

# Annual Report 2013 - 2014



South East London Doctors' Co-operative



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## THE BOARD



**Dr Emma Rowley-Conwy**  
Chair of the Board



**Dr Riaz Jetha**  
Vice Chair of the Board  
and Chair of Operations  
Committee



**Dr Kishor Vasant**  
Chair of Clinical Governance  
Committee



**Dr Robin Rastogi**  
Chair of Finance Committee



**Dr Michael Uti**  
GP Board Director



**Dr Paul Heenan**  
GP Board Director



**Dr Farhan Rabbani**  
Sutton GP Board Director



**Steve Dewar**  
Non-Executive Director



**Phil Ruthen**  
Non-Executive Director

## SENIOR MANAGEMENT TEAM



**Derek Witt**  
Director of Operations



**Dr Belinda Coker**  
Medical Director



**Charlene Sables**  
Director of Finance

# OPERATIONS DAY STAFF



**Mark Steed**  
Senior Operations Manager



**Trevor Dietrich**  
Operations Manager



**Anita Brookman**  
Operations Manager



**Denise Grant**  
Operations Manger



**Farhat Qasim**  
Executive Coordinator



**Natasha Mitchem**  
Operations Support Officer



**Yvonne Moseley**  
Operations Support Officer

# HUMAN RESOURCES



**Bola Ogundeji**  
HR Manager



**Bola Ige-Hassan**  
HR Assistant

## INFORMATION TECHNOLOGY



**Metin Halil**  
IT Manager



**Manoj Fernando**  
IT Support Officer



**Angelica Tatam**  
Data Analyst

## CLINICAL GOVERNANCE



**Thelma Essien**  
Clinical Governance & Quality  
Coordinator



**Edith Adejobi**  
Patient Liaison Quality  
Coordinator



**Bemil Odunlami**  
Pharmacy Advisor

## FINANCE



**Irene Zagradski**  
Expenditure Accountant



**Nathaniel Abbey**  
Income Accountant

## Chair's Report

### Board Membership

The Board has changed considerably in the last year.

Dr Andiappan Mani-Babu retired due to ill health; many thanks to him for his loyal input to SELDOC both on the Board and as duty doctor. We wish him good health in his retirement.



At the AGM in 2013 Dr Michael Uti from Lewisham and Dr Paul Heenan from Lambeth were elected to replace Dr Mani-Babu and Dr Alan Kangatharan, who resigned. We welcome their expertise – Dr Uti has an MBA, and Dr Heenan has led considerable developments in his own practice.

Martin Lewis, one of the Non-Executive Directors, stood down last autumn as his term of office came to an end. We thank him for his input to the Board over the years. We successfully appointed a replacement, Phil Ruthen, who brings experience of working in mental health services and the voluntary sector.

We have also successfully appointed to our Senior Management Team – a permanent Director of Operations, Derek Witt, Director of Finance, Charlene Sables and a replacement for our Medical Director Dr Belinda Coker.

### Corporate Governance

We have reviewed and revised our Corporate Governance Handbook, which aims to capture all our ways of working. This is an important reference document to ensure that we follow best practice and achieve the standards set out in the updated paper The Healthy NHS Board 2013 (NHS Leadership Academy).

### Urgent Care Centres (UCC)

We continue to be involved in providing clinical services within the UCCs at Lewisham and St Thomas' hospitals, and to support the Hurley Group in delivering services within the Integrated Urgent Care Service (IUCS) at Kings. As Access Medical Services (AMS) we also continue to provide the weekend walk in service at Gracefield Gardens in Lambeth, and we are supporting the UCC at St Helier by taking diversions to our Out of Hours (OOH) base in the same location.

On 1 April 2014 the pilot project for Guy's UCC ended. The pilot was lead by the Bermondsey & Lansdowne Medical Mission Practice with support from SELDOC. The management of the UCC was taken back by Guys and St Thomas' Foundation Trust (GSST). One of the main reasons for this was that the Trust needs the activity data from the UCC to be included in submissions for achievement of the 4 hour A&E target. We

are supporting the Trust by providing GPs to staff the service not only at weekends but also during the weekdays.

### **@Home and other day time services**

@Home is the home ward service provided in Lambeth and Southwark by GSTT. The service has expanded from two neighbourhoods to being across both boroughs; we continue to provide GPs to give medical leadership to the nursing staff.

We have been successful in bidding to provide GP input to the Southwark Nursing Homes Service with The Hurley Group as lead contractor. This contract will not be without considerable challenges as the overall aim is to raise standards of care and deliver a reduction in emergency admissions.

We are particularly keen to gain expertise in managing day time primary care, and bid for practices in Croydon, but without previous experience and fierce competition we were not successful.

### **Other OOHs**

We were successful in our bid to provide OOH services to Sutton, and hold the contract for this service in our related company AMS. This has been a very successful service, which is achieving all required outcomes, and is popular with local GPs.

We were not successful in our bid to provide services in Merton, which was retained by Care UK. We decided to withdraw from bidding for City & Hackney, as we did not want to oppose the provider formed by local GPs, and from bidding for Bexley, as we considered this a high risk contract.

We will continue to bid for OOH services as opportunities arise across London, particularly south of the river and inside the M25.

### **111**

The South East London service is now being provided by London Ambulance Service (LAS), who stepped into manage the service from autumn 2013. Although there were a few initial challenges, the service now runs well and we have effective links with the provider to resolve any issues as they arise.

We have been involved in local strategic discussions about how the 111 service should develop and what should be included in the service specification when the service is re-commissioned, probably in 2015.

### **Care Quality Commission (CQC)**

As you may be aware, we were inspected by the CQC at Dulwich Community Hospital February 2014. We received a solid endorsement from providing a quality, caring in service. For a full copy of the report please refer the CQC website on

[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAA0606.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAA0606.pdf)

We are not complacent, and are committed to further developing the quality of our services. To this end we compiled a full action plan to address the minor issues identified by the inspection. We have also instituted regular internal inspections by our Non-Executive Directors using CQC standards to ensure that our services don't just meet the standards, but regularly exceed them.

### **Primary Care**

With the increasing pressures on the NHS as a whole to achieve greater efficiencies in the face of rising demand, primary care services, as well as other services, are very stretched. One development to try to protect services is for practices to join together in networks or Federations. Such organisations are developing in all boroughs, though at different rates.

SELDOC is ultimately owned by its GP Practice Members, and the Board would like to re-iterate its support to these nascent organisations, in whatever way is useful.

### **Prime Ministers Challenge Fund (PMCF)**

We supported several bids to the PMCF including the only one in Southwark that was successful, which is to develop access clinics across the borough to replace the Walk-In service at the Lister and to ensure more equitable access to primary care 8am – 8pm seven days a week. We are committed to placing our staffing resources which are used to deliver face to face contacts in the OOH period for Southwark patients in these clinics in order that OOH can be part of a coherent urgent care package across the borough.

### **Thanks**

The Board is grateful for the on-going support to our service shown by our staff, duty doctors, GP Practice members and commissioners. Without everyone's input, delivering a service to patients that meets their needs would be impossible.



Dr Emma Rowley-Conwy

Chair of the Board

## Operations Committee

The Operations Committee met bi-monthly in the Financial Year 2013-14 to monitor, and develop our operational activities, including leading on developments in computer and telephony. During the financial year the committee's main challenges were consolidation following the turbulence caused by 111, getting the Sutton OOH and Southwark Nursing Home contracts off the ground, and preparing for our CQC inspection. We continued to perform well against our National Quality Requirements and maintained Information Governance Compliance. This year we also replaced our fleet of cars with state of the art vehicles with low emissions.

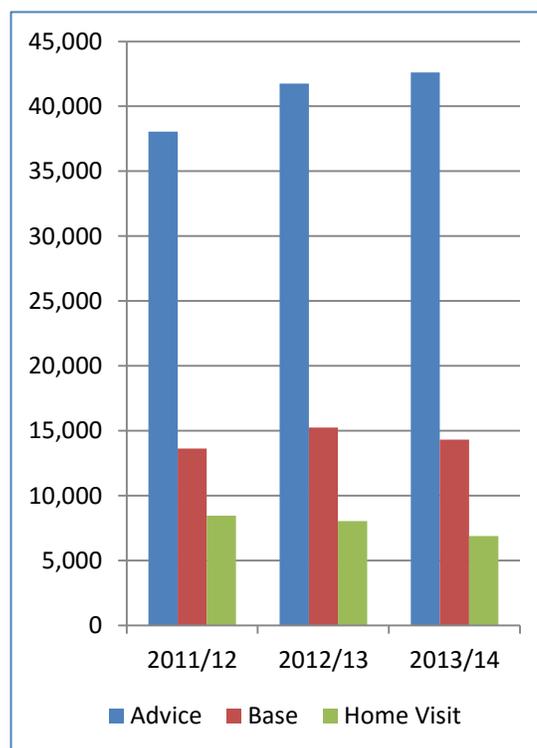
The Operations Committee uses an Operations Reporting Toolkit to monitor and record trends, developments and activities. The toolkit spans 15 core areas including National Quality Requirement (NQR) performance, duty doctor activity, Health and Safety, as well as an investigation and report into all breached calls.

### Activity

The overall activity in 2013-14 was 1.9% lower than in 2012-13; largely because of the way bank holidays fell (there were 10 in 2012-13 due to Easter and Queen's Jubilee, as opposed to only 7 in 2013/14). Home visiting continued to show a small downward trend. Smaller peaks were observed around Easter and Christmas in 2013-14 compared to the previous year. 2013-14 also saw an increasing number of calls transferred from 111 directly into our call back queue.

Number of calls by type (LSL)

Call Type	2011/12	2012/13	2013/14
Advice	38,049	41,749	42,610
Base	13,633	15,253	14,326
Home Visit	8,459	8,045	6,878
<b>Total</b>	<b>60,141</b>	<b>65,047</b>	<b>63,923</b>



## Human Resources

During the first few months of 2014 the operations staff underwent a restructure to build a secure foundation for growth.

Staff who had bank contracts were offered permanent employment contracts, and a number of new posts were introduced - a Senior Operations Manager, Mark Steed, and a Data Analyst, Angelika Tatum. Further recruitment of drivers and call handlers were made during the year.

In order to enhance our HR management, we have engaged contractors to form an HR team consisting of a HR Manager and an HR Assistant. This increased capacity has ensured that we have a high standard of compliance in all our personnel records, and we have been able to undertake developments, such as building an electronic database for HR.

We successfully transferred eleven staff from the incumbent provider when we mobilized the Sutton OOH contract. The change was successful and the new staff have all been welcomed and inducted into the SELDOC 'way'.

## Development of Services

SELDOC successfully won the tender to provide OOH services in Sutton from November 2013 and mobilised the service over two months. A key success was recruiting local GP's as duty doctors, who had previously stopped working OOH shifts. The service is running smoothly, complies with all NQR's and receives good patient and commissioner feedback.

In partnership with the Hurley Group, SELDOC was successful in winning the contract to provide in-hours primary care services to four nursing homes in Southwark. SELDOC recruited and manages two GP's to provide 08:00-18:30 cover during weekdays providing day to day and preventative care, and undertaking quality development activities.

We continued to work with other local providers to provide care for patients at Kings College Integrated Urgent Care Service, Lewisham UCC, Guys UCC and St Thomas' UCC.

We also continued to provide GP input to the @home service which is part of Southwark and Lambeth Integrated Care Pilot.

We have maintained our OOH bases within Lewisham UCC, Guys UCC and Gracefield Gardens, in addition to our Dulwich base, extending the choice available to patients for face to face consultations.

## **Information Technology**

SELDOC has a well-established IT and telephony infrastructure. During the year we migrated our two main software systems, Adastra and Rotamaster, to a remote cloud based platform providing state of the art resilience. This paid immediate dividends when integrating the Sutton OOH service onto our database.

Other IMT activities included introducing a new HR management system, establishing the IMT platform for the Southwark Nursing Home contract and providing migrating the weekday provision of the Walk In service at Gracefield Gardens to Adastra,

## **Work in progress and future developments**

A number of projects were started during the financial year 2013-14 including:

- Working with programme directors from the three local training schemes as well as GP registrar representatives, on a 12 month pilot to re-evaluate the GP Registrar training. This started in August 2013 and final evaluation will take place in August 2014.
- Plans to develop bespoke web based induction and training started with an extensive assessment of requirements and liaison with suppliers of e-learning.
- Planned future developments also include introducing time and attendance software to all sites, developing a new branding and livery and preparing for changes to the 111 interface.

# Clinical Governance Committee

Effective clinical governance is at the heart of SELDOC's purpose. SELDOC has worked with GPs, patients, commissioners and with external agencies to support the delivery of safe, effective and high quality service provision across our range of services.

## The Clinical Governance Team at SELDOC

Dr Belinda Coker joined SELDOC in summer 2013 as the new Medical Director leading on clinical governance, 3 days a week. Dr Coker has been supported by the clinical governance team including the Sutton Lead GP, Dr Farhan Rabanni, a full-time interim co-ordinator, Natasha Lary, the Pharmaceutical Advisor, Bemil Odunlami and four Clinical Governance Associates (CGAs).

The Clinical Governance Committee (CGC) monitors overall quality and safety against the Corporate and Clinical Governance Strategies, Annual Operating Plan and National Quality Requirements. Two GP Board Directors, and the Sutton Lead GP, sit on the CGC ensuring a direct link and accountability to the Board. A Non-Executive Director will be joining the committee to provide independent support and guidance on patient and public matters.

SELDOC CGC said farewell to Dr Jacqueline McLeod, Medical Director and Andi Adams, Patient Liaison & Quality Coordinator both of whom we wish every future success.

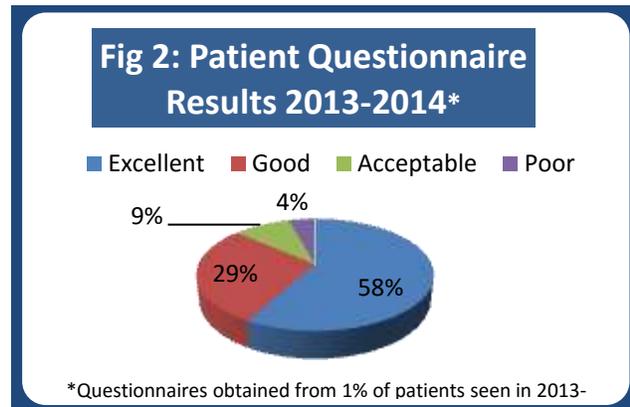
## Patient Experience & Learning from Patient Feedback

Feedback from patients remains positive in spite of a period of instability from the introduction of the NHS 111 service in the first half of 2013. The volume of complaints received by SELDOC is low

Patient feedback is important to SELDOC and is used to directly improve our service. For example feedback and complaints on the theme of palliative care were used to create case studies that were discussed at the SELDOC Palliative evening training event for duty doctors. This evening was facilitated by consultants and specialist nurses from GSTT, University Hospital Lewisham and St Christopher's hospice which provided a rich learning environment for the GPs.

### Fig1: Clinical Governance Strategy (2011-14)

- A** To monitor, maintain and exceed quality standards in line with National Quality requirements (NQRs), Care Quality Commission (CQC) and NHS Primary Care Foundation Benchmarking through robust systems, structures and processes
- B** To continue to integrate Clinical Governance into SELDOC's business functions and develop effective clinical leadership
- C** To develop and nurture a culture of learning and continuous improvement
- D** To engage with and provide accountability to patients, their families and the public
- E** To improve integration of OOH with other care providers through the development of efficient clinical referral pathways and secure, timely information exchange
- F** Introduce a programme of measures to ensure equity of care provision irrespective of race, ethnicity, religion, culture, language, gender, sexual preference, disability or special need



*SELDOC Palliative Care Training Event - January 2014*

### **Quality Audit**

SELDOC proactively monitors the quality of our service provision. Each month a randomised sample of telephone and face-to-face consultations by the duty doctors and telephone calls taken by our call handlers are audited against recommended standards. On a monthly basis each clinician and call handler is audited and receives a performance report summarising their performance, productivity and any feedback received. Performance reviews are held by the Medical Director to provide early intervention and support to clinicians. Our Pharmaceutical adviser conducts regular audit of prescribing against medicines management policies and published guidance. Feedback is then provided to duty doctors to support safe prescribing practices at SELDOC.

### **A Learning Organisation**

SELDOC's focus on promoting a culture of personal and organisational learning is central to its drive to consistently deliver high quality care. Incidents, complaints and feedback from all sources are viewed as opportunities for reflection, experiential learning and improvement. The learning is collated and shared along with celebration of good practice through clinical newsletters, email updates, reminders on Rotamaster and arrangement of in-house training sessions.

### **Plans for 2014-2015**

Key priorities for next year include:

- Developing our patient and public engagement by working with local Healthwatch groups, patient forums and community groups to further improve patient experience at SELDOC
- Providing support to our GP members and commissioners to improve the health of our patient population through integrated care
- Promoting patient safety and high standards of clinical care across all aspects of our service

SELDOC will continue to support high quality service provision through clinical leadership and collaboration with patients, our staff and key stakeholders.

# Finance Committee

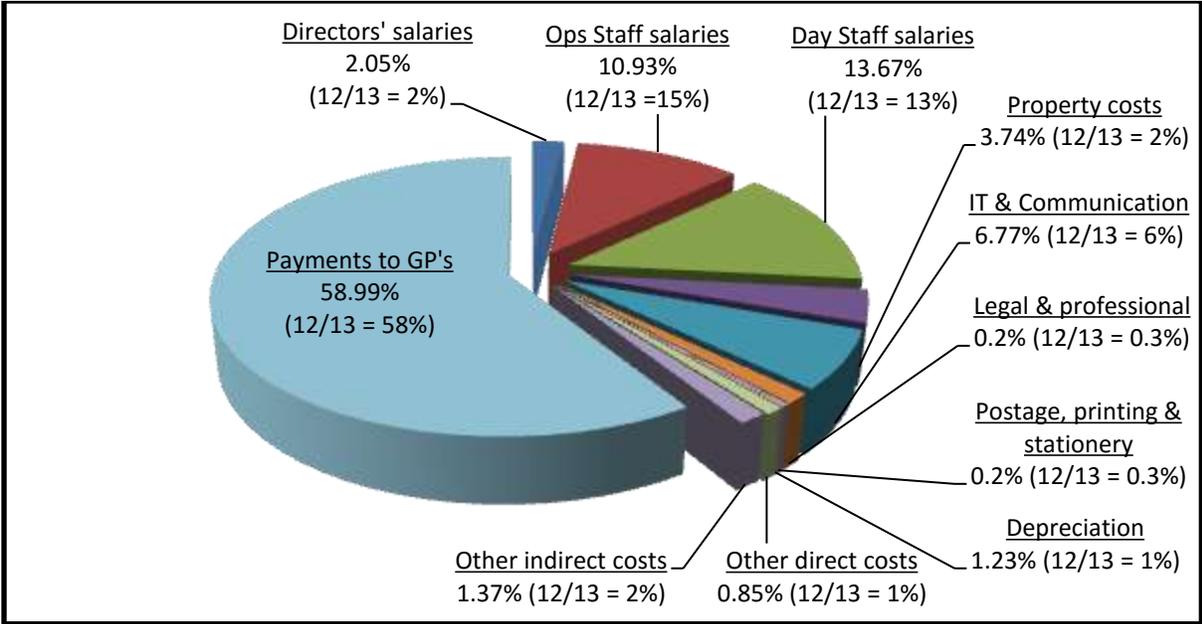
SELDOC made an operating surplus of £28k in the financial year 2013-14. The Audited Accounts have been signed off by Dr Emma Rowley-Conwy and Dr Robin Rastogi on behalf of the Board.

At the last AGM in October 2013 the Members agreed to fees being charged on weighted list as opposed to raw list sizes. The fees charged to GP Practices were increased during the year to cover increased costs. This however continues to be highly competitive compared to the national estimated average of £7.50 per patient per annum\*.

Charges to Commissioners for patients of practices who have opted-out of OOH provision and for continued call handling and clinical triage of calls transferred from the 111 service have been renegotiated on a cost-and-volume basis.

We continued to gain additional revenue for providing services at unscheduled care facilities at Lewisham UCC, Guys UCC, St Thomas' A&E and Kings IUCS.

SELDOC's expenditure for the 2013-14 year is broken down in the diagram below. All spends have remained static when compared to 2012-13.



Below are extracts from the Audited Accounts. A full set can be obtained from the finance department on request - please email [seldoc.finance@nhs.net](mailto:seldoc.finance@nhs.net).

\* Out-of-Hours GP Services in England (National Audit Office)

## **Report of the Independent Auditors to the Members of South East London Doctors Co Operative Limited**

We have audited the financial statements of South East London Doctors Co Operative Limited for the year ended 31st March 2014 on pages seven to fourteen. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in a Report of the Auditors and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

### **Respective responsibilities of directors and auditors**

As explained more fully in the Statement of Directors' Responsibilities set out on page three, 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 audit and express an opinion on the financial statements 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.

### **Scope of the audit of the financial statements**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Strategic Report and the Report of the Directors to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

### **Opinion on financial statements**

In our opinion the financial statements:

- give a true and fair view of the state of the company's affairs as at 31st March 2014 and of its surplus for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

### **Opinion on other matter prescribed by the Companies Act 2006**

In our opinion the information given in the Strategic Report and the Report of the Directors for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

**Ronald Price FCA (Senior Statutory Auditor) for and on behalf of Beak Kemmenoe**

## ACCOUNTING POLICIES

### Accounting convention

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

### Turnover

Turnover is the total amount receivable by the co operative 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 grants

Deferred 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.

**Profit & Loss Account for the year ended 31 March 2014**

	2014 £	2013 £
<b>TURNOVER</b>	5,020,094	4,363,304
Cost of sales	<u>3,205,555</u>	<u>2,829,881</u>
<b>GROSS SURPLUS</b>	1,814,539	1,533,423
Administrative expenses	<u>2,161,701</u>	<u>1,966,075</u>
	<b>(347,162)</b>	<b>(432,652)</b>
Other operating income	<u>370,605</u>	<u>516,821</u>
<b>OPERATING SURPLUS</b>	23,443	84,169
Interest receivable and similar income	<u>5,849</u>	<u>5,224</u>
<b>SURPLUS ON ORDINARY ACTIVITIES BEFORE TAXATION</b>	29,292	89,393
Tax on profit (loss) on ordinary activities	<u>1,170</u>	<u>1,045</u>
<b>SURPLUS FOR THE FINANCIAL YEAR</b>	<u><u>28,122</u></u>	<u><u>88,348</u></u>

**Balance Sheet as at 31 March 2014**

	2014		2013	
	£	£	£	£
<b>FIXED ASSETS</b>				
Tangible assets		214,347		183,266
<b>CURRENT ASSETS</b>				
Debtors	1,314,327		923,058	
Cash at bank and in hand	<u>2,407,933</u>		<u>2,619,716</u>	
	3,722,260		3,542,774	
<b>CREDITORS</b>				
Amounts falling due within one year	<u>728,680</u>		<u>546,235</u>	
<b>NET CURRENT ASSETS</b>		<u>2,993,580</u>		<u>2,996,539</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>3,207,927</u>		<u>3,179,805</u>
<b>RESERVES</b>				
Income and expenditure account		<u>3,207,927</u>		<u>3,179,805</u>
		<u>3,207,927</u>		<u>3,179,805</u>

## Cash Flow Statement for the year ended 31 March 2014

	2014 £	2013 £
<b>Net cash inflow/(outflow) from operating activities</b>	(119,471)	246,394
<b>Returns on investments and servicing of finance</b>	5,849	5,224
<b>Taxation</b>	(1,230)	(1,234)
<b>Capital expenditure</b>	(96,931)	(5,226)
<b>Increase/(Decrease) in cash in the period</b>	(211,783)	245,158
<hr/>		
<b>Reconciliation of net cash flow to movement in net funds 3</b>		
Increase/(Decrease) in cash in the period	(211,783)	245,158
Change in net funds resulting from cash flows	(211,783)	245,158
<b>Movement in net funds in the period</b>	(211,783)	245,158
<b>Net funds at 1st April</b>	2,619,716	2,374,558
<b>Net funds at 31st March</b>	2,407,933	2,619,716