

# Annual Report 2015 - 2016



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# THE BOARD



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



**Dr Riaz Jetha**  
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  
and acting Executive  
Medical Director



**Steve Dewar**  
Non-Executive Director



**Phil Ruthen**  
Non-Executive Director



**Derek Witt**  
Executive Director  
of Operations



Executive  
Medical Director  
(Currently Vacant)



**Charlene Sables**  
Executive Director  
of Finance

## DAY STAFF OPERATIONS



**Mark Steed**  
Senior Operations Manager



**Trevor Dietrich**  
Operations Manager



**Anita Brookman**  
Operations Manager



**Denise Grant**  
Operations Manger



**Farhat Qasim**  
Executive Coordinator



**Okemute Samede**  
Operations Support Officer

## CLINICAL GOVERNANCE



**Thelma Essien**  
PEQ Coordinator



**Claudette Parchment**  
PEQ Manager



**Rahinatu Amadu**  
Pharmaceutical Advisor

## INFORMATION TECHNOLOGY



**Neil Prosser**  
IT Manager



**Manoj Fernando**  
IT Support Officer

## HUMAN RESOURCES



**Sandra Ketter**  
HR Manager

**FINANCE**



**Irene Zagradski**  
Finance Manager



**Norma Jones**  
Finance Officer

## Chair's Report

### OOHs

The main focus of our day to day business continues to be provision of Out-of-Hours (OOHs) GP services in Lambeth, Southwark, Lewisham and Sutton. The ongoing challenge to providing a quality services is recruitment to the duty doctor rota. The GP State of Emergency has highlighted the pressures on day time primary care services, which leaves



our local GP workforce with little additional capacity to contribute to the OOH service. In addition, as highlighted in GP Forward View, indemnity costs for GPs have risen significantly and are weighted for those working more in the OOH period, which is a serious disincentive to taking on additional work.

Despite these challenges we have been able to maintain a service, and during 2016-17 we will be expanding into South West London, taking on OOH in the boroughs of Wandsworth, Merton and Kingston.

We have started work on procuring corporate indemnity for our duty doctor workforce, but this is not an easy task, and requires us to demonstrate we have all the necessary checks and balances in place for any insurer to consider underwriting our service.

We have also started to diversify our clinical workforce, engaging Nurse Practitioners to see base patients at our Dulwich site (where they can work alongside GPs for support if necessary) and training independent prescribing pharmacists to help with requests for repeat medications. We plan to build on these ideas over the forthcoming year, when we will explore how best to use paramedics in the OOH workforce.

### Partnership working

Our bid to provide OOH services in South West London was made in partnership with Vocare, who are an experienced provider of 111 services across the country. Vocare developed from a GP co-operative, Northern Docs, and has a similar ethos to SELDOC; we look forward to working with them, and learning from their experience and expertise.

We had initially planned to bid with London Ambulance Service, but they withdrew their bid shortly before receiving their Care Quality Commission report in November 2015,

which rated them as inadequate. It is a testament to our bidding team that despite this major setback we were able to engage with another provider and build a viable partnership in short time scales, and jointly put in a successful bid.

## 111

In South East London, the roll out of the NHS 111 has been further delayed. We continue to try to influence the specification to ensure that it meets the needs of patients, while still providing value for money.

## Prime Ministers Challenge Fund (PMCF)

Access Hubs in both Lambeth and Southwark have continued to operate throughout 2015-16; we book patients into appointments whenever possible, but analysis shows that this does not impact significantly on our overall workload, as our peak activity is Saturday and Sunday mornings, when the Hubs are already fully booked with appointments arranged by local practices.

We have tried to work closely with commissioners and providers of the Access Hubs to ensure that we are not competing for the same GP workforce, and to avoid perverse incentives in the system as a whole. We believe that is best for all providers if we work in a coordinated way.

## 20 years of service

On 1 April 2016 was the 20<sup>th</sup> anniversary of SELDOC's inception. We have survived despite significant threats to our existence - the first being the change in the GP contract in 2004, allowing GPs to opt out of responsibility for the provision of OOH care to their patients and the second being the development of the NHS111 service – and we continue to thrive and develop.

As one of the original GP facilitators engaged by Kings College Department of General Practice in 1995 to work on developing the GP co-operative locally, I am immensely proud that we are still here and operating successfully.

Thank you for all your support over these 20 years, helping us to provide our patients with a quality service.



Dr Emma Rowley-Conwy  
Chair of the Board

## Operations Committee

The Operations Committee met bi-monthly in the Financial Year 2015-16 to monitor and develop SELDOC's operational activities, including human resources, IT and telephony. During the financial year the committee's focus was again on meeting the challenges of increasing demand, increasing Duty doctor recruitment and making internal processes more efficient. We continued to perform well against our National Quality Requirements and maintained Information Governance Compliance with minimal patient complaints.

The Operations Committee uses a data driven reporting framework to analyze and compare data sets which is reviewed at our meetings. We use a process of continuous quality improvement with decisions made by the committee implemented by through operational staff and the outcomes measured at subsequent meetings. The framework considers 15 core areas including National Quality Requirement (NQR) performance, duty doctor activity, Health and Safety and a review of patient calls that breached NQR's.

### Demand

Overall the OOH activity in LSL in the financial year 2015-16 was 4.4% higher than in 2014-15, with an unprecedented surge of over 20% seen over the Christmas and New Year period. Weekends continue to show rising levels of demand, spreading to Saturday afternoons and Sundays from traditionally busy Saturday mornings. Home visiting rates remain comparable to previous years, the majority of increased demand coming from telephone advice and base visits. Around one-third of calls received by SELDOC are diverted directly from 111.

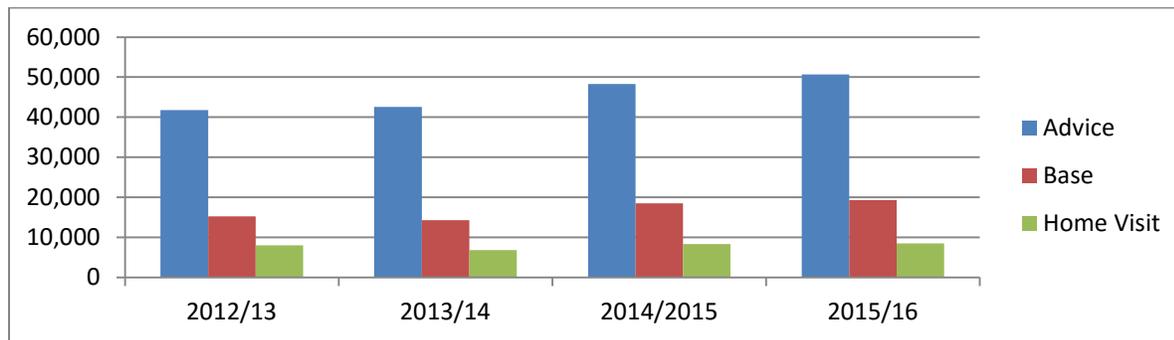
Call Type	2012/13	2013/14	2014/15	2015/16
Advice	41,749	42,610	48,297	50,672
Base	15,253	14,326	18,514	19,346
Home Visit	8,045	6,878	8,376	8,496
<b>Total</b>	<b>65,047</b>	<b>63,923</b>	<b>75,187</b>	<b>78,514</b>

### Locations

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 (until December 2015).

We 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.



## Supply

Along with other OOH providers SELDOC found filling shifts a continuous challenge. During 2015-2016 the average number of duty doctors per month participating in covering LSL shifts was 81 (a fall from 92 in 2014/15) to cover an average of 480 shifts per month from a pool of around 650 GP's in LSL. Particular pressure points were weekend evenings and Bank Holiday afternoons. SELDOC's use of locums rose from less than 10% (2014/15) to around 14% during this period. We have managed to reduce lateness and short notice cancellations by introducing new policies.

A number of initiatives such as streamlining the application process, facilitating refunds for medical indemnity from winter pressures money and increasing pay at pressure points did not lead to any sustained rise in recruitment. Furthermore, SELDOC faced increased competition for the pool of doctors working in OOH from other services such as GP federation led access clinics.

The operations committee began the process of increasing the clinical skill mix by training pharmacists and investigating the use of nurse practitioners. Filling the duty doctor rota remains a constant challenge.

## Training

The changes made to GPST training in the previous year continue to receive positive feedback from GPST's and trainers. An average of 16 trainers from a pool of around 120 participate in the training Rota.

Shift supervisors and dispatchers received assertiveness and conflict resolution training, in addition to regular training sessions with the operations managers. Call handlers were audited using a new, more relevant, audit tool. The outcomes were published to all call handlers as a balanced scorecard with targeted training for those that needed it.

## Information Technology

During 2015-16 we rolled out our four bespoke e-learning modules to allow doctors to be inducted remotely without having to attend the Dulwich base selected Bexley CCG to manage our smartcards. We undertook a review of our contracts with British Telecom for provision of our telephony system and worked with them to consolidate these into one contract.

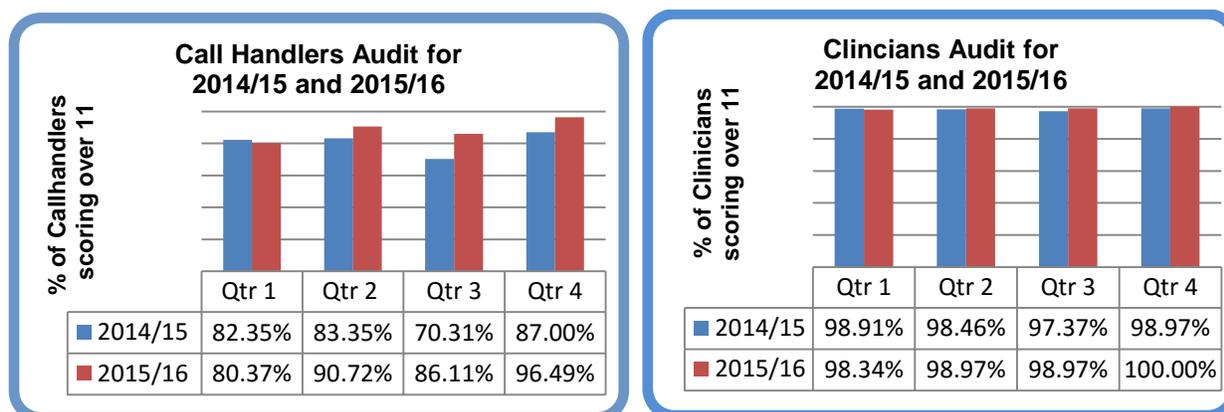
# Clinical Governance Committee

## Quality Monitoring

SELDOC constantly monitors the quality of its service provision. Each month a randomised sample of telephone and patient face-to-face consultations conducted by each duty doctor, and telephone calls taken by each of our call handlers, are audited against recommended quality standards, as detailed below:

	2014/15	2015/16
Total number of patient consultations	75,187	78,514
Total number of audits performed	1,406	767
<b>Percentage of all consultations reviewed+</b>	<b>2%</b>	<b>1%</b>

+ National Quality Requirements recommend 1% of all consultations are quality monitored



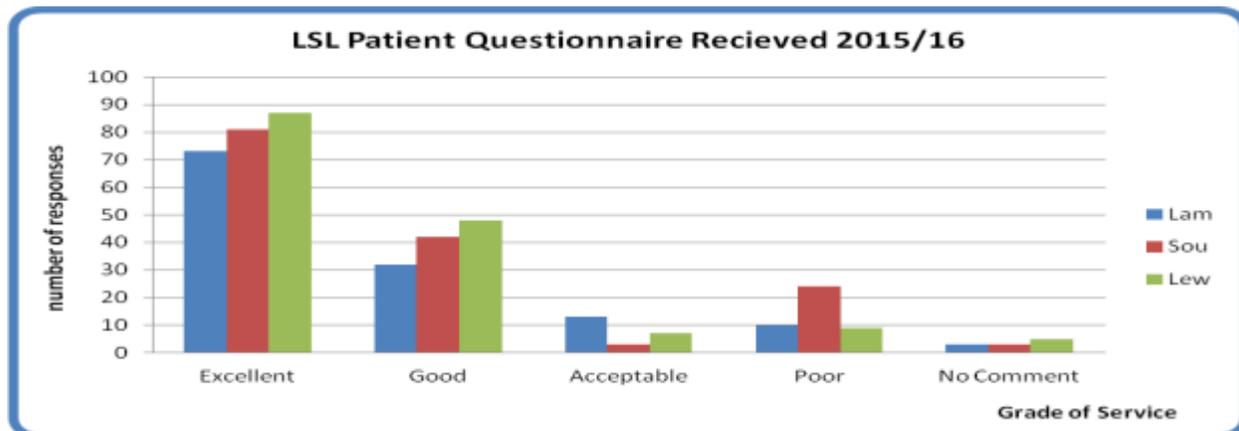
Bar charts show the percentage of audits that met or exceeded the quality standard – minimum over 11.

Call handler quality has been improving year on year. This is due to dedicated and ongoing training by the operations staff to improve the overall standard through direct feedback. Performance is monitored by the Medical Director and Operations Managers, and overseen by the Clinical Governance and Operations committees. Clinician audit scores remain so high that a new bench mark and higher standard setting is now required. This will be done with input from duty doctors and from our clinical associates who carry out the audits. We also need to develop an audit tool for our pharmacy workforce, now that they are taking calls.

## Patient Satisfaction

During 2015-16 SELDOC sent out 2385 patient questionnaires to LSL patients. 509 responses were received equating to 3% of the total patient consultations carried out during the year (n =78,514).It is an NQR requirement that we sample at least 1% of patients each quarter.

The graph below shows how our patients graded our service over this period. In summary, 87.73% of respondents were satisfied with the service (ranging from excellent, good to acceptable); with 54.77% rating the service as excellent.



### Pharmacist Advisor's report:

In 2015-16 the activities have continued as follows:

- Reviewing and updating our medicines management procedures and policies, as necessary
- Developing a SELDOC palliative care formulary
- Working with Ops Team to introduce and train independent prescribing pharmacists
- Development of all medicines management policies and procedures and formularies for our new service in South West London
- Carrying out audits, including review of CD usage
- Ensuring that we will meet the requirements for the provision of a CD license

### Clinical Governance Plans for 2015-16

We will continue to put the patient at the heart of our service, and ensure that our service is effective, safe, well led, and responsive and treats all patients with dignity and respect. We are developing a Quality Framework which will define and set our processes across clinical and operational teams. This will promote cross organizational working and learning, identifying areas of improvement.

Focus areas of work within this:

- Updating evidence based policies and procedures so that employees have a clearer understanding of their roles and responsibilities;
- Continuing to provide clear and transparent data to enable continuous quality improvement;
- Promoting a culture of sharing best practice with partner organisations to increase quality through integrated governance;
- Developing a sustainable plan to meaningfully engage with all our external stakeholders so that their contributions positively impact on SELDOC activity;
- Maintaining and improve on the CQC's 2015 "Good" rating for our service.

## Finance Committee

SELDOC made an operating surplus of £39k in the financial year 2015-16. We continue to invest in IT to support our increase in turnover and activities.

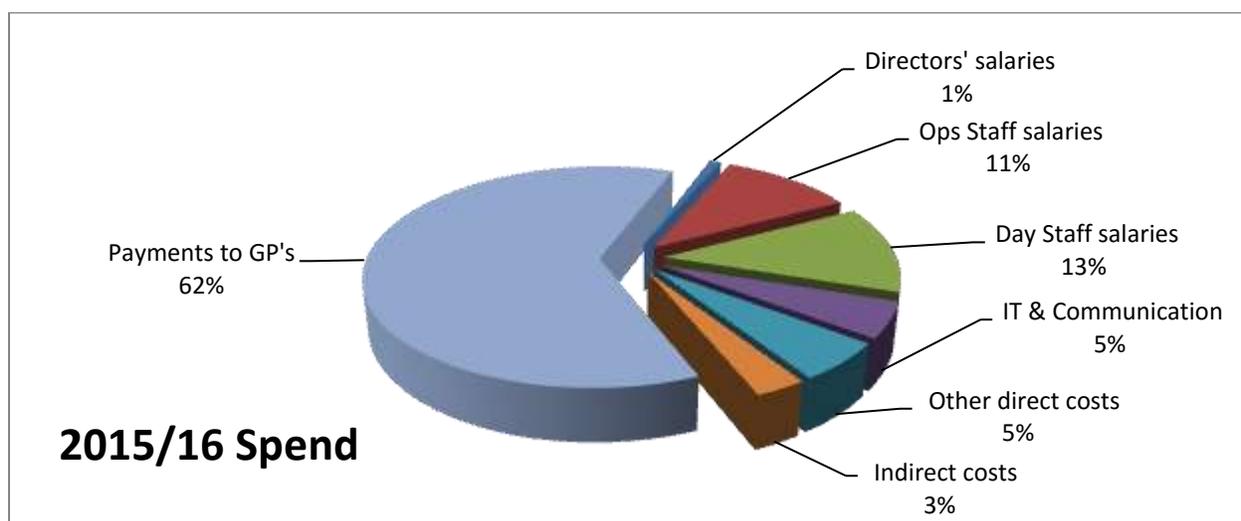
We are recovering outstanding debt from external contracts on average within 38 days, which is a significant improvement from previous years. Membership fees are collected monthly.

Membership fees, based on weighted lists, have remained unchanged since October 2013. SELDOC continues to be one of the most highly cost-effective services for providing out of hours care. The fees are less than the cost to Practices for opting out.

Membership fees account for 51% of total income. The rest of the income is from contracts with Lambeth, Southwark and Lewisham CCGs and the Urgent Care Centres of Guy's and St Thomas', and Kings.

Our overall reserves have increased to £3.45 million in year. These reserves continue to provide assurance to any Commissioners when bidding for new contracts.

Below is a diagram of our 2015-16 spends:



Below are the pertinent extracts from the Audited Accounts. The Accounts have been signed off by Dr Emma Rowley-Conwy and Dr Robin Rastogi on behalf of the Board.

Members can obtain a full set from the finance department on request - please email [seldoc.finance@nhs.net](mailto:seldoc.finance@nhs.net).

## **Report of the Independent Auditors to the Members of SELDOC**

We have audited the financial statements of South East London Doctors Co Operative Limited for the year ended 31st March 2016 on pages seven to eighteen. 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), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

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 2016 and of its surplus for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'; 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  
Chartered Accountants  
& Statutory Auditors

## Accounting Policies

### **Basis of preparing the financial statements**

These financial statements have been prepared in accordance with Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" and the Companies Act 2006. 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 profit or loss 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.

## Statement of Comprehensive Income for the year ended 31<sup>st</sup> March 2016

	2016 £	2015 £
<b>TURNOVER</b>	6,827,935	6,245,002
Cost of sales	<u>5,010,189</u>	<u>4,548,707</u>
<b>GROSS SURPLUS</b>	1,817,746	1,696,295
Administrative expenses	<u>1,790,910</u>	<u>1,498,681</u>
<b>OPERATING SURPLUS</b>	26,836	197,614
Interest receivable and similar income	<u>14,822</u>	<u>6,449</u>
<b>SURPLUS ON ORDINARY ACTIVITIES BEFORE TAXATION</b>	41,658	204,063
Tax on profit (loss) on ordinary activities	<u>2,964</u>	<u>1,290</u>
<b>SURPLUS FOR THE FINANCIAL YEAR</b>	38,694	202,773
<b>OTHER COMPREHENSIVE INCOME</b>	<u>-</u>	<u>-</u>
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>	<u><u>38,694</u></u>	<u><u>202,773</u></u>

## Balance Sheet as at 31 March 2016

	2016		2015	
	£	£	£	£
<b>FIXED ASSETS</b>				
Tangible assets		184,936		151,780
<b>CURRENT ASSETS</b>				
Debtors	1,791,021		1,285,022	
Cash at bank and in hand	<u>2,160,772</u>		<u>2,692,514</u>	
	3,951,793		3,977,536	
<b>CREDITORS</b>				
Amounts falling due within one year	<u>687,335</u>		<u>718,616</u>	
<b>NET CURRENT ASSETS</b>		<u>3,264,458</u>		<u>3,258,920</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>3,449,394</u>		<u>3,410,700</u>
<b>RESERVES</b>				
Income and expenditure account		<u>3,449,394</u>		<u>3,410,700</u>
		<u>3,449,394</u>		<u>3,410,700</u>

## Cash Flow Statement for the year ended 31<sup>st</sup> March 2016

	2016	2015
	£	£
<b>Cash flows from operating activities</b>		
Cash generated from operations	(404,816)	286,758
Tax paid	<u>(1,182)</u>	<u>(1,280)</u>
Net cash from operating activities	<u>(405,998)</u>	<u>285,478</u>
<b>Cash flows from investing activities</b>		
Purchase of tangible fixed assets	(141,267)	(10,076)
Sale of tangible fixed assets	701	2,730
Interest received	<u>14,822</u>	<u>6,449</u>
Net cash from investing activities	<u>(125,744)</u>	<u>(897)</u>
<b>(Decrease)/increase in cash and cash equivalents</b>	(531,742)	284,581
<b>Cash and cash equivalents at beginning of year</b>	<u>2,694,514</u>	<u>2,407,933</u>
<b>Cash and cash equivalents at end of year</b>	<u>2,160,772</u>	<u>2,694,514</u>

