

QUALITY ACCOUNT

Working across the community to
improve patient care



2022/23

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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 2022/23 included Dermatology Clinics, DVT Diagnostics, Enhanced Access Services, Fracture and Soft Tissue Clinics, Home Visiting, Housebound Vaccinations, Paediatric Urgent Service Hubs, Rapid Diagnostic Services, Vasectomy Clinics and GPs for the Urgent Treatment Centre. During 2022/23, BEMS also continued to employ a number of Additional Roles Reimbursement Scheme staff on behalf of our member Practices.

We have also focused on a number of respiratory projects throughout the year. The Covid19 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 most appropriate clinician. This will help Practices to respond to the increasing demand on resources and improve patient experience and outcomes.

3) Supporting the Integrated Care Board in the design and delivery of a Primary Care based service for Spirometry.

We also work closely with all the GP practices on Primary Care workforce development, including Clinical Pharmacists, Pharmacy Technicians, First Contact Practitioner Physiotherapists, Physicians Associates and Nurse Associates for the facilitation of more collaborative working.

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 & OBJECTIVES

- Delivering services directly to the patients registered with our member practices
- Delivering services and functions to support our member practices
- Developing the primary care workforce
- 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

04

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 contribute to 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 and any issues arising from incidents, audits, safeguarding, risks and patient feedback that require a senior management response. We also hold a quarterly clinical governance committee where we review all incidents, audits and patient feedback to identify any trends or learning from other services.

Staff working in 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.



Julia Griffith

**Chief
Executive
Officer**



PART 1 - OUR SERVICES

05



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 team of Dermatology Specialist Doctors and Nurses assess the skin condition and decide 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 2022/23, BEMS continued to provide 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 1,800 patients throughout 2022/23, 524 of which were patients seen in our Isotretinoin service. This is over 200 more patient contacts than 2021/22.

BEMS worked with the Integrated Care Board Medicine's Optimisation team, to agree a process for BEMS to be able to initiate Acitretin within the community service, a drug used for psoriasis that previously could only be initiated within an acute setting. This prevents patients having to travel to the RUH to collect, this helpful medication.



DEEP VEIN THROMBOSIS (DVT)

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 2022/23, we launched a new, simplified referral form, to make the task of referring to the service more efficient. This improves the referral experience for staff in General Practice and patients, allowing BEMS to contact patients and book them in for their appointment sooner.

BEMS also worked with our colleagues in the Non-Emergency Patient Transport Services team, to improve the process for booking transport for eligible patients. We now have access to an online booking system, that gives real-time updates on where the transport is, allowing us to keep patients and our Vascular Scientists up to date.

The service scanned on average 54 patients per month.



Enhanced Access

06

From April 2022 – September 2022, BEMS provided the Improving Access Service for all Practices across BaNES, as per previous years, since 2018. During 2022/23, the specification and contractual model for this service changed, which altered the service model from October 2022.

From October 2022, BEMS provided the Enhanced Access Service on behalf of three PCNs in BaNES, offering patients a mixture of routine, pre-bookable and same-day General Practice appointments with a GP or nurse. The service operates Monday to Saturday from five sites across Bath, Paulton and Radstock. 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.

Throughout the 6-month period, we offered over 2,800 GP appointments and over 2,400 nurse appointments.

Throughout a six
month period



2800
GP
appointments

2400
Nurse
appointments



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. Onward tests can be requested including urgent MRI scans and direct referral into acute fracture teams at the RUH.

The service is provided at Sulis Hospital Bath and Paulton Memorial Community Hospital

During 2022/23, we expanded our GP team to provide additional capacity and resilience within the service. We also began providing clinics from Sulis Hospital Bath, to expand our offering to patients and improve resilience and business continuity. In March 2023, BEMS began looking at options for a third site for this service.

BEMS provided over 1,600 appointments throughout the year and over 430 patients who required physiotherapy were able to have an appointment immediately after their Specialist GP consultation, with a physiotherapist on-site.

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Home Visiting Service

From April 2022 – September 2022, BEMS provided the Home Visiting Service for 5 PCNs across BaNES. During 2022/23, the specification and contractual model for this service changed, which altered the service model from October 2022.

From October 2022, BEMS provided this service on behalf of three PCNs in BaNES. 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.

Throughout the 6-month period, BEMS completed over 920 visits to patients, and expanded the service to include Bank Nurse and Paramedic staff to cover planned and unplanned absence.



Expanded GP team to increase capacity

1600

appointments



430 able to see on-site physio



Housebound Vaccinations

08

Between September 2022 – December 2022, BEMS delivered a Housebound Vaccination service, for patients eligible for the Covid-19 Autumn Booster and the Seasonal Flu vaccination. This service provided a local primary care-led vaccination service on behalf of the six Primary Care Networks in BaNES, in collaboration with the Bath Racecourse Vaccination Team.

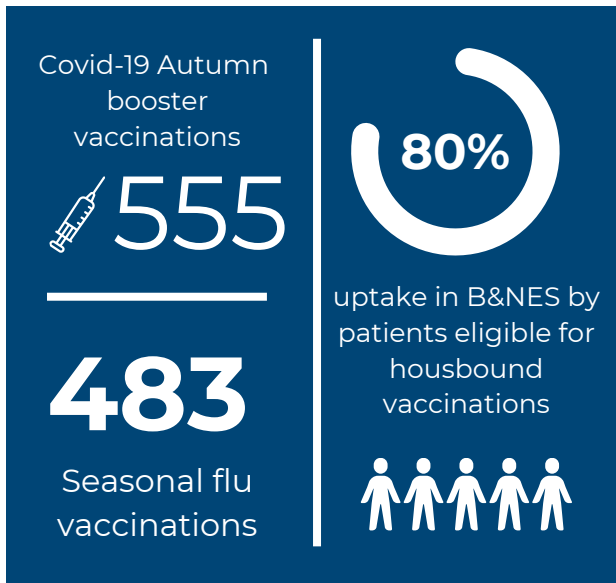
This was due to a predicted increase in cases of Group A Streptococcus and bronchiolitis in patients aged 0-11 years and help to support primary and secondary care during the winter months.

BEMS set-up the service in December 2022 and ran it from January – March 2023. 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 11 years of age can reduce parental concern and anxiety, potentially further reducing the demand on secondary care services.

BEMS provided an additional 655 same-day appointments over this period, over 200 more appointments than the PUSH service in 2022.



In total, BEMS delivered 555 Covid-19 Autumn Boosters and 483 Seasonal Flu Vaccinations, for housebound patients.

The vaccination team consisted of Nurses from BEMS and bank staff supplied by the Royal United Hospital Covid-19 Vaccination Workforce. This team was supported by a fantastic group of volunteers, who generously came forward to drive the nurses to the patients home.



Paediatric Urgent Hub Service (PUSH)

In December 2022, BaNES, Swindon and Wiltshire Integrated Care Board commissioned BEMS to provide a hub for urgent same day care for all feverish children under 11.



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 pilot continued during 2022/23 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.

The service provided over 350 appointments across the two pilot sites, offering rapid access to a Specialist GP appointment and referrals for rapid CT scans, MRI scans, ultrasound, endoscopy and colonoscopy.



Urgent Treatment Centre

BEMS provide the GP workforce for the Urgent Treatment Centre (UTC) based in the Royal United Hospital. The Urgent Treatment 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 2022/23, BEMS provided 3,365 hours of General Practitioner within the service.



Vasectomy

Our community-based Vasectomy service saw 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 was based at two GP Practices in BaNES, Rush Hill Surgery in Bath and Elm Hayes Surgery in Paulton.

During 2022/23, BEMS provided 10 clinics in April – June 2022. The service changed provider during 2022/23, but BEMS continued to support remaining patients with post-vasectomy sampling until they tested negative, discharging a further 216 patients following a successful procedure.

PART 2 - LOOKING BACK AT 2021/22

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During 2022/23, 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.

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.

Overall
Good

Safe

Good ●

Effective

Good ●

Caring

Good ●

Responsive

Good ●

Well-led

Outstanding ☆

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.

- Key staff to undertake Information Asset Owner training, following a management restructure.
- 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.

NHS Data Security and Protection Toolkit

We completed the NHS Data Security and Protection Toolkit, meeting the standards set. During 2022/23, 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 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.



REVIEW OF PRIORITIES IN 2022/23

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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 amended the appointment structure within the service for Isotretinoin patients to make the service more efficient. BEMS are now offering four-weekly Isotretinoin specific clinics to enable reduced appointment times, optimising how many patients we can see.

As agreed by the ICB Medicines Optimisation team, BEMS began prescribing a new drug from the service, Acitretin. Acitretin is used to treat severe psoriasis and expands the treatments that BEMS can offer and prevents patients having to attend Secondary Care.

We saw over 1,800 patients throughout 2022/23, 524 of which were patients seen in our Isotretinoin service. This is 350 more Isotretinoin patient contacts than 2021/22.

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

BEMS have continued to recruit staff under the Additional Roles Reimbursement Scheme, for our member Practices, including Clinical Pharmacists, First Contract Practitioner Physiotherapists, Nurse Associates and Physicians Associates.

Within the Enhanced Access Service, we have trialled shifts with an Advanced Nurse Practitioner to expand our nursing offer and are in the process of agreeing roles for ARRS staff such as Clinical Pharmacists. This will enable us to provide additional primary care services to patients, outside of core hours.

During Q2, BEMS employed our first Paramedic as part of the ARRS scheme.

BEMS are also looking at opportunities to utilise physiotherapists more within our Fracture and Soft Tissue Injury Service and are working on a plan to enhance our service offering and skill mix for patients during 2023/24.

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

BEMS continue to work on TeamNet creating useful topic pages and HR functions for all staff, as well as specific functions for ARRS staff and PCN Managers. This gives staff an easy to access, central system for day-to-day needs. BEMS added the BSW ICB BaNES Locality Safeguarding TeamNet page onto the Topics page of the BEMS TeamNet page to ensure staff have immediate access to the relevant safeguarding information and contacts.

We have also enabled online prescription services in the Community Dermatology Service, enabling patients to request repeats of specialist dermatological medication prescribed by the BEMS clinical team. This prevents the patient having to go back to their own GP.

BEMS implemented an electronic signature system, improving the ease and efficiency of seeking signatures for key documents for HR, contracting and service purposes.

BEMS also moved to an external hybrid postal service, printed and posted letters can be sent directly from a computer, no matter whether staff are in the office or working remotely from home. This reduces the administrative burden of clinic letters and releases the team to focus on other more important tasks.

1. Benchmark more of our services against similar community-based services.

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.

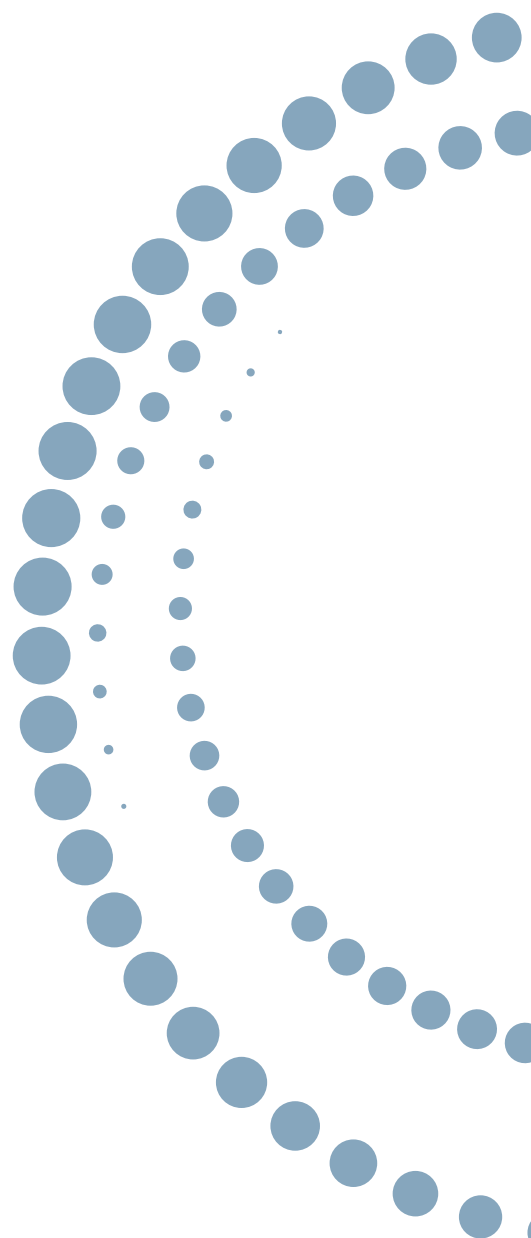
During March 2023, BEMS began a benchmarking exercise for use of Isotretinoin, with a neighbouring Community Dermatology Service in BNSSG. This exercise will be completed during 2023/24.

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.

All BEMS premises that we run clinical services from had infection control visits completed. We have continued to ensure all our clinical staff have access to the recommended PPE for their role within their individual clinical environment.

BEMS have continued to update and share the latest IPC guidance to all clinical and non-clinical staff in a patient-facing role, as well as monitoring local and national changes to Infection Control guidance, amend our policies and communicate to staff any relevant changes.



1. Continue to develop our patient engagement strategy.

BEMS made an offer to all Practices every quarter, to visit General Practice Patient Participation Groups, 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.

As part of the Enhanced Access Service re-design for October 2022, BEMS carried out an analysis of available BaNES-wide data on patient access to General Practice services. The report primarily draws data from available BEMS Improving Access data and the National GP Patient Survey. The aim of the report was to aid in the future planning for Improving Access and Extended Access, by reviewing BaNES PCN's patients' expressed preferences, based on available data. It specifically focused on responses linked to the mix of services available, when they are available, and how they are accessed by patients. This report aided all six PCNs in the creation of their Enhanced Access plan.

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

BEMS expanded the number of sites for Enhanced Access, going live in three new sites. BEMS are working on the introduction of another new sites in early 2023/24.

BEMS were also asked by the ICB to work with two PCNs to expand the RDS pilot across the whole BaNES population. Initial work has been completed and BEMS are looking forward to working with the ICB on a possible expansion in 2023/24.

BEMS ran the Paediatric Urgent Service Hub from 3 sites in BaNES. This enabled patients to be seen close to their usual surgery for a same-day appointment. If BEMS run this service again, with more notice from the ICB, we would plan to increase and rotate sites even more.

During October 2022, BEMS started working from a new site for the Fracture and Soft Tissue Injury Service. This increases choice for patients, offers more environmentally friendly choice, reduces reliance on acute services and supports local General Practice. However, the possibility to run extra clinics from these two sites is limited, therefore in March 2023, BEMS began looking at options for a third site for this service.

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 PIFU 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.

In our Community Dermatology Service, an average of 30% patients are offered a Patient Initiated Follow-Up as the outcome of their appointment.

In our Fracture and Soft Tissue Injury Service, an average of 30% patients are offered a Patient Initiated Follow-Up as the outcome of their appointment.

PATIENT FEEDBACK

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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.

We are pleased to see an increase in response rate for all of our services except the Paediatric Urgent Service Hub (PUSH). If BEMS are asked to provide PUSH again, we will endeavour to improve our data collection of patient feedback via electronic and paper means.

Dermatology

Return rates for 2022/23: **29%** | ↑ **15%** in 2021/22

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

Return rates for 2022/23: **25%** | ↑ **3%** in 2021/22

- 99% were happy with the manner and attitude of the person who made their appointment.
- 100% were happy with the 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.

Enhanced Access Service

Return rates for 2022/23: **14%** | ↑ **2%** in 2021/22

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



Fracture and Soft Tissue Injury Clinic

Return rates for 2022/23:

25%

↑ **4%**
in 2021/22

- 100% were happy with the manner and attitude of the person who made their appointment.
- 99% were happy with the manner and attitude of the Doctor.
- 100% were happy with the manner and attitude of the Physiotherapist.
- 100% were happy with the 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.



Paediatric Urgent Service Hub

Return rates for 2022/23:

13%

↓ **15%**
in 2021/22

- 100% were happy with the manner and attitude of the receptionist.
- 100% were happy with the 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.

Rapid Diagnostic Service

Return rates for 2022/23:

13%

NA
in 2021/22

- 90% felt they were provided with all the information required about any tests organised by the RDS GP.
- 100% agreed that the RDS team worked well with all other clinicians and services involved to give the best possible care.

Vasectomy

Return rates for 2022/23:

40%



5%

in 2021/22

- 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 and 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:

- Feeding back to the DVT host site some of the issues patients had finding the service, suggesting additional signage may be required.
- Enhanced Access 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 Enhanced Access entrance.
- Local acute MRI wait times regularly sent to the Fracture and Soft Tissue Injury GPs so they can give patients accurate wait times for routine and urgent scans.
- Reviewed the pre-operative literature to provide additional detail on what soaps/cleansers can be used to wash post-procedure in the Vasectomy service.

Complaints

BEMS are pleased to note that during 2022/23, no complaints have been made.

Compliments

During 2022/23 we had 211 compliments. These were via the phone, emails and patient surveys. Compliments included:

- The useful locations of the services, provided outside of a single acute setting in BaNES.
- The quality of the minor operations performed in the Community Dermatology Service.
- The quality of the treatment plans provided by the Dermatology Nurse.
- The friendliness of all staff throughout the process, from referring GP, to BEMS administrative team, site receptionist and on-site BEMS clinician.
- The standard of clinical care provided by the Doctors and the level of information provided about patient conditions.
- The ability for additional information and useful links to be texted to patients' mobiles for access after the appointments.
- The ability to be booked into an Enhanced Access nurse appointment after speaking to a Doctor.
- The ability to have x-ray, plaster and physiotherapy all in one appointment, in the Fracture and Soft Tissue Injury Service.
- The polite and professional BEMS staff that book appointments.
- The discreet nature of the staff working in the service.
- The friendliness of the HCA during procedures, to help distract patients from any discomfort

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.

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.

Service specific local audits completed during 2022/23 included:

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 audit highlighted an opportunity to review the procedure for ensuring lipid blood tests and discharge pregnancy tests are obtained when required. Also that if a discharge pregnancy test is not obtainable, a safety-netting process should be considered, informing the patient's GP to highlight the risk if a pregnancy is conceived in the four weeks post treatment. The audit demonstrated that 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% in 2022/23.

DVT Service

- A follow-up audit reviewed the use of qualitative point-of-care (POC) D-dimers as part of the BEMS Community DVT service. The aim was to identify whether the BEMS DVT pathway is being followed correctly in respect of performing D-dimers as part of the pre-test probability screening criteria. The analysis revealed 95% of referrals follow the BEMS DVT pathway were correctly assessed for the clinical probability of DVT with the Wells Score and D-dimer. Moreover, of the 360 scans performed within the audit timeframe, 47 (13%) were positive for a DVT. The incidence of DVT's diagnosed in BEMS Community DVT Clinic is within the expected incidence rate for the population of Bath and North East Somerset.

Enhanced Access Service

- A GP Clinical Consultation audit was undertaken to assess the safety and effectiveness of GP consultations within the service by measuring 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. The results show patients accessing the Enhanced Access service are receiving a good standard of care. There was no evidence of poor practice for prescribing, referring onwards or safety netting within the records sampled. The GPs working in EA demonstrate a good standard of documentation with appropriate detail in the history, physical examination and management plans. Prescribing was in line with local Bath, Swindon and Wiltshire formulary and best practice guidelines.

- An appointment audit was completed as an action from the July 2022 GP Clinical Consultation audit, to understand the demographics of patients utilising the service and review how children under 18 years are assessed. BEMS priority is to ensure the identification of safeguarding concerns are considered and identified in both GP telephone and face to face consultations. The rates of non-attendance are low overall and very low in children at 3% in 0 – 9 age group and 6% in 10 – 18 age group. BEMS send a task to the registered GP of all patients who do not attend, to ensure the patient can be followed up and safeguarding concerns reviewed against the relevant Was Not Brought Policy if necessary. GP's demonstrated a consistent approach to considering safeguarding concerns in both telephone and face to face consultations.

Fracture and Soft Tissue Injury Clinic

- The MRI audit retrospectively reviewed patients to evaluate and optimise the reasons for ordering MRIs, ensure clinicians act on results appropriately and benchmark results with the March 2020 audit. There were 54 patients referred for MRI scan, more than the 37 patients in the 2020 audit. All MRI requests were appropriate in relation to the level of clinical suspicion. 100% had management plans that benefitted from, and were positively influenced by, the MRI result.

Home Visiting Service

- The consultation and outcomes audit was completed to evaluate the provision and documentation of safe and effective clinical practice by retrospectively reviewing one week of consultations and the patient outcome seven days after the visit. The results showed the service is effective in providing a safe and effective same day clinical assessment for unwell patients who are housebound. Documentation of the NEWS score, safeguarding concerns, social history and drug review using the BEMS template is

now consistent and thorough in all consultations. Differential diagnosis and treatment plans continue to be safe and effective, whilst prescribing requests reflected local formulary guidance. 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. Onward referrals, hospital admissions and follow-up actions recommended from the BEMS home visiting service remain consistent and appropriate.

Housebound Vaccination Service

- The service was mobilised to ensure this vulnerable cohort received their vaccinations as a priority, and to support primary and secondary care manage winter pressures. Primary care also utilised the opportunity for BEMS vaccinators to co-administer the Covid-19 and seasonal influenza vaccines in the same visit. The service was provided in line with the NHS Quality Assurance Framework for covid-19 vaccination and utilised the NHS England patient group directions for Covid-19 and influenza vaccines. The vaccination service quality assurance framework included:

1. Standard Operating Procedures (SOPs) including reference to Specialist Pharmacy Service guidelines, cold-chain requirements, The Green Book, legal frameworks for vaccine administration and vaccine incidence guidance.
 2. Approved vaccination fridges, cold boxes and cool bags for storage and transport of vaccines.
- Vaccination cold-chain procedures were maintained and audited via:
 1. BEMS staff training on vaccine storage.
 2. Twice daily fridge monitoring using both the built-in fridge temperature records and removable internal temperature recorders.

3. All devices set to alarm if there is a temperature breach.
4. Weekly audit ensuring vaccine fridges did not exceed minimum or maximum temperatures required for vaccine storage.

Paediatric Urgent Service Hub

- PUSH outcomes audit of 126 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 1 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 6% were referred to the RUH paediatricians, mostly after discussion with the paediatrician

Medicines Management audit

- BEMS use ePACT2 data to complete regular medicines management audit. The audit during 2022/23 looked at data from March 2022 – August 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:

1. No excessive quantities of antibiotics, analgesia or hypnotics prescribed.
2. Antibiotics prescribing in lower levels than comparative CCG prescribing percentages.
3. A small number of non-formulary items prescribed by new Dermatology GPs and Dermatology Nurse. Audit disseminated for shared learning and discussion at the Service Clinical Governance meeting.

Safeguarding audit

- The audits aim was to evidence the effectiveness of the newly implemented BEMS Was Not Brought WNB) policy and

protocol. A retrospective review of patient records within BEMS community clinics was completed. The results showed that all children audited who were not brought to their appointment had an appropriate WNB letter sent to their registered GP. There were no omissions identified within the BEMS Was Not Brought policy or protocol

Learning Disability and Autism Audit

- This initial audit was required to scope the prevalence of patients with a Learning Disability (LD) and/or Autism accessing BEMS services to facilitate the provision of appropriate reasonable adjustments. The objectives were to identify:
- The number and age ranges of patients living with a LD and/or Autism referred to BEMS services between May 2019 and November 2022.
- The distribution within Dermatology, DVT, Orthopaedics and Home Visiting services
- Action plan agreed for 2023/24 to:
 1. Identify the reasonable adjustments people with Autism and Learning Disability require appropriate to their age and the clinical service they are attending.
 2. Raise awareness of the prevalence of patients with Autism and a Learning Disability with the administration and clinical teams for each service, through discussion at Clinical Governance Meetings.
 3. Identify easy read leaflets for each age group that are appropriate to the service provision and the investigations or procedures performed.
 4. Review BEMS leaflets to ensure easy read copies are available.

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 57 internal incidents and no Serious Incidents recorded.

Learning from Incidents included:

Dermatology Service

- Asked one of our sites to put up signage about correct way to enter building to avoid staff entrance with steps. Plus, administrator script changed for BEMS when talking to patients, to explain where they must go.
- BEMS Doctors will now be returning lesion referrals with recommendation to referring GPs to seek Advice and Guidance from the hospital if it is clear an image is necessary for accurate triage or assessment of referral options.
- Literature review of spironolactone to ensure BEMS Doctors continue to provide up to date, evidence-based information to patient.
- Amended medicines management documentation used by administrative staff to ensure this includes storage requirements of all medication. This will support all members of the BEMS team to advise clinical team members if they have a question about storage or handling of BEMS medication.

DVT Service

- Met with the Non-Emergency Patient Transport Services team to improve the process for booking transport for eligible patients. We now have access to an online booking system, that gives real-time updates on where the transport is, allowing us to keep patients and our Vascular Scientists up to date.

- Process implemented to remove historical records of scans regularly, and back them up at Head Office, as we now know memory capacity on the device can be an issue.
- BEMS administrative SOP changed to reflect that if a patient who has been referred is deemed to be ineligible, the patient must be informed as well as their referring practice.

Enhanced Access Service

- Contracted with another local courier service for collection of samples, as BEMS could not rely solely on the voluntary Freewheelers service, and a Bath based company who could not provide consistent coverage in Radstock.
- To ensure that all staff have easy access to virtual and physical documentation to support the opening and closing process for all service premises. To include step-by-step instructions, approved by host site Practice Managers for accuracy.

Fracture and Soft Tissue Injury Service

- 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

- The latest bypass number for GP Surgeries were collated, to aid BEMS clinical and administrative staff when they need to speak to the referring Practice urgently.
- New West of England Academic Health Science Network tool shared with the clinical team, with up-to-date guidance on helping patients take their medicines safely

Housebound Vaccination Service

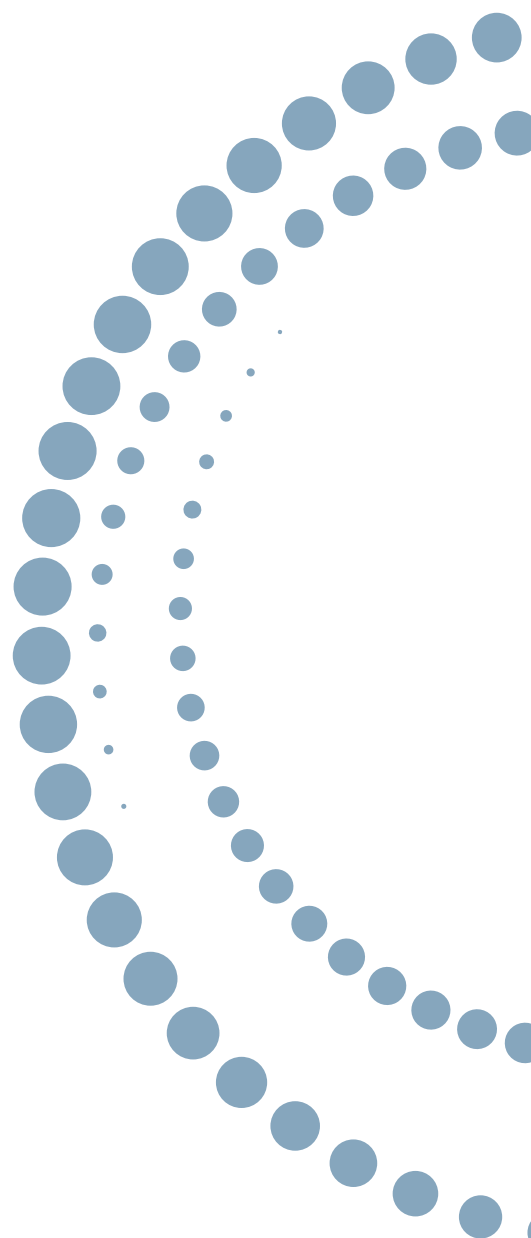
- Induction process amended to ensure staff are clear on when and how to call BEMS managers and daily clinician in charge. All key details are on a laminated sheet provided and discussed in first shift. This is to be reiterated at all future shifts as well.
- SOP changed to highlight flu patients who were under the age of 65, as they have a different flu jab. All patients under the age of 65 are now colour-coded, and discussed as part of the daily shift briefing.

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

- Up to date wait times for diagnostics to be provided by RUH on a regular basis, chased by RDS administrators, as per the process in the Fracture and Soft Tissue Injury service for MRI and community physiotherapy wait times.





PART 3 – PRIORITIES FOR 2023/24

Our priorities for 2023/24 have been identified by taking into account feedback from patients, service users, staff, commissioners and stakeholders. Some of the priorities we agreed in 2022/23 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 2023/24

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

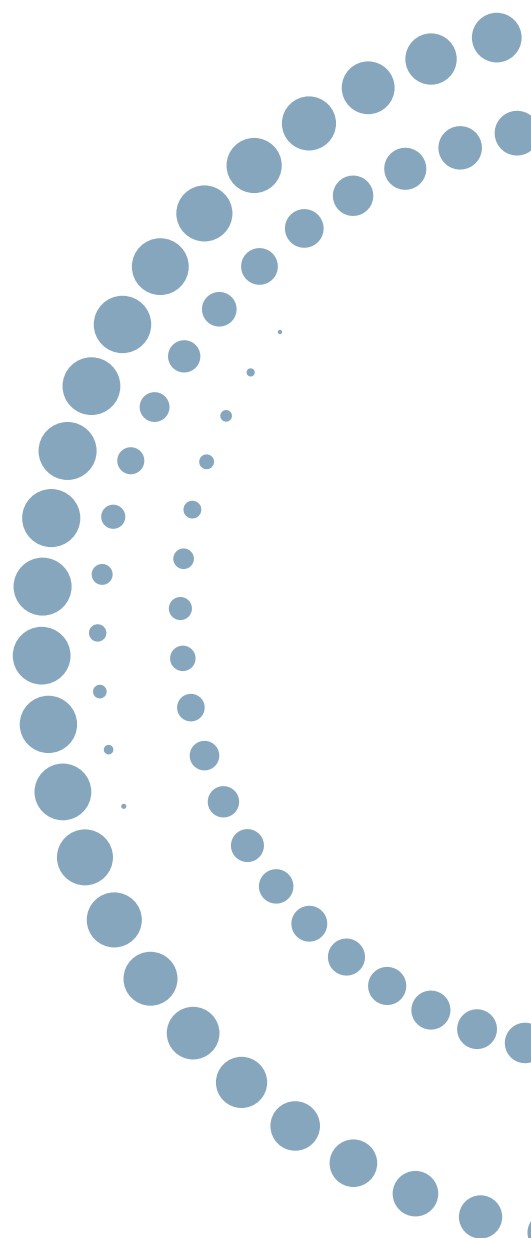
General Practice has undergone an increase in workforce skill mix as the Additional Roles Reimbursement Scheme has funded new roles, such as Clinical Pharmacists, First Contract Practitioner Physiotherapists, Nurse Associates and Physicians Associates. BEMS are keen to utilise these roles in our services,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

2. 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 2023/24 will be:

- Reviewing online booking and cancellation options, and integration with the rollout of expanded NHS App functions.
- 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.
- Continued exploration into online tools that support back-office functions and increase efficiency. Share learning with our General Practice members



1. Benchmark more of our services against similar community-based service

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. BEMS are aiming to carry out a benchmarking exercise with the RUH Vascular Studies department for the BEMS DVT Service and a benchmarking process with the BNSSG Community Dermatology Service.

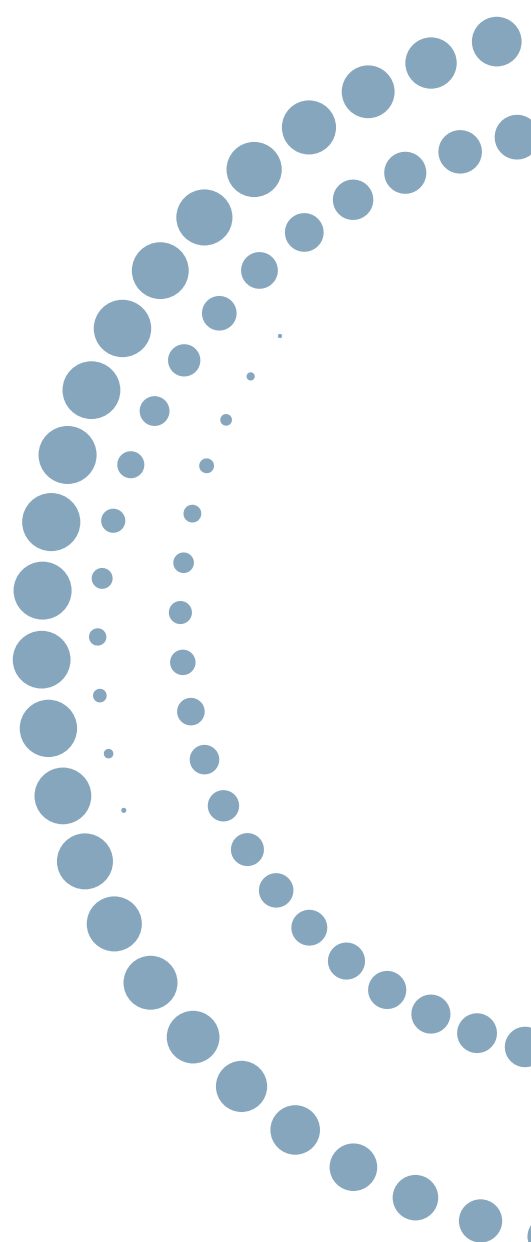
Also, as a member of the Association of Surgeons in Primary Care, we will continue to monitor our post-procedure infection rates in the Community Dermatology Service and compare with the national data.

2. Continue to carry out infection control visits of all sites in light of changing Covid-19 requirements and incorporation of the National Standards of Healthcare Cleanliness 2021.

The impact of Covid-19 on infection prevention and control has been significant and BEMS are keen to continue to focus on this during 2023/24. 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.

3. Carry out learning disability and autism reviews for all BEMS services, to ensure reasonable adjustments are made to reduce potential health inequalities for this cohort of patients.

BEMS will make reasonable adjustments and have systems in place that alert staff that a person has a learning disability. This is to make sure people with a learning disability can use our services in the same way as others and helps to safeguard equality of access, experiences and outcomes



1. Work with different teams and professions across BaNES to improve access to BEMS services, offering greater variety of locations and appointment options in response to Core20PLUS5 health inequality data

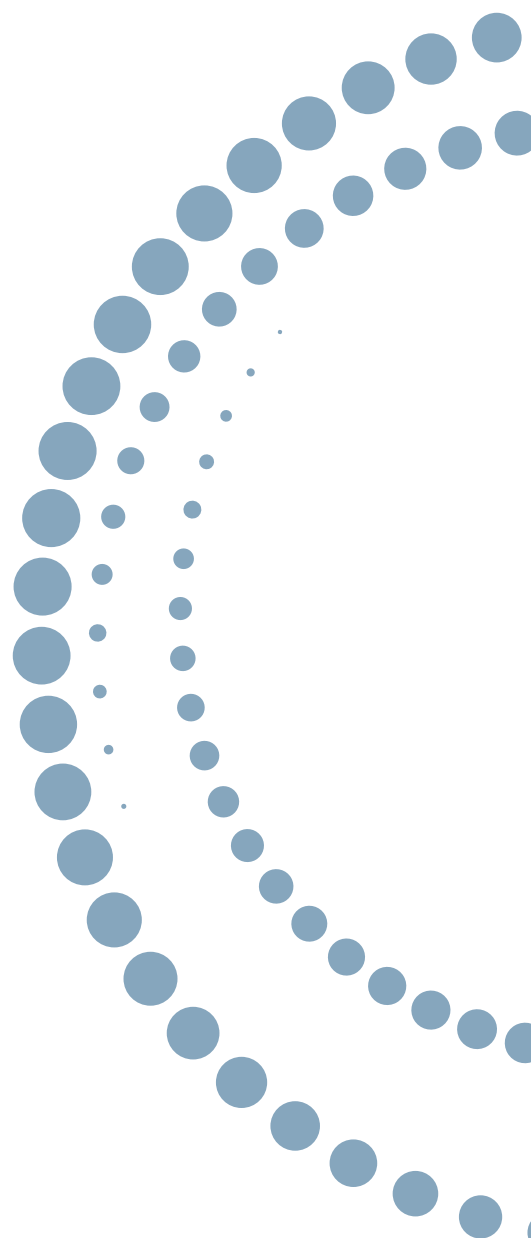
A core aim of BEMS has always been moving services from hospitals into the community and footprint of General Practice. Utilising local population health management data, and working with partners in other healthcare and third sector organisations, BEMS will seek to increase choice for patients where it can make the biggest difference, and reduce reliance on acute care services.

2. Align our Primary Care services, such as Enhanced Access and Home Visiting, more closely with the core offering of General Practice

Develop the skillset and competencies of staff working within our primary care Services, to expand our offering of appointment types to mirror core General Practice. To specifically explore options such as cervical screening, immunisations and injections, NHS Health Checks and Frailty Assessments.

3. Work collaboratively with primary care, secondary care the third sector and community colleagues to improve the experiences of patients living with cancer, and those primary care staff caring for cancer patients

Help ensure the delivery of the NHS England personalised care and support agenda by developing, delivering and promoting a package of support and education for RUH-facing BSW primary care to improve quality of life outcomes for patients diagnosed with cancer. This will help support practice staff to maximise the opportunity during cancer care reviews with their patients.



STATEMENT FROM BSW ICB ON BEMS 2022/23 QUALITY ACCOUNT

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NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on the Banes Enhanced Medical Services (BEMS+) Quality Account for 2022/ 2023. In so far as the ICB 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 ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank the 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 ICB that the Quality Account reflects the BEMS+'s on-going commitment to quality improvement and addressing key improvement objectives in a focused and innovative way, utilising Improving Together methodology, and clearly aligning to the providers Vision and Strategy Although achievement of some priorities during 2022/23 have continued to be affected by COVID-19, BEMS+ has still been able to achieve all their priorities for 2022/23 including:

Patient Safety

1. Expanding the Community Dermatology Service to reduce local wait times and avoid unnecessary secondary care referrals including now offering four-weekly Isotretinoin specific clinics and prescribing a new drug from the service, Acitretin.

2. Increasing the workforce skill mix throughout Clinical Services including employing the first Paramedic as part of the Additional Roles Reimbursement Scheme (ARRS) scheme.

3. Continue to explore new technologies that improve patient care and workforce management such as online prescribing for the Community Dermatology Service and the use of TeamNet for HR functions.

Clinical Effectiveness

4. Benchmarking services against similar community-based services for areas such as post-procedure infections in the Community Dermatology Service.

5. Continuing to carry out infection control visits of all clinical sites in light of stringent Covid-19 requirements.

Patient Experience

6. Continue to develop the patient engagement strategy to support General Practice Patient Participation Groups in understanding the role of BEMS in the local health community.

7. Explore setting up more services across more sites in B&NES to reduce patient journey times by expanded the number of sites for Enhanced Access and running Paediatric Urgent Service Hub from 3 sites in BaNES.

8. Expand the offering of Patient Initiated Follow-Ups (PIFU) in more services and maintaining the rates in existing services.

The ICB supports BEMS+ identified Quality Priorities for 2023/2024. 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 ICB welcomes continued engagement in the agreed service improvement plan and its focus on:

Patient Safety

1. Increasing further the workforce skill in all Clinical Services such as Clinical Pharmacists, First Contract Practitioner Physiotherapists, Nurse Associates and Physicians Associates.

2. Continuing to explore new technologies that improve patient care and workforce management such a system for online booking and cancellation options.

Clinical Effectiveness

3. Continued improvements in dermatology and DVT services by further benchmarking of these against similar community-based services.

4. Continuing infection control visits of all clinical sites to offer advice and ensure the latest guidance is being implemented.

5. Carrying out learning disability and autism reviews for all services to ensure reasonable adjustments are made and that there are systems in place that alert staff that a person has a learning disability to reduce potential health inequalities for this cohort of patients.

Patient Experience

6. Improvements for access to services by offering greater variety of locations and appointment options in response to Core20PLUS5 health inequality data.

7. Align BEMS Primary Care services more closely with the core services of General Practice including appointment types offered and explore options such as cervical screening, immunisations, NHS Health Checks and Frailty Assessments.

8. Collaborate with colleagues in primary care, secondary care, the third sector and community to improve the experiences and personalised care of patients living with cancer by developing a package of support and education to improve the quality-of-life outcomes for patients.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the formulation of the organisations Patient Safety Incident Response Plans (PSIRPs). We would encourage alignment to focus improvement in key areas.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB 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 System further develops in 2023/24.

Yours sincerely



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