to be shared with staff remote working.
- Continuing to liaise with external Data Protection Officer Service to create an interactive, face-to-face Information Governance training session for BEMS staff to be implemented during 2022/23.

## Review of priorities in 2021/22

### Patient Safety

- 1. Triage more than 65% of patients into the community Dermatology Service to reduce waiting times and avoid unnecessary secondary care referrals to help them concentrate on higher priorities to improve patient experience.**

A Q4 audit highlighted that 69% of patients referred for a Dermatology appointment are triaged into the BEMS service. Now that BEMS run an Isotretinoin service, a greater proportion of patients will be able to be triaged into the service, preventing patients having to attend a hospital outpatient appointment for frequent monitoring. This workstream is supported by a Dermatology Nurse within the service, who can assist the GPs with the monitoring of the patients initiated on these drugs. The audit in Q4 highlighted that the majority of referrals not suitable were BCC referrals and extensive leg ulcers that need sustained dermatology nursing care input.

- 2. Continue to explore new technologies either administrative or clinical that improve patient care.**

- BEMS continued to develop our use of Clarity TeamNet, an intranet system utilised by General Practice across BaNES. A number of key processes were moved across to the cloud-based platform, including national safety alerts, audit monitoring and fridge temperature monitoring. This ensures safe and reliable recording of key information, as well as giving greater access for staff as it is an online solution.
- BEMS have also created a number of topic pages to support the sharing of service-specific information. Confidential information can be shared with BEMS staff on password protected pages, and other information can be shared directly to Practices via TeamNet, minimising the use of email. The topic pages are accessible from a link, requiring no login details, and enables BEMS to keep rapidly changing documents and keep guidance up to date.
- All services were moved onto Cinapsis, the new Advice and Guidance system implemented by BSW CCG, giving BEMS staff direct access to clinical staff at the RUH.
- BEMS are looking at moving to an external hybrid postal service, where you can send printed and posted letters directly from your computer, no matter whether staff are in the office or working remotely from home. This will reduce the administrative burden of clinic letters and release the team to focus on other more important tasks.
- Webcams were installed on all PCs that BEMS clinicians use, enabling video consultations for patients that cannot attend appointments due to Covid-19 symptoms. This improved patient care and gives patients the opportunity for an appointment, even if they cannot attend a face-to-face appointment.

Moreover, BEMS existing use of cloud-based technology throughout all services, enabled a continuation of a hybrid, home working Head Office workforce. The core IT infrastructure already in place allowed Head Office staff easy access from home to all BEMS files, clinical systems and dictation systems.

## Clinical Effectiveness

### 1. 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.

- During Q1, BEMS joined the Association of Surgeons in Primary Care (ASPC). This allows us to access post-operative infection data for our Vasectomy and Dermatology Service. It also allowed us to feed our own post-operative data into this national dataset.
- BEMS aligned our immediate and four month vasectomy post-operative questionnaires in line with the Association of Surgeons in Primary Care ASPC vasectomy questionnaires. This facilitated benchmarking of BEMS vasectomy service against all providers who submit data to the ASPC for 2021-22.
- Throughout the year, BEMS liaised with Practice representatives, to ensure our Primary Care services, such as Improving Access and Home Visiting, mirrored the ways of working in General Practice. This includes the use of telephone and video consultations for patients who do not want a face-to-face appointment, offering a variety of appointment types for patients.

### 2. Continue to carry out infection control visits of all sites in light of stringent Covid-19 requirements.

The impact of Covid-19 on infection prevention and control has been significant and BEMS continued to focus on this during 2021/22. For the first 4 months of 2021/22, BEMS continued to run the BaNES Hot Hub, seeing patients with Covid-19 symptoms in a strict infection control setting. The creation of specific infection control guidance and procedures for the Hot Hub applied to all services as best practice.

BEMS Infection Control Lead continually reviewed the latest national and local Infection Prevention Control guidance, to ensure BEMS services ran in a safe and effective way. The infection control guidelines were updated, incorporating UK Health Security Agency guidance for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021-2022, and changes of Covid-19 IPC guidance was disseminated to staff as it evolved.

BEMS Operations Manager and Infection Control Lead carried out site-visits to all sites that host BEMS services. BEMS continued to use a Premises Audit toolkit for all premises that services are hosted, which exceeds the standard criteria of the NHS IPC checklist. Results are shared with Practice Management and infection control leads at each site, with actions reviewed after 3 months. Key recommendations that have been shared during 2021/22 include:

- Ensuring the external clinical waste bins have a lockable lid.
- Change and date disposable curtains in minor-op consulting room and main consulting room.
- Remove out of date sharps bins.
- Replacing swing bins with pedal operated bins.
- Fabric tear in couch reported to the Practice for repair or replacement.

- Wipeable hand washing poster to be displayed in the minor-op consulting room.

## Patient Experience

### 1. Update our business continuity plans in light of Covid-19.

The impact of Covid-19 tested BEMS business continuity plans as the majority of BEMS office staff had to adapt to a remote working environment. The new IT infrastructure set-up during 2019/20 allowed all services to continue running with no interruption. The Business Continuity Plan was updated in its entirety during Q3, approved by the Management Executive Committee and shared with all staff on TeamNet.

The impact of Covid-19 remains on BEMS Corporate Risk Register, and any actions or amendments needed in the Business Continuity Plan are discussed monthly at the Management Executive Committee.

BEMS will also be working with General Practice and Primary Care Networks to assess whether BEMS IT platforms could support other local business continuity plans.

### 2. Continue to develop our online patient participation group.

BEMS are keen to work with the new Patient Participation Group Council member to develop an effective PPG network that embraces and utilises patient feedback to improve the quality of our services. BEMS see the PPG as providing a core service:

- Advising BEMS on the patient perspective and providing insight into the responsiveness and quality of services.
- Improving health literacy.
- Allowing for regular communication with our patient population and make stronger BEMS relationship with patients, which is critical to the provision of modern, high-quality services.
- Sharing good practice by networking with other PPGs.

During 2021/22, BEMS focused on the development of Improving Access plans, in partnership with local Primary Care Networks. Patient engagement was a core part of this process, and BEMS worked with our PPG Council member to design an engagement strategy, including two questionnaires to be shared with patients. One for users of the existing Improving Access Service, and one that was shared with Practices, so that they can send it to their own patients. Analysis of the results will take place in 2022/23 and will inform PCN Improving Access plans.

Our PPG Council member also had a key role in the development of the patient literature for the Rapid Diagnostic Service. As a brand new service for BEMS, we wanted to ensure there was patient engagement throughout the mobilisation process, and this included the design of the patient-facing materials.

### 3. Explore setting up more services across more sites in BaNES to reduce patient journey times and become more environmentally friendly.

A core aim of BEMS has always been moving services from hospitals into the community and practices working more closely together. During 2021/22, BEMS continued to work with the local Outpatient Re-design group, working with the RUH, CCG and Virgin Care, on six specialties where we might provide services in the community.

We are also liaising with local providers to look for a third site for the Fracture and Soft Tissue Injury Service, to expand our offering, improve resilience within the service and ensure there are local options for all patients in BaNES.

#### Patient feedback

BEMS strive to have all patients' complete questionnaires to gather feedback on their experiences of our services. We offer patient surveys to all patients that attend our services, apart from the Home Visiting Service and the Referral Support Service, where we undertake scheduled feedback audits.

Response rates across all services are historically very high and BEMS have consistently positive results across all services. However, during 2021/22, patient feedback was still impacted by the Covid-19 pandemic. Due to the pandemic, BEMS designed and built an electronic pathway so that feedback forms can be sent to patients electronically, via a text. During Q4, all sites were provided with paper copies as well, to ensure equality for all patients, including those who do not have the technology to feedback via a link in a text.

Return rates for all services was increased in 2021/22 compared to the previous year. Return rates for 2021/22 were as follows:

2021/22	(2020/21)	
48%	47%	Covid-19 Hot Hub Service
14%	12%	Dermatology Clinic
22%	10%	DVT Service
21%	9%	Fracture and Soft Tissue Injury Clinic
12%	N/A	Improving Access Service
28%	N/A	Paediatric Urgent Service Hub
N/A	N/A	Referral Support Service
35%	12%	Vasectomy Service

#### Covid-19 Hot Hub Service

- 98% patients found instructions for the appointment and the process to follow upon arrival were clear.
- 96% patients were satisfied or very satisfied with their visit.
- 100% patients felt safe in the Hot Hub environment.

#### Dermatology Service

- 100% were happy with manner and attitude of the person who made their appointment.
- 98% were happy with manner and attitude of the Doctor.

- 100% patients were well informed about the minor surgical procedure performed, if they had one.
- 98% were satisfied or very satisfied with the service.

#### **DVT Service**

- 99% were happy with manner and attitude of the person who made their appointment.
- 100% were happy with manner and attitude of the Vascular Scientist.
- 100% patients experienced no delay in the clinic.
- 99% would recommend the service to a family member or friend.
- 99% were satisfied or very satisfied with the service.

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

- 100% were happy with manner and attitude of the person who made their appointment.
- 99% were happy with manner and attitude of the Doctor.
- 100% were happy with manner and attitude of the Physiotherapist.
- 100% were happy with manner and attitude of the Plaster Technician.
- 98% patients experienced no delay in the clinic.
- 97% would recommend the service to a family member or friend.
- 97% were satisfied or very satisfied with the service.

#### **Home Visiting Service**

Two compliments received throughout the year:

- Just a quick note to say I had some positive feedback for you last week. The patient wanted to say she was incredibly grateful for your care and kindness over the two visits you made.
- Sorry to be writing so belatedly, but we just wanted to thank you so much for all your kindness and wonderful care of mum, whenever you visited. Your understanding of mum's difficulties was a great support to mum and to us all. With grateful thanks and best wishes.

#### **Improving Access Service**

- 97% were happy with manner and attitude of the receptionist.
- 99% were happy with manner and attitude of the Doctor.
- 99% were happy with manner and attitude of the Nurse.
- 96% patients were satisfied or very satisfied with the service and 97% would use the service again.

#### **Paediatric Urgent Service Hub**

- 100% were happy with manner and attitude of the receptionist.
- 100% were happy with manner and attitude of the Doctor.
- 100% patients experienced no delay in the clinic.
- 100% would recommend the service to a family member or friend.
- 100% were very satisfied with the service.



### **Vasectomy Service**

- 100% positive feedback on the pre-operative leaflet provided.
- 100% were happy with manner and attitude of the person who made their appointment.
- 95% patients experienced no delay in the clinic.
- 100% were happy with manner and attitude of the Doctor.
- 100% were able to ask all the questions they had fully understand the treatment provided.
- 100% would recommend the service to a family member or friend.
- 100% were very satisfied with the service.

### **BEMS actions**

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

- Changed signage on site to reference 'Hot Hubs' as the common term often used by General Practice staff. This made direction on-site to parking and entrance doors clearer.
- Adequate visors made available on all sites for use with deaf patients who are able to lipread.
- Feeding back to a host site some of the issues patients had finding the service, suggesting additional signage may be required.
- Local acute MRI wait times regularly sent to the GPs so they can give patients accurate wait times for routine and urgent scans.
- Survey amended throughout the year to take into account patients who had a telephone appointment.
- Additional signage procured for one site that stops patients going into the Practice main entrance, increasing visibility of the Improving Access entrance.
- Review of the Vasectomy pre-operative literature to provide additional detail on what items can be used to wash post-procedure.

### **Complaints**

During 2021/22, BEMS received three complaints.

All complaints were handled in line with the BEMS Policy, fully investigated and responded to within the appropriate timeframe. All complaints are raised as internal significant events and discussed at monthly Management Executive Committee meetings, quarterly Clinical Governance Committee meetings and the respective quarterly service Clinical Governance meeting.

Progress on complaints are reported back to the monthly Management Executive Committee and remain on the agenda until the incident or complaint is resolved.

BEMS received one complaint regarding the Covid-19 Hot Hub, one complaint regarding the Dermatology Service, and one complaint regarding the Fracture and Soft Tissue Injury Clinic.

The percentage of patient contacts into the services resulting in a complaint is 0.007%.

### **Covid-19 Hot Hub Service**

This complaint resulted in a full clinical review by the Service Clinical Lead, Clinical Governance Director, Operations Manager and GP that saw the patient. Outcomes from the investigation included:

- The BEMS investigative team were confident that the GP followed an appropriate course of action following the Hot Hub appointment, and that safety-netting advice was given and documented in the patient notes.
- As part of the investigation, the GP reviewed the NICE clinical knowledge summary for croup to improve their understanding of the pathophysiology of the condition and the age groups in which this typically presents.

### **Dermatology Service**

This complaint resulted in a full clinical review by the Service Clinical Lead, Clinical Governance Director, Operations Manager and GP that saw the patient. Outcomes from the investigation included:

- The BEMS investigative team were confident that the GP followed an appropriate course of action following the Dermatology appointment, and that safety-netting advice was given and documented in the patient notes.
- As a result of the review of this case, our Service Clinical Lead held an educational session for all clinical staff within this service, focusing on rarer skin cancers.

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

This complaint resulted in a full clinical review by the Service Clinical Lead, Clinical Governance Director, Operations Manager and GP that saw the patient. Outcomes from the investigation included:

- It was noted that at the time of the initial appointments in our service, the x-ray results and the later addendum to the report, had not been reported on and were therefore not available to our GP. As soon as BEMS received the x-ray report, the patient was contacted to expedite their follow-up appointment.
- The outcome of this appointment was to refer to the acute knee team at the RUH, but the patient had already sought a private referral.
- BEMS met with the GP, who reflected on this case and apologised to the patient for the manner that the patient found to be inadequate and dismissive. The GP reflected that this was not the high standard that they would hope all patients experience in the service.
- BEMS are now utilising SystmOne in this service, and have access to the full patient record, mitigating the risk that key test results might not be accessible to BEMS clinicians.

### **Compliments**

During 2021/22 we had 99 compliments. These were via the phone, emails and patient surveys. Compliments included:

- The safety measures in place to ensure the safety of the staff and patients, during a pandemic.
- Staff praised as being good with children in a challenging environment.

- Inclusion of the patient in any decision-making, with clear guidance provided verbally and in clinic letters.
- The useful locations outside of an acute setting.
- The kindness and professionalism of the Doctors.
- The useful information provided at all stages of the process.
- The friendliness of all staff throughout the process, from referring GP, to BEMS administrative team, site receptionist and BEMS clinician.
- The polite and professional BEMS staff that book appointments.
- The ability to have x-ray, plaster and physio all in one appointment.
- The ability to get an appointment in the evening or weekend.
- The ability for additional information and useful links to be texted to patients' mobiles for access after the appointments.
- The appointments preventing visits to the hospital.
- The speed at which appointments could be accessed.

### **Audits**

Despite the challenging year continuing to adapt to the impact of Covid-19, BEMS succeeded in improving patient care and outcomes through systematic reviews and audits.

Key performance indicators (KPIs) for all services are monitored as per the agreed service contracts. The KPIs also form part of each service audit programme. All the KPIs are reported to BEMS Management Executive Committee on a monthly basis and discussed at each of the relevant quarterly Service Clinical Governance meetings. If any KPIs are not met as per the contract agreement, this is reviewed, and actions taken as necessary.

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

Local and national guidance relating to each service is reviewed and audits structured to ensure that the service meets or exceeds this guidance.

Service specific local audits completed during 2021/22 included:

### **Covid-19 Vaccination Service**

- BEMS Covid-19 vaccination service continued administering vaccines until June 2021 in line with the NHS Quality Assurance Framework for Covid-19 vaccination sites and utilising the National Protocols for Pfizer and AstraZeneca for administration. Vaccination service procedures were audited via:
  - Clinical audit of the consent process and administration of vaccines completed for every vaccinator by the GP Clinical Supervisor on each shift.
  - GP Clinical Supervisor audit of Pfizer vaccine dilution by the Pharmacist on every shift Pfizer was administered
  - Weekly fridge monitoring completed using both the built-in fridge temperature records and removable internal temperature recorders

- Regular Infection control audits of premises, entrances and exit to ensure that staff, patients and volunteers were complying with very stringent infection control measures.

### **Dermatology Service**

- An audit of the Isotretinoin Clinic was required to evidence the effectiveness of the BEMS Isotretinoin pathway and benchmark all monitoring requirements against national standards and the British Association of Dermatologists (BAD) guidelines. The dermatology service achieved the desired results of 100%. The audit highlighted the BEMS dermatology template is an effective tool to ensure all monitoring requirements are rigorously documented in the patient's notes.
- The results of a retrospective audit of surgical site infections (SSI) and complications showed post-operative wound infections treated with antibiotics and complication rates remained at 0% respectively in 2021/22.

### **DVT Service**

- An audit reviewed the use of qualitative point-of-care (POC) D-dimers as part of the BEMS Community DVT service. The aim of the audit was to identify how many POC qualitative D-dimers are performed in practice and their results in relation to positive and negative DVT scans to consider if BEMS should change practice to using quantitative D-dimers. The results of the Wells Score and D-dimers, both qualitative POC and quantitative laboratory tested with positive scan results appear to be varied and unpredictable. Re-audit with a 3-month dataset to identify themes between the qualitative and quantitative methods of D-dimer testing.

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

- The Covid-19 pandemic has resulted in additional British Orthopaedic Association guidelines to assist in the appropriate use of joint corticosteroid injections for musculoskeletal conditions in primary and secondary care. The fracture and soft tissue clinic joint corticosteroid injection audit was developed to ensure that clinician's practice when administering joint corticosteroid injections was safe, effective and consistent with British Orthopaedic Association and Covid-19 infection control and vaccination guidelines. The audit evidenced the safe and effective administration of joint corticosteroid injections in the community clinic and provides a service that benefits patients by reducing pain and the requirement for secondary care services whilst improving joint function and mobility.

### **Home Visiting Service**

- A retrospective review of Home Visiting consultations to evaluate the provision and documentation of safe and effective clinical practice. The results showed service is effective in reducing GP home visits with patients being assessed the same day. All referrals to the home visiting service were appropriate and the clinicians identified relevant tests and prescribing requests to the patient's GP. Action to reformat the home visiting template to include specific sections on social history, past medical history, drug history and safety-netting.

- To retrospectively review one week of Home Visiting consultations to assess the safety and effectiveness of the service by reviewing the accuracy of the clinician's diagnosis and treatment plan against the patient outcome seven days after the visit. The results demonstrate that onward referrals, hospital admissions and follow-up actions recommended by the home visiting service are appropriate. Those receiving further care from their GP within seven days of the home visiting consultation were for a continuation of that episode of care rather than for a different diagnosis or treatment plan.

### **Improving Access Service**

- The IA GP appointments audit was required to gather evidence of how appointments were utilised to develop the service and tackle the workforce challenges. The audit reviewed the number of face to face and telephone consultation and whether the presenting complaint is appropriate for the IA service. The results demonstrated that face to face and telephone consultations were being used appropriately and the majority of patients were happy to be consulted by telephone. The acceptability of telephone consultations enabled the development of GP remote access sessions as one solution to address workforce challenges and increase service provision.

### **Paediatric Urgent Service Hub**

- The PUSH outcomes audit of 135 consultations gathered data on diagnosis, treatment options, antimicrobial stewardship and location of follow-up appointments with results showing that PUSH consultations were safe and effective at managing children under 5 years of age with a fever. All those referred to PUSH received timely, face to face assessments and were managed appropriately. The objective of PUSH to reduce hospital admissions was achieved as only 12% were referred to the RUH paediatricians, mostly after discussion with the paediatrician.

### **Vasectomy Clinic**

- During Quarter 1, BEMS joined the Association of Surgeons in Primary Care. The immediate and 4-month post-operative patient questionnaires were aligned with the national audit to feed our data into this national dataset and benchmark our service against those contributing to the national audit.
- The retrospective audit of SSIs and complications was completed to review clinical practice after the clinician's changed procedure from wearing disposable gowns to wearing disposable plastic aprons for each operation. The change in practice of clinicians wearing disposable aprons for the procedure did not increase the rate of post-operative infection, evidencing that BEMS infection control procedures remain effective.

### **Medicines Management audit**

- BEMS use ePACT2 data to complete regular medicines management audit. The audit during Q4 looked at data from June 2021 – January 2022. Specific areas of review by our Senior Clinical Pharmacist included antibiotics, analgesia, hypnotics, self-care items, high-cost items and dermatology prescribing. The key outcomes included:

- No excessive quantities of antibiotics, analgesia or hypnotics prescribed.
- Antibiotics prescribing in lower levels than comparative CCG prescribing percentages.
- A small number of non-formulary items prescribed by new Dermatology GPs and Dermatology Nurse.

### **All services**

- NICE compliance. NICE guidance is reviewed and discussed. Services are sent guidelines that affect their service, e.g. dermatology service sent the psoriasis guidelines.
- 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.
- Equality and Diversity monitoring (included in all patient survey questionnaires).

### **Incidents**

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.

There were 51 internal incidents and no Serious Incidents recorded.

Learning from Incidents included:

### **Dermatology Service**

- All attempts to contact a patient should be recorded on SystmOne, even if unsuccessful. Access to add quick notes to the patient recorded added to all staff SystmOne toolbars, for ease of use.
- Change in stock control process for the service. Dermatology administrator created a stock list of items that are already at Head Office, which they can reference to when they are not in the office, and any stock that needs to be ordered can be done straight away. Dermatology admin can also utilise other members of the team to check stock when they are in the office. BEMS to consider sending stock directly to the surgery's if urgent.

### **DVT Service**

- Change in referral acceptance process in the DVT Service to ensure, where possible, patients requiring transport services are booked into the first slot of the session. This enables the team to sort out any transport issues before the end of the clinic.
- New Standard Operating Procedure created for the administrative team, on how to book a 'wait and return' journey with the local patient transport provider.



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

- New process implemented, for Service Delivery Manager to review all clinic letters, if being typed by an administrator covering the service, due to absence of the Fracture Clinic administrator.
- All Doctors informed that MRI requests must include information that the request has come from the BEMS service, to ensure that it is not rejected.
- Written guidance is now available to follow when an MRI request is rejected, ensuring rejections are dealt with in a timely manner and there is a process for escalation internally and at the local acute hospital.

### **Home Visiting Service**

- Referral template changed to try and improve and simplify the way that Covid-19 symptoms are recorded, and referring clinicians can signify if the patient requires a 'hot' or 'cold' home visit, and these changes made mandatory so they cannot be skipped.
- HR team changed their protocol, to ensure staff are informed when a clinician cancels a shift, as the online rota platform does not send shift cancellation emails.
- Induction process for bank staff to be amended to clarify communication methods for any tasks that could be considered urgent. To adjust for impacts of weekends and bank holidays on potential urgency of an action.
- The clinical template that all members of the Home Visiting team use, was amended. Previously there was a single box for GP action. There are now two boxes, one for routine GP action and one for urgent GP action. Operations Manager has informed the clinical team and advised change of process to clarify that anything that is urgent must be followed up with a phone call, either by the clinician or the BEMS administrative team.

### **Improving Access Service**

- BEMS set-up an account with a local dressings supplier, to provide appropriate dressings to one host site, that does not usually use the local supplier that BaNES nursing staff are used to. This ensures that all the team have access to stock that they use on a daily basis in their other roles.
- New guidance created for Doctors on how to action and file test results. Clarity provided to the GPs that they need to evidence in their consultation notes what the expectation is for follow-up, whether this is back to the patients Practice, or another appointment in the Improving Access Service. This needs to be clearly communicated to the patient via phone call or text .

### **Paediatric Urgent Service Hub**

- To ensure that, where possible, there is an adequate timeframe to source staffing for a new service. The service had low provision in the first few weeks due to the short timeframe available to set-up the service and find GP and administrative staff. Once up and running, BEMS were able to source regular staff. If asked to run the service again, BEMS would consider employing staff on set days.

### **Rapid Diagnostic Service**

- Standard Operating Procedure created for the RDS administrators to follow when chasing test results, or outcomes from MDTs at the local acute hospital. Document created with details on when to escalate and how to escalate delays, broken down by each relevant hospital department.

### **Referral Support Service**

- BEMS began to follow the agreed BSW CCG Referral Support Service SOP. As part of this SOP, patients were able to call directly via a new phone number. Following a number of incidents, all RSS staff reminded to pass on abusive messages to management so that they can listen to them and agree the appropriate action to be taken depending on the content of the message.

### **Vasectomy Service**

- Review completed of BEMS pre-operative and post-operative literature. The Vasectomy pre-operative literature was amended to provide additional detail on what items can be used to wash post-procedure.

## Part 3 – Priorities for 2022/23

Our priorities for 2022/23 have been identified by taking into account feedback from patients, service users, staff, commissioners and stakeholders. Some of the priorities we agreed in 2021/22 were not met in full due to the Covid-19 pandemic. However, we believe that these priorities are still important, so some have been carried forward into 2022/23.

### Patient Safety

- 1. Continue to expand the Community Dermatology Service to reduce local wait times and avoid unnecessary secondary care referrals, helping them to concentrate on higher priorities to improve patient experience.**

BEMS will work with the local acute hospital and the Clinical Commissioners Group (CCG) to expand the community offering. As a service with regular consultant supervision, expansion of this service can stop patients having to attend the hospital for appointments and offer a high-quality service, close to home. BEMS will also work with the CCG Medicines Management team to trial bringing more specialist drugs into the community.

- 2. Increase the workforce skill mix throughout our Clinical Services, to ensure that we can offer patients the best appointment for them, first time.**

General Practice has undergone an increase in workforce skill mix as the Additional Roles Reimbursement Scheme has funded new roles, such as Clinical Pharmacists, First Contract Practitioner Physiotherapists, Nurse Associates and Physicians Associates. BEMS are keen to utilise these roles in our services, to increase capacity and to offer patients a great choice of appointment, especially in our Primary Care services such as Improving Access and Home Visiting.

- 3. 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 2022/23 will be:

- Reviewing different texting and video applications that can work in conjunction with SystmOne to improve communication with patients, and increase our offering of a variety of different appointment types.
- As an employer of many ARRS roles in BaNES, BEMS will be focusing on the use of Clarity TeamNet to ensure General Practice and PCN staff can view key information for the staff that work for them on a day-to-day basis, including sickness absence, annual leave and mandatory training.

### Clinical Effectiveness

- 1. 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 practices, and evidence-based practices and then identifying potential areas of improvement. BEMS are aiming to carry out a benchmarking exercise with the RUH Vascular Studies department for the BEMS DVT Service.

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

## **2. Continue to carry out infection control visits of all sites in light of stringent Covid-19 requirements.**

The impact of Covid-19 on infection prevention and control has been significant and BEMS are keen to continue to focus on this during 2022/23. During 2021/22, BEMS continued to run the BaNES Hot Hub, seeing patients with Covid-19 symptoms in a strict infection control setting. The creation of specific infection control guidance and procedures for the Hot Hub were applied to all services as best practice. As the national guidance has changed, BEMS Infection Control Lead has reviewed and amended BEMS policies, which have been shared with all staff. We will continue to monitor local and national changes to Infection Control guidance, amend our policies and communicate to staff any relevant changes.

## **Patient Experience**

### **1. Continue to develop our patient engagement strategy.**

BEMS are keen to work with the Patient Participation Group Council member to develop an effective PPG network that embraces and utilises patient feedback to improve the quality of our services. BEMS see the PPG as providing a core service:

- Advising BEMS on the patient perspective and providing insight into the responsiveness and quality of services.
- Improving health literacy.
- Allowing for regular communication with our patient population and make stronger BEMS relationship with patients, which is critical to the provision of modern, high-quality services.
- Sharing good practice by networking with other PPGs.

Throughout 2022/23, BEMS plan to review all existing service literature with our PPG Council member to ensure that they remain effective and include the perspective of potential services users.

BEMS also plan to visit as many General Practice PPGs as possible, to present on the role of BEMS in the local health community, answer any questions that PPG members may have, and utilise these existing groups for patient engagement.

### **2. Explore setting up more services across more sites in B&NES to reduce patient journey times and become more environmentally friendly.**

A core aim of BEMS has always been moving services from hospitals into the community and practices working more closely together. During 2021/22, BEMS have started looking at new local sites for the Fracture and Soft Tissue Injury Service and the Improving Access Service. This increases choice for patients, offers more environmentally friendly choice, reduces reliance on acute services and supports local General Practice.

BEMS are already on the local Outpatient Re-design group, working with the RUH, CCG and HCRG on six specialties where we might provide services in the community.

**3. Expand our offering of Patient Initiated Follow-Ups (PIFU) in our services, and ensure that our Community Dermatology Service and Fracture and Soft Tissue Injury Service offer PIFU as an appointment outcome, 5% of the time.**

BEMS are keen to give patients and carers the flexibility to arrange their follow-up appointments as and when they need them. The approach helps empower patients to manage their own condition and plays a key role in enabling shared decision making and supported self-management in line with the personalised care agenda.

This is a key part of the NHS response to the Covid-19 pandemic, helping providers and systems manage waiting lists and to see patients most in need more quickly.

## **Statement from Bath and North East Somerset, Swindon and Wiltshire CCG on Banes Enhanced Medical Services (BEMS) 2021/22 Quality Account**

NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG) welcome the opportunity to review and comment on the Banes Enhanced Medical Services (BEMS+) Quality Account for 2021/2022. In so far as the CCG has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the CCG via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

The CCG recognises that 2021/2022 has continued to be a difficult year due to the COVID-19 Pandemic and that this has impacted on services provided by BEMS+. The CCG would like to thank BEMS+ for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase.

It is the view of the CCG that the Quality Account reflects BEMS+ on-going commitment to quality improvement and addressing key issues in a focused and innovative way. Although achievement of some priorities during 2020/21 have continued to be affected by COVID-19, BEMS+ has still been able to make achievements against all of their priorities for 2021/22 including:

1. Triage 69% of patients (target was more than 65%) into the community Dermatology Service to reduce waiting times and avoid unnecessary secondary care referrals to help them concentrate on higher priorities to improve patient experience.
2. Continue to explore new technologies either administrative or clinical that improve patient care.
3. Benchmark more services against similar community-based services to improve efficiency, quality of care, patient safety and patient satisfaction.
4. Continue to carry out infection control visits of all sites in light of stringent Covid-19 requirements.
5. Continue to develop our online patient participation group.
6. Explore setting up more services across more sites in BaNES to reduce patient journey times and become more environmentally friendly.

The CCG supports BEMS+'s identified Quality Priorities for 2022/2023. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The CCG welcomes continued engagement in the agreed service improvement plan and focus on:

1. Continue to expand the Community Dermatology Service to reduce local wait times and avoid unnecessary secondary care referrals, helping them to concentrate on higher priorities to improve patient experience.
2. Increase the workforce skill mix throughout our Clinical Services, to ensure that we can offer patients the best appointment for them, first time.
3. Continue to explore new technologies, either administrative or clinical, that improve patient care and workforce management.



4. Continue to benchmark more of our services against similar community-based services.
5. Continue to carry out infection control visits of all sites in light of stringent Covid-19 requirements.
6. Continue to develop our patient engagement strategy.
7. Explore setting up more services across more sites in B&NES to reduce patient journey times and become more environmentally friendly.
8. Expand our offering of Patient Initiated Follow-Ups (PIFU) in our services and ensure that our Community Dermatology Service and Fracture and Soft Tissue Injury Service offer PIFU as an appointment outcome, 5% of the time.

The CCG would also like to highlight BEMS+'s response to the COVID pandemic and the continued commitment and adaptability of the organisation and employees to deliver services and support the wider healthcare system locally including the Hot Hub Service and Vaccine Serves for COVID-19. This was especially noted during the extreme system pressures during the early part of 2022.

It is encouraging to see that BEMS+ have continued to undertake audits during 2021/2022. BEMS+ have a programme of internal audits which are shared with teams to ensure learning across the organisation. Outcomes from these audits are shared with the CCG.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG are committed to sustaining strong working relationships with BEMS+ and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care Alliance develops in 2022/23.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Gill May', is positioned below the 'Yours sincerely' text.

Gill May  
Director of Nursing and Quality  
BSW CCG