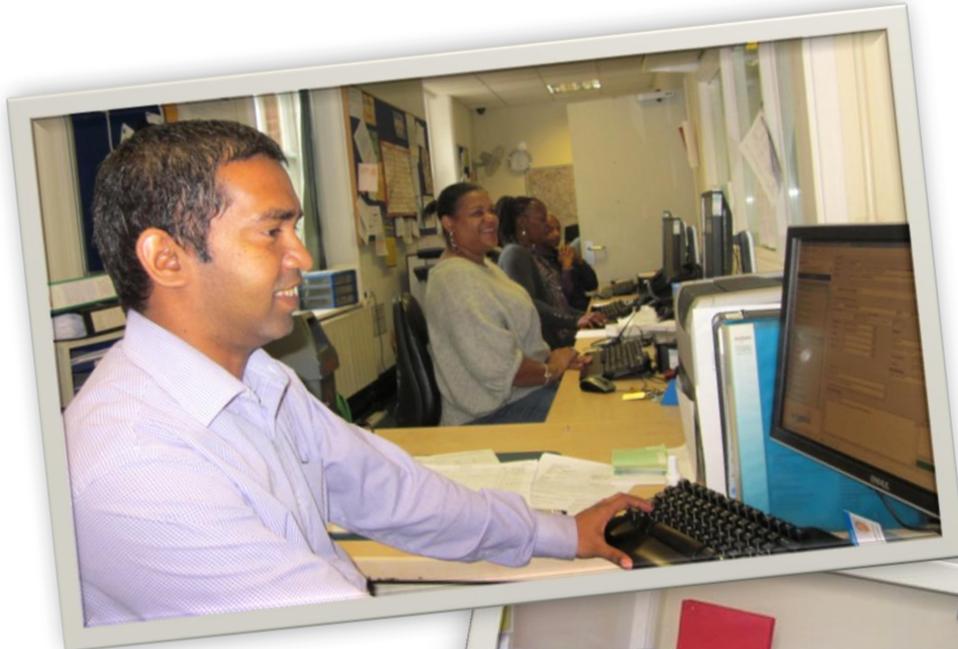


Annual Report 2010 - 2011



South East London Doctors' Co-operative



Board and Management



Dr Emma Rowley-Conwy
Chair of the Board
Member of Operations and Strategy committee
Member of Finance committee



Dr Riaz Jetha
Vice-Chair of the Board
Chair of Clinical Governance Committee
Member of Operations and Strategy committee



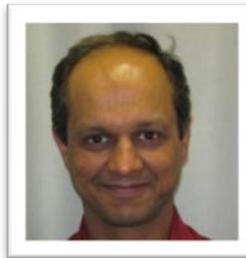
Dr Robin Rastogi
Chair of Finance committee



Dr Andiappan Mani-Babu
Chair of Operations and Strategy committee



Dr Girish Malde
Former Chair of Operations and strategy committee
Member of Finance Committee
(Resigned 31 March 2011)



Dr Rajiv Mitra
Member of Operations and Strategy committee



Dr Kishor Vasant
Member Clinical Governance Committee



Dr Jacqueline McLeod
Medical Director
Vice-Chair of Clinical Governance Committee



Bev Norton
Interim Chief Operating Officer



Robin Andrews
Interim Director of Finance



Metin Halil
Interim IT Manager



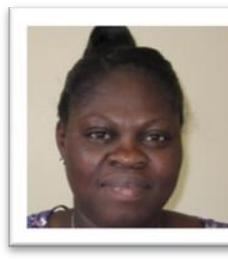
Anita Brookman
Assistant Operations Manager



Denise Grant
Assistant Operations Manager



Farhat Qasim
Executive Co-ordinator



Thelma Adjei
Quality Co-ordinator



Trevor Dietrich
Assistant Operations Manager

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Chair's Report

The financial year 2010-11 has seen a lot of change at SELDOC, both to meet internal needs, and to deal with external changes.

Corporate Governance

In September 2010 the structure of the Board changed from a Council and Board, to a single Board, of 7 GP Directors, with me as Chair. This change, which was ratified at last year's AGM by GP Practice Members, has allowed us to work more closely together, ensuring that decisions that require input from the Board can be made efficiently and effectively. Dr Malde decided to stand down at the end of March 2011, so since that time the Board has consisted of 6 GP Directors, with two from each borough.



Corporate Governance and management of the Board and Directors has been improved over the year. Each Director now has a Memorandum of Understanding, setting out their duties and responsibilities, and since December 2010, all GP Directors have been paid as employees of SELDOC. All Board meetings are carefully planned and clearly minuted in a timely fashion, to help ensure that the organisation gets value for money from the input of the GP Directors. .

During the year, the Board made a decision to seek wider input, beyond our GP Practice Members, by recruiting Non-Executive Directors, and to limit replacement or re-election of the GP Directors to two a year, i.e. one third, to ensure continuity on the Board. These changes are being implemented in 2011-12. We plan to recruit up to 3 Non-Executive Directors, on an expenses only basis. We consider that this will bring additional skills and independent view to the Board at minimal additional cost.

Underneath the Board, the three Committees – Finance, Operations & Strategy and Clinical Governance – have clear Terms of Reference. We have developed a clear schedule of meetings, and written processes and policies for the management of all meetings. Each Committee has continued to manage their own objectives, as set out in our Annual Operating Plan, and progress against the plan, and updating of our corporate risk register, are a standing items on each Committee's agenda. Details of each Committee's achievements can be seen in their respective Chair's reports.

GP Practice Members

Greater clarity has been achieved in relationships with GP Practice Members, by introducing a service level agreement, which sets out our mutual responsibilities to each other. Communication with Members has been improved by ensuring correct e-mail contacts, and sending regular letters and feedback.

Review of the Articles of Association has shown a number of issues, and I have worked, on behalf of the Board, with legal advice, so that we are in a position to present to you amended Articles, for acceptance at the AGM in October 2011.

The Future

This process of change is only a start as there are significant developments ahead for out of hours' providers. The Government's goal to introduce 111 – single point of access across London by April 2013 and the development of Urgent Care Centres at the front end of Accident & Emergency Departments of all acute hospital trusts will radically change our current way of working, and will require us to be a flexible organisation, able to adapt to secure our future. We will work with the local commissioners and partners to ensure that SELDOC can be part of these exciting developments.

In addition, we are required to achieve registration with the Care Quality Commission before April 2012, a useful exercise which will confirm that we are fit for purpose, and which will provide learning, which we can share with our members to support their own registration by April 2013.

The Board is committed to continuing to ensure that SELDOC serves its GP Practice Members in meeting their out of hours' commitment, by providing a quality, but value for money, out of hours' service.

SELDOC in turn requires the active support and participation of GP Practice Members, with local GPs staffing the duty doctor rotas in order to maintain our status as a mutual organisation.

Thanks

2010-11 has been another busy year for SELDOC, with some notable achievements. The Board would like to thank the SELDOC staff and all our duty doctors for their contributions to our successful operations, and the Clinical Governance Team for their work on ensuring a quality service, and our commissioners and GP Practice Members for their support.



Dr Emma Rowley-Conwy

Chair of the Board

Operations and Strategy Committee

During 2010-11 SELDOC has addressed significant challenges and changes. In 2010 our commissioners engaged Broughton Management Consultants to undertake an analysis of our operational processes and procedures. Two of their key findings were the lack of focus on delivering the National Quality Requirements (NQRs) and the need to review staffing arrangements. The Operations and Strategy Committee lead on this area of work, and meet regularly to monitor performance against the commissioner's key targets.

In October 2011 the Board appointed an interim Turnaround Lead to take forward the consultation and restructure of the day time management staff. Following a difficult period the organisation has emerged with a stronger focus and a team of highly skilled and motivated employees. Although we still have a number of vacancies the team are rising to the challenge of delivering a quality service and working to achieve Care Quality Commission registration by April 2012.

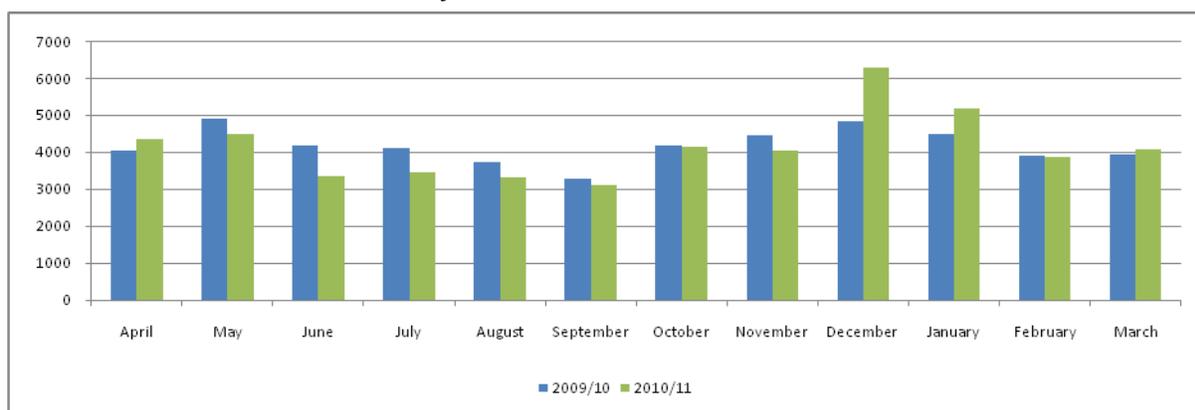
Activity

In 2010-11, other than a minor blip over the unprecedented busy Christmas and New Year period, SELDOC met all of the NQRs and was commended by the commissioners. The Board are extremely grateful for all the hard work and dedication shown by the operational staff and duty doctors.

The table and graph below shows the activity for 2009/10 and 2010/11.

Case Type	2009/10	2010/11
Advice	32,168	31,380
Base	10,990	11,483
Home visit	7,145	7,034
	50,303	49,897

Out of hours' activity for 2009-11, month on month



We are continuing to work to produce an efficient rota and during 2010-11 were able to introduce home working shifts to provide additional capacity and flexibility. Although there have been some teething problems with the recording software and phones we hope to extend the options further in 2011-12.

Filling the duty doctor rota has proved to be a challenge, as highlighted by the contribution chart which was sent out to GP Practice Members in July 2011, which showed that only just over a third of local practices contributed to the duty doctor rota in 2010-11. GP Practices who join SELDOC benefit from knowing that colleagues, familiar with the area and health services locally, are providing out of hours' care to their patients, but being a co-operative means that we can only recruit from the pool of doctors working in local practices, so we need local GPs to come forward to volunteer to work as duty doctors. This is key to us continuing as a co-operative.

IT

Over the year, SELDOC has improved the telephony and call recording systems, providing improved information and increased the effectiveness of the operations, as highlighted below:

- Upgrading of main server at Dulwich Base
- Increasing the number of home-working laptops to 25
- New VOIP telephone system installed
- New Call recording solution installed
- SELDOC Internet developed
- Completion of upgrade from Adastra V2 to Adastra V3
- Upgrading of SELDOC workstations and infrastructure
- Implementation of new Adastra Web reporting system
- Migration from fax to electronic sending of patient notes to surgeries
- Migration of SELDOC staff to NHS mail

Future

The focus in 2011-12 will be on reviewing the operational staff team, recognising the need to improve our communication and engagement with this key group of staff, and to provide them with permanent contracts, improved terms and conditions and appropriate training packages.

Clinical Governance Committee

Several high profile incidents over recent years have placed out of hours' care in the media spotlight, which has led in turn to increasing performance management of

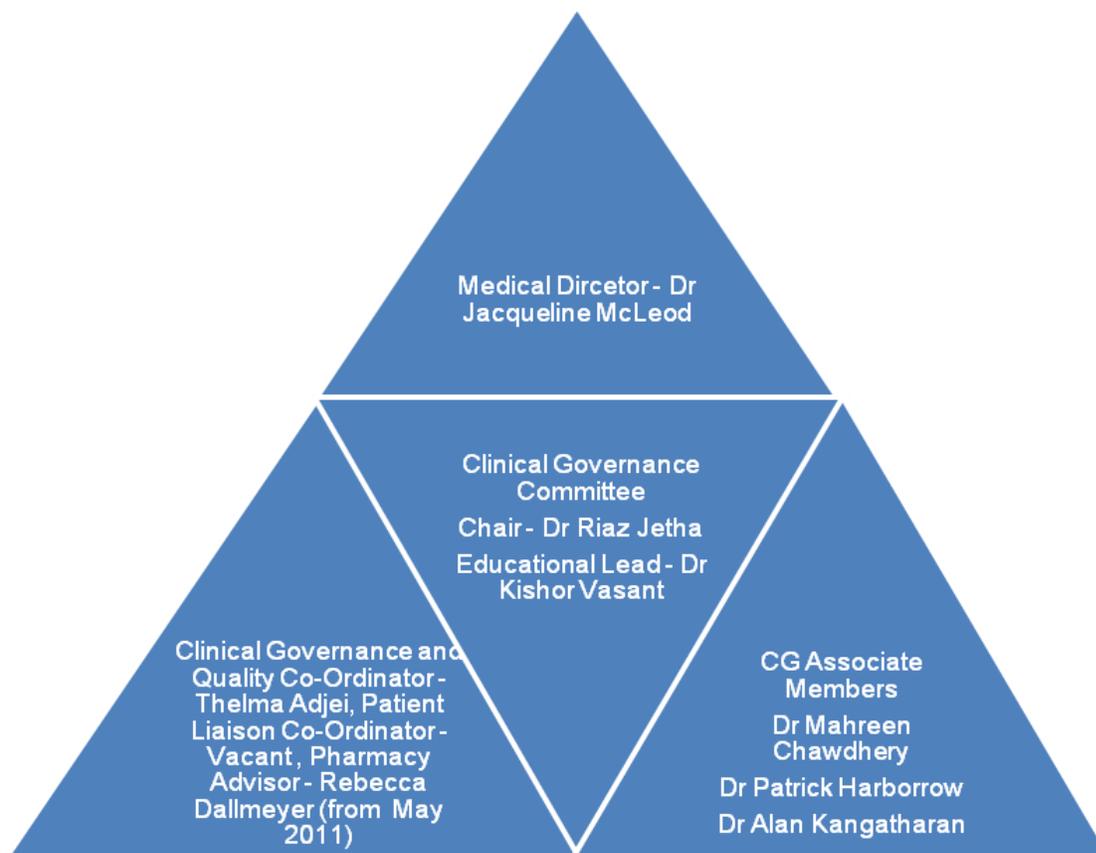
providers. A drive towards continuously appraising and improving the quality of SELDOC's work is now embedded within the organisation and has been positively acknowledged by our commissioners.

During the financial year 2010-2011 SELDOC made a significant investment in its clinical governance activities recognising its responsibility for overseeing the quality and safety of the care it provides.

Structure of the Clinical Governance Team at SELDOC

In February 2011 SELDOC appointed Dr Jacqueline McLeod as its Medical Director for 3 days a week to continue the work done by Dr Riaz Jetha who had taken a sabbatical from his practice to work as Clinical Governance Lead. She leads the Clinical Governance Team of two full-time co-ordinators and three local GP's Associate members, who assist with call audits, inducting new doctors and policy writing.

The Clinical Governance Committee has two GP Board Directors, ensuring that there is a strong link with and accountability to the Board.



Clinical Governance activities

Call audit

All out of hours' organisations are required to audit the quality of their doctor's consultations. SELDOC has refined the RCGP audit tool and introduced a traffic light system based on audit scores to objectively assess doctor's calls. The Clinical Governance Committee discusses results of the audits, develops action plans and reports results to the Board.

Balanced Scorecard

With the aim of providing balanced feedback to clinicians, the Clinical Governance Team has developed a quarterly report sent out to all duty doctors. This can be used by the duty doctor for their own appraisal. Over the past year further data sets have been added to give an all-round perspective of an individual's performance. Currently the feedback includes:

- Number of each call type – advice, base and home visit
- Average call length for each call type, and longest call length
- For advice calls, number of calls converted to base or home visits
- Number of advice calls audited and average audit score
- % of consultations ending in a prescription
- % of drugs prescribed from within formulary
- Total number of shifts undertaken
- Compliments and complaints received

This reporting system also provides a robust assurance framework and an organisational view of SELDOC's duty doctors' performance.

Policies

The Clinical Governance Committee has undertaken a gap analysis of the existing policies in place relating to clinical governance. It has started the process of re-writing policies, where necessary, or creating new evidence-based policies, where no previous policy existed. Updated or new policies have then been implemented across the organisation. This work is ongoing, and will be the key to achieving Care Quality Commission registration.

Medicines Management

During 2010-11 SELDOC has made a number of improvements to the way it manages its prescribing. Significant achievements have been the development of a new evidence based formulary in collaboration with the commissioning PCT's, the appointment of a new Accountable Officer for Controlled Drugs and regular auditing of individual and organisational prescribing behaviour.

IT

The Clinical Governance Team has overseen a number of IT initiatives including development of SELDOC's new website, reconfiguring informational outcomes when cases are closed on Aadastra and collating information from complaints and clinician feedback.

Developing a learning organisation

The Clinical Governance Committee has provided formative feedback to a number of doctors based on their audit scores, has extracted and disseminated learning from complaints and significant events, and introduced easy ways of feeding back into the organisation via email or shift report forms. The Clinical Governance Team has published newsletters and organised educational evenings to complete the learning cycle. Having a dedicated team on the ground has enabled SELDOC to quickly pick up on and respond to events and liaise closely with patients, doctors and surgeries.

Plans for the future

The Clinical Governance Committee has set four strategic aims for 2011-2014:

- To further integrate Clinical Governance into SELDOC's core business through effective clinical leadership;
- To set, monitor and maintain quality standards in line with National Quality Requirements, the Care Quality Commission and NHS Primary Care Foundation Benchmarking through robust systems, structures and processes;
- To continue to develop and nurture a culture of learning and continuous quality improvement;
- To engage with and provide accountability to patients, their families and the public.

Finance Committee

SELDOC has made an operating surplus of £27k for 2010-11, despite undertaking major expenditure on our telephony and IT systems, the restructure of the daytime staff team, and investing increased resources in the operational staff and duty doctor rota to ensure full compliance with our NQR targets.

In order to achieve financial balance, we have had to increase the charges to GP Practice Members; commissioners pay the same rate for commissioned services for patients of opted-out practices. We continue to be a highly competitive on price when compared to other out of hours' providers. We also successfully secured an investment grant from commissioners to support the developments we are undertaking in the organisation.

SELDOC's expenditure for the year is broken down as set out in diagram 1 below.

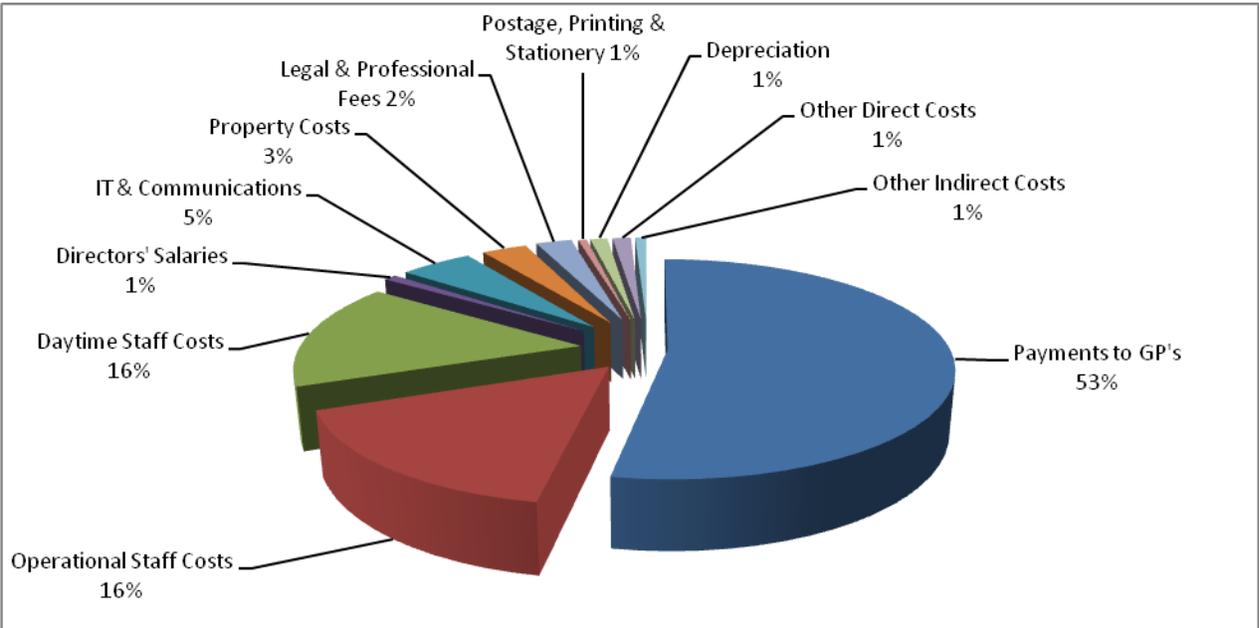


Diagram 1: SELDOC Expenditure 2010-11

Following the external Broughton Review in July 2010, the Finance Committee was set up in its current format in September 2011 to oversee the finance function and ensure robust financial governance on behalf of the Board. The Board approved the appointment of a Director of Finance to lead the Finance team. Robin Andrews joined as the Interim Director of Finance in January 2011.

During the year, the Finance Committee has undertaken a review of the organisation's financial systems and procedures, including revising the Standing Financial Instructions. The Committee oversees all business cases for expenditure above £1,000 and analyses detailed monthly management accounts. Budgets have been set and agreed by the Board for 2011/12, and work on reviewing financial systems and procedures will continue.

South East London Doctors Cooperative Limited (Seldoc)
Summary Accounts
Year Ended: 31 March 2011

Company Number: 03156031 (England and Wales)

Report of the Board on the Summary Accounts for the Year Ended 31 March 2011

The summary accounts contain information extracted from the full audited financial statements of Seldoc Ltd. The full financial statements were approved by the Board on 13th July 2011 and will be submitted to the Registrar of Companies in due course. The full financial statements have received an unqualified audit report.

The summary accounts may not contain sufficient information to allow a full understanding of the financial affairs of the company. For further information the full accounts can be obtained from Seldoc Ltd, Dulwich Community Hospital, East Dulwich Grove, East Dulwich, SE22 8PT.

Independent Auditor's Statement to the Board of Directors of Seldoc Ltd

We have examined the summarised financial statements set out on pages 13 to 16.

Respective responsibilities of Directors and auditors

The Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to report to you our opinion on the consistency of the summarised financial statements with the full financial statements and Annual Report.

We also read the other information contained in the summarised annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Basis of opinion

We conducted our work in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and the Annual Report of Seldoc Ltd for the year ended 31 March 2011.

Ronald Price FCA (Senior Statutory Auditor)
for and on behalf of Beak Kemmenoe
Chartered Accountants & Registered Auditors
1-3 Manor Road
Chatham
Kent, ME4 6AE

Profit and Loss Account
for the year ended 31st March 2011

	2011	2010
	£	£
TURNOVER	3,638,260	3,765,044
Cost of sales	2,235,279	2,471,717
	<hr/>	<hr/>
GROSS PROFIT	1,402,981	1,293,327
Administrative expenses	1,900,763	1,430,439
Other operating income	520,925	140,704
	<hr/>	<hr/>
OPERATING PROFIT	23,143	3,592
Interest receivable and similar income	4,959	18,138
	<hr/>	<hr/>
	28,102	21,730
Interest payable and similar charges	-	10
	<hr/>	<hr/>
PROFIT ON ORDINARY ACTIVITIES		
BEFORE TAXATION	28,102	21,720
Tax on profit on ordinary activities	1,041	5,230
	<hr/>	<hr/>
PROFIT FOR THE FINANICAL YEAR	27,061	16,490
	<hr/> <hr/>	<hr/> <hr/>

Balance Sheet
31st March 2011

	2011		2010	
	£	£	£	£
FIXED ASSESTS				
Tangible assets		211,738		138,446
CURRENT ASSETS				
Debtors	950,866		664,964	
Cash at bank and in hand	3,011,004		3,063,356	
		<u>3,961,870</u>		<u>3,728,320</u>
CREDITORS				
Amounts falling due within one year	778,104		653,980	
		<u>3,183,766</u>		<u>3,074,340</u>
NET CURRENT ASSETS				
		<u>3,183,766</u>		<u>3,074,340</u>
TOTAL ASSETS LESS CURRENT LIABILITIES				
		<u>3,395,504</u>		<u>3,212,786</u>
CREDITORS				
Amounts falling due after more than one year		336,589		180,932
		<u>3,058,915</u>		<u>3,031,854</u>
NET ASSETS				
		<u>3,058,915</u>		<u>3,031,854</u>
RESERVES				
Profit and loss account		3,058,915		3,031,854
		<u>3,058,915</u>		<u>3,031,854</u>

Cash Flow Statement

For the year ended 31st March 2011

	2011	2010
	£	£
Net cash inflow from operating activities	68,088	80,216
Returns on investments and servicing of finance	7,364	15,723
Taxation	(5,230)	(17,968)
Capital expenditure	(122,574)	(109,393)
	<hr/>	<hr/>
Decrease in cash in the period	(52,352)	(31,422)
	<hr/>	<hr/>
Reconciliation of net cash flow to movement in net funds		
Decrease in cash in the period	(52,352)	(31,422)
	<hr/>	<hr/>
Change in net funds resulting from cash flows	(52,352)	(31,422)
	<hr/>	<hr/>
Movement in net funds in the period	(52,352)	(31,422)
Net funds at 1 st April	3,063,356	3,094,778
	<hr/>	<hr/>
Net funds at 31 st March	3,011,004	3,063,356
	<hr/>	<hr/>

Accounting Policies

Accounting convention

The financial statements have been prepared under the historical cost convention.

Turnover

Turnover is the total amount receivable by the cooperative for services provided excluding VAT.

Tangible fixed assets

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Electronic equipment	- 20% - 33.3% on cost
Office equipment	- 15% on reducing balance
Motor vehicles	- 25% on reducing balance
Furniture and fittings	- 10% on cost

Pension costs and other post-retirement benefits

The company operates a defined contribution pension scheme. Contributions payable to the company's pension scheme are charged to the profit and loss account in the period to which they relate.

Deferred Government Grants

Deferred government grants in respect of capital and revenue expenditure are treated as deferred income and are credited to the profit and loss account over the estimated useful life of the assets to which they relate, or when the expenditure is incurred.

Profile of our Organisation



SELDOC is GP Co-operative, run as a not for profit mutual organisation, set up by local GPs in 1996, for the provision of out of hours' services for the one million patients of Lambeth, Southwark and Lewisham. The distinctive feature of SELDOC is that it is owned, managed and resourced by local GP Practice Members.

SELDOC uses local GPs, familiar with the locality and health services in the area, to provide its services. We manage and respond to over 50,000 patient calls a year. All patient contacts are initially triaged by a GP. If a face to face consultation is required, patients are invited to attend one of three bases - at Dulwich Hospital, the Primary Care Suite in Lewisham Hospital or Gracefield Gardens in Lambeth (weekends only). We also provide a home visiting service through our dedicated mobile doctors using a fleet of environmentally friendly low emission automatic cars.



All consultations are recorded on our clinical computer system, provided by Aداstra, and details are passed automatically by secure e-mail connection to the patient's registered GP before the next working day. Our system allows access to the patient's Summary Care Record (when available) and to palliative care registers or special note registers. We use Rotamaster to manage both duty doctor and operational staff rotas.



All staff, including duty doctors, are required to undertake induction training before they work for SELDOC. We are approved by the London Deanery as a provider of out of hours' training for GP Speciality Trainees.

