

SERVICE ANNUAL REPORT
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Directors

The Directors of the company during the year were:

Rachel Fox (Executive Chairman)

David Archer (Chief Operating Officer)

Dr Tony Davies (Chief Medical Officer)

Dr Steve Harris (Non-Executive)

Margaret Hickman (Director of Engagement)

Alan Lawrence (Director of Finance)

Ian MacIntosh (Non-Executive)

Dr Pragasan Moodley (Non-Executive) Until February 2012

John Norman (Non-Executive)

Becky Turner (Director of HR)

Contents

Introduction	04
Our Services	05
Our Staff	12
Our Governance	13
Corporate Governance	15
Performance of HUC	17
HUC Financial Performance	20

Introduction to Herts Urgent Care

I would like to introduce you to our organisation, Herts Urgent Care (HUC), which is developing accessible and high quality healthcare services for the residents of Hertfordshire. We have been providing a county-wide GP Out-of-Hours service since 2008; when patients are ill and their GP practice is closed, patients can phone HUC to access medical advice, assessment and treatment. We also provide a number of other healthcare services to support patients, for example conveying messages from patients to district nursing staff, so that timely nursing care can be received.

'111' is an easy to remember phone number through which patients can access healthcare advice and services. HUC had to transform its service operations in order to successfully launch 111 for Hertfordshire in October 2012. We are working hard to continually develop and grow this significant service alongside our core Out-of-Hours business.

HUC is working in partnership with GPs to support the development of new services for patients, for example, we are providing an

emergency daytime home-visiting service for patients, to ensure that they are seen promptly and receive the care they need.

I hope you can take the time to read about our services and the excellent efforts our staff have made in ensuring this year was a great success and for which I am extremely proud and grateful.



Dr Rachel Fox, HUC Chairman



Dr Rachel Fox, HUC Chairman

Our Services

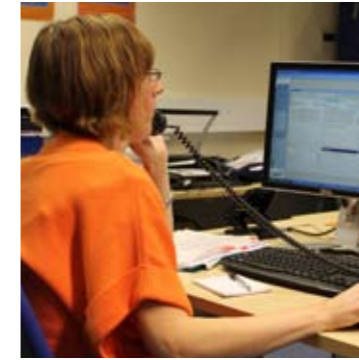
Our services involve local clinicians working in partnership with local staff and the local community to deliver high quality patient focussed urgent healthcare for the residents of Hertfordshire

GP Out-of-Hours

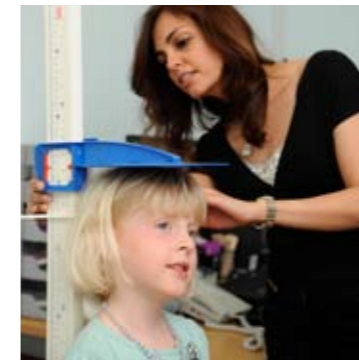
Herts Urgent Care (HUC) began its operations in September 2008 providing GP Out-of-Hours cover to the population of Hertfordshire; 1.2 million people. HUC operates a telephone access service and provides overnight GP cover for patients from 6.30pm to 8.00am on weekdays and continuously from 6.30pm on a Friday evening to 8.30 am on a Monday morning. HUC also covers bank holidays and provides a service for patients with urgent medical needs that cannot wait until their GP practice is next open. The service is accessed by phoning either 111 (see below) or 03000 333 333. A number of primary care centres are open during the out-of-hours period, across Hertfordshire, where patients can travel to see a GP.

House-bound patients or those too sick to travel, may receive a home visit if it is deemed necessary by a Doctor; HUC has a number of vehicles and drivers to transport GPs to patients' homes.

Patients usually contact their own GP practice and are then referred to HUC. On telephoning our service the call is answered by a call handler who refers the call to a GP for a telephone consultation; this then determines the needs of the patient, how best they can be assisted and how urgently that is required. If the patient needs to see a GP, then they will be given an appointment at one of our primary care centres or a home visit will be arranged. Different assessment criteria are used to determine whether a patient needs to be seen urgently (within 2 hours) or whether it is routine (within 6 hours); these criteria form targets by which the organisation is performance managed by our commissioners (NHS Hertfordshire).



HUC Call Handler



GP Dr Marwa Hilmi

"I came to HUC through my Out-of-Hours training as a Registrar. I am part of a team of fully trained Doctors, Nurses and Call Handlers.

I work within a variety of our services: GP led Health Care, GP Out-of-Hours Service, and our Acute In-hours Visiting Service.

I greatly enjoy the variety of work and I have gained considerable experience."

Dr Marwa Hilmi, GP, Out-of-Hours

Dental Service

Herts Urgent Care commenced the Dental Out-of-Hour's service in September 2008 alongside the GP Out-of-Hours service.

The service was commissioned to provide dental care from 5pm on an evening through to 9am the following day and for the full 24 hour period at weekends. The service comprises two components, telephone advice and consultation with a duty dentist. Emergency dental appointments are available at weekends and bank holidays.

Patients access the service by contacting their local dental practice who either automatically transfers the call to HUC or provides a low cost phone number for the patient to redial. Calls are answered by our team of trained Call Handlers who then pass the call to one of the duty Dental Nurses who calls the patient back and discusses with them the best way to manage the problem. At weekends the Dental Nurse is also able to make appointments to see a duty Dentist for those problems that cannot wait until the patient's regular practice reopens.

In conjunction with Herts Urgent Dental Care, who provide the Dentists for the service, we operate a number of surgeries across Hertfordshire. Our surgeries operate in different locations and at different times of the day to try and ensure that patients do not have to travel very far.

Future developments for the service include the ability on weekdays to book patients who do not have a regular Dentist into a number of emergency slots 'next day'; these are operated by NHS Hertfordshire.

Developing our Services further

The HUC Out-of-Hours service has continued to mature during the last twelve months with a number of innovations being implemented over the course of the year to improve quality, access and efficiencies of the service.

We have introduced a pilot to provide a centralised booking function for appointments at our primary care centres. This removes the need for the clinicians to do it for the patients and thereby reduces the length of the average GP telephone consultation by around 20%.

Work has also been completed on the development of an integrated clinical pathway between the QE2 Hospitals A+E / Minor Injuries Department and HUC. This has also resulted in the HUC Primary Care Centre being relocated to new and improved premises.

We are pleased to be able to report that HUC successfully managed another busy, extended Christmas bank holiday period in 2011. Whilst the service was extremely busy a safe service was maintained at all times, linked to the growing maturity of the organisation as well as implementing the learning from previous bank holidays to better manage the demand.

Our Dental service has developed through a weekday triage service with Dental Nurses based at the call centre, forming an integral part of the central clinical team; this has improved our response times and reduced the amount of calls that require support from GP colleagues.

HUC continues to work with secondary care colleagues to develop better integration of services on hospital sites.



Nick Fritz, Shift Manager



Service Delivery Team



NHS 111

NHS 111 is a new service that is being introduced across the UK from April 2013. Herts Urgent Care made a successful bid to the Primary Care Trust to get 111 up and running in Hertfordshire as a pilot before this date.

The aim of 111 is to make it easier for patients to access local NHS healthcare services. Calling 111 either on a landline or a mobile enables patients to access medical help quickly. If it is determined that the condition of the patient is an emergency, then the 111 service can send an ambulance to the caller right away. NHS 111 is a fast and easy way to get the right help, whatever the time of day.

- You should use the NHS 111 service if you urgently need medical help or advice but it's not a life-threatening situation.
- You think you need to go to A&E or need another NHS urgent care service.
- You don't know who to call or you don't have a GP to call.
- You need health information or reassurance about what to do next.

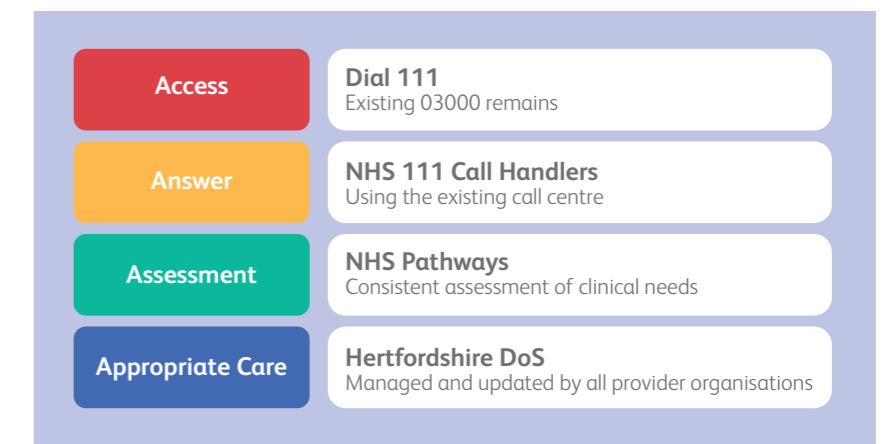


Figure 1: An overview of the NHS 111 service

The NHS 111 service is staffed by a team of Call Handlers, supported by experienced Nurses or paramedics. The Call Handlers ask the patient questions using a tool called 'NHS Pathways' which acts as a symptom checker but also takes into account the social and domestic circumstances of the caller. The conclusion of Pathways is to arrive at a 'disposition' which combines these circumstances, rather than conventional triage, which arrives at a diagnosis. The disposition determines what is required for the patient, for example, do they need health advice over the phone, do they need to see a GP, or do they need to go to the Urgent Care Centre. The skill requirement of these options (for the patient's needs), is then informed by a local directory of services which directs patients to the right service, first time around and transfers the information regarding the patient to that service, so that it does not have to be repeated again. The 111 service identifies early on with a caller if they have a life-threatening condition and an ambulance can be despatched automatically.



Clinical Advisors

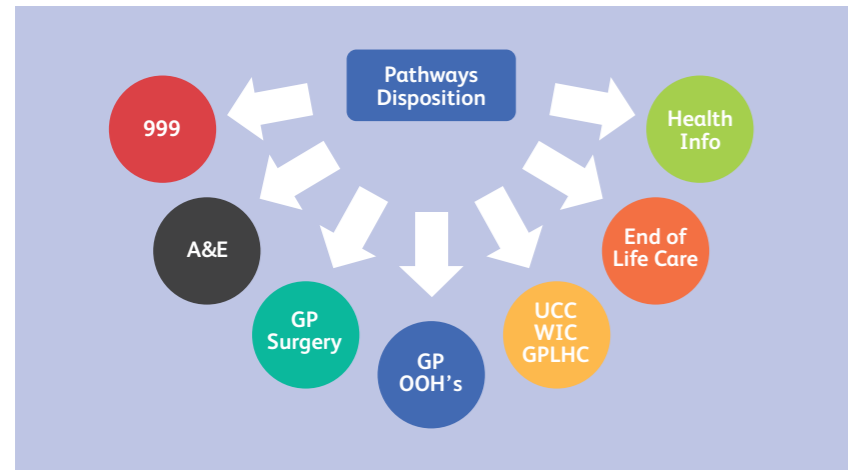


Figure 2: Pathways dispositions that direct the patient to the right service at the right time.

In order for HUC to provide the NHS 111 service across Hertfordshire, various programmes of work have been established and completed. One of the most notable changes to take place has been the redesign of our call centre to accommodate the additional Call Handlers that the service needs. Our plans involved the removal of partition walls to increase the physical space and then a remodelling of the workspace to create a 50 seat call centre.

Investment in our IT and telephony infrastructure has furthered service resilience and functionality, to support the delivery of 111. HUC has been the first NHS 111 pilot to make use of the NHS 111 V2 message for transmitting referral information to providers.

Other firsts for Herts Urgent Care include being the only organisation to pass the Department of Health’s rigorous service readiness and clinical governance inspections at first attempt, reflecting the hard work, commitment and dedication that has been given by all staff and management.

Some of the biggest challenges to delivering NHS 111 was ensuring that we continued to provide a high quality Out-of-Hours service throughout the mobilisation period whilst also trying to accommodate specification changes, go-live date changes and the long summer holidays.

Our vision has always been to deliver a true ‘single point of access’ to healthcare and the awarding of NHS 111 to HUC is a huge step forward in realising that vision. By providing both the Out-of-Hours service and NHS 111, we feel that there is an ideal opportunity for HUC to develop a truly integrated service that delivers the highest quality of care and also achieves the greatest efficiencies.

David Archer, Chief Operating Officer



David Archer, Chief Operating Officer



AIVS Team

“It is great to be working on a totally new service. We are now starting to get busier and I am really enjoying the work. We don’t talk to patients directly; as a service which supports the GPs, we usually speak with the GP. Our GPs are very positive about the service, as we are enabling them to see more patients.”

Nicola Carney, AIVS Call Handler

AIVS

The Acute In Hours Visiting Service (AIVS) is now up and running across all practices in the areas of East Herts, North Herts, Stevenage and Welwyn and Hatfield. Herts Urgent Care were approached by East and North Herts Clinical Commissioning Group, to look at solutions for releasing GP capacity to manage the growing demand for home visits during surgery hours, usually undertaken by the duty Doctor, who is also trying to see patients at the practice at the same time.

This service now receives around 50 referrals a day with the aim of providing a fast, efficient service that aims to keep people out of hospital and avoid the need to call 999 ambulances. In order to mobilise this service we have had to procure new cars, AIVS Co-ordinators, GPs, Drivers and IT systems; all of which was completed whilst delivering the launch of 111. We have 6 vehicles operating across the area during the day, with a team of Doctors and drivers based at local centres. This development is only the second pilot of its kind in the country. So far we have achieved excellent call handling standards and visiting response times (2 hours urgent and 6 hours routine). Independent evaluation of the service is demonstrating a reduction in 999 calls, hospital admissions and a reduced length of stay in hospital, if a patient is admitted by the visiting GP.

Our Service Resilience

We were given a reminder in February 2012, as to just how important service resilience is when the combination of heavy snow and vandalism of the telephone network, caused serious problems communicating with our primary care centres.

By introducing HUC’s contingency plans we were able to maintain a safe service, however the incident did focus the need for further investment to ensure that we are more resilient in the future. To this end we have replaced all GP visiting cars with 4x4 vehicles, put additional investment into the network infrastructure and transferred our patient management system to more resilient dual data centres.

Further investment in resilience will continue as the 111 mobilisation service develops, including a second call centre facility.



Herts Urgent Care Visiting Cars

Our Bases

HUC operates its services Out-of-Hours from a number of primary care centres across Hertfordshire. This is to enable people to be able to access our services locally.

Hertfordshire is a mixed urban and rural county, with major road networks and consequently our cars travel approximately 14,000 miles a month. We have bases at Hemel Hempstead Hospital (Urgent Care Centre, Watford hospital, St Albans Minor Injury Unit, Potters Bar Community Hospital, Cheshunt Community Hospital, Borehamwood Health Centre, Herts and Essex Hospital (Bishop's Stortford) and Lister Hospital in Stevenage. Each base has a receptionist to meet patients, a Doctor and/or Nurse Practitioner to see and treat patients and at most bases, a driver who will transport Doctors to see patients at home.



Figure 3: The County of Hertfordshire

West Herts Medical Centre (WHMC)

West Herts Medical Centre opened on the 1st June, 2009. A number of centres were opened at this time as a result of a Government initiative to give patients more choice regarding where and how they accessed primary care. Patients were finding it hard to access their own surgeries; some patients are working long hours, or working away from home, or were unable to get to their GP during the day. Others were part of the travelling community, had social or mental health problems, or were homeless; all had fairly chaotic lives, and found it hard to comply to set appointment times. A very high number of our patients at WHMC fall into all the above cohorts.

We are a GP practice with a difference; open 8am to 8pm every day of the year; we offer appointments throughout the day. Patients can register at the practice, but they can also stay registered at their own practice and be seen here as an unregistered patient. The service operates according to the type of registration. If a patient is registered, they can access all the



Herts and Essex Hospital



Hertford County Hospital

"I have worked for HUC for almost 4 years, having heard about the role from my wife, who is a District Nurse. It is a completely different role to anything I have done previously; I worked with aircraft for most of my working life. I love the variation in my days, and the fact that I am out on the road for most of the time, driving GPs to visit patients. One of the great things is, that unlike my days working with aircraft, my wife now asks me about my day when I get home!"

Howard Marshall, Driver, Out-of-Hours



Driver, Shaun O'Brien

facilities of a normal practice (i.e. access blood tests, see a practise Nurse). However if a patient is registered elsewhere, and sees a GP here, they will be treated for the presenting problem only; further tests/referrals are only offered in an emergency.

We are co-located with the Urgent Care Centre (UCC) and the Out-of-Hours (OOH) service; all services are managed through one reception. Patients seen through OOH /111 have pre-arranged appointments from their telephone consultation. Patients registered at the Medical Centre are booked from a telephone call or by 'walking in'. Any remaining patients are booked in and sent to the UCC or the GP Led Health Care Centre queue, depending on need.

All children under 5 are assessed and 'observations' taken upon arrival. We have also developed additional safeguarding; building a variety of checkpoints and data access points into the booking process which can be used to analyse any potential safeguarding situations.

Urgent Care Centre

The Urgent Care Centre on the Hemel Hempstead Hospital site is open 24 hours a day, 365 days per year. The centre is staffed by Emergency Nurse Practitioners and Herts Urgent Care GPs, with enhanced skills and experience, to deal with a range of acute illnesses and injuries. Patients may arrive on foot or by ambulance. Those patients with life or limb threatening injuries or illnesses are still advised to attend the Emergency Department at Watford General Hospital but for less serious medical problems, the team in the Urgent Care Centre can provide appropriate, immediate and ongoing care to patients.

The West Herts Medical Centre, Urgent Care Centre and GP Out-of-Hours services are closely integrated and work well together providing a whole range of urgent and primary care services on one site.

Our Staff

Our staff are committed to our patients; from receptionists at our primary care bases to our drivers transporting Doctors to see patients at home, the aim is to provide an efficient and pleasant experience for patients who are unwell.

Our call centre is based at our headquarters in Welwyn Garden City and the team includes non-clinical Call Handlers and Clinical Advisors. Our Call Handlers come to HUC with a wide range of previous experience, and then undergo an intensive education package including 60 hours of training on the NHS Pathways system that supports the 111 service. The Clinical Advisors, have either a nursing or paramedic background and must be on a current professional register; they undergo the same training as the non clinical team, but in addition will undergo a further 30 hours of training on NHS Pathways.

All clinical staff are monitored through an audit process which determines the productivity of an individual clinician. During 2011-2012 we audited a minimum of 3 cases per month for each GP and Nurse Practitioner. This enables us to monitor the practice of our clinicians and to highlight any areas of concern, therefore ensuring our patients receive the best possible care.

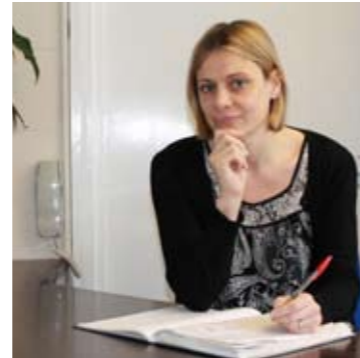
An extract from audits conducted during 2011-12 shows that an average of 6.5% of all cases were audited, equating to over 700 cases per month.

Combined GP and Nurse audits have shown results of: 46.5% (excellent), 45.5% (very good) and 8% (good). Dr Marwa Hilma supports the audit process as the Clinical Performance Lead.

Throughout the year monthly training sessions are provided for clinical staff covering a range of subjects which have included the A+E / Out-of-Hours service interface (involving staff from both settings) and a session on recognising the sick child. These are always welcomed by the clinical staff who use these sessions to enhance their knowledge and continuing professional development as well as being a perfect opportunity to meet with colleagues and management.

People are a key part of the HUC organisation and with the introduction of NHS 111 it has been imperative that we have kept all staff informed during organisational change. We have held meetings for the whole workforce, including those not directly affected by 111, to keep them updated and inform them how the organisation would change over the year. Many staff had to decide whether to train to become 111 Call Handlers and commit to the number of hours required or whether to leave HUC. We were delighted that the majority of staff embraced the new opportunities that NHS 111 presented and have remained committed to the organisation..

HUC embarked on an extensive recruitment campaign to staff the 111 service. To date we have seen little attrition and therefore recruitment has not been a key issue. We have used many different methods of recruitment whilst trying to keep our recruitment costs contained within budget. As part of the implementation of 111 all staff are required to attend extensive training and we have introduced different forms of training including the use of on line training materials and courses.



HUC receptionist, Sabine Taylor



Theresa Anderson, Clinical Manager



Becky Turner, Director of Human Resources

Our Governance

Clinical Governance

Herts Urgent Care is committed to a Clinical Governance structure defined as “the series of individual or corporate activities and processes that ensure continued improvement in the quality of patient care, safety and experience and which provide a robust foundation for public scrutiny and accountability”.

Building upon this definition, Herts Urgent Care is committed to developing a Clinical Governance structure that embraces the 3 pillars of:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Clinician and GPR education

HUC was re-accredited for 2011 – 2012 as an Out-of-Hours GP registrar (GPR) training organisation by the Eastern Deanery. GPRs have continued to enjoy the high quality of training provided by our dedicated GP trainers, associate trainers and Out-of-Hours clinical supervisors who continue to do out-of-hours shifts. HUC has also been involved in three very successful Out-of-Hours educational courses for GPRs which started for the first time in early 2012.

Throughout the year our clinicians have enjoyed a number of evening educational events focussing on a range of topics pertinent to Out-of-Hours work and urgent care.

Stakeholder Engagement and Patient Experience

Meaningful stakeholder engagement adds value to any service by enabling a better understanding of the needs and preferences of those who use our services, as well as those who find accessing services difficult and for whom adjustments are required. Our employees and GPs are key to engagement since they are also users of the service and are in a privileged position to provide direct feedback to managers, highlighting clinical quality issues.

During the year 2011-12, HUC was involved in meeting with Asian community groups in Watford, the travellers community in Hemel Hempstead, the Stevenage Health and Wellbeing Partnership, Watford and 3 Rivers Patient Group, Herts Valley Voices and a North East Herts Patient Group. We also played host to Councillor Richard Roberts, Chairman of the Shadow Health and Wellbeing Board, on his visit to West Herts Medical Centre. HUC will continue to work with patient groups and their representatives and be proactive in establishing meaningful relationships in order to ensure quality provision.

In addition to patient complaints or accolades made directly to HUC, we conduct quarterly patient surveys using an independent company that selects patients who have accessed our services, to assess their patient experience.



Gordon Coleclough, Medicines Management



111 Presentations

Herts Urgent Care in the Media

This year Herts Urgent Care featured in a Channel 4 News documentary about GPs and how information regarding General Medical Council (GMC) restrictions on medical practice is disseminated to service providers. The documentary highlighted the difficulty that organisations like HUC have in obtaining this information, relying largely upon the honesty of the clinical workforce. The Channel 4 News crew used the call centre as a back drop for their programme and interviewed Dr Tony Davies Chief Medical Officer accordingly.

Following the incident that prompted Channel 4 News to contact HUC initially, we now have a robust and regular system of GMC website checking, to enable early identification of any change in practice restriction placed on our GPs.

GP Care

2011 – 2012 saw the introduction of “GP Care”; a solution for helping GPs who are perceived to be struggling with any aspect of Out-of-Hours work from productivity and performance to clinical concerns. Rather than a heavy-handed management approach, GP care aims to identify and understand areas of need and support to enable GPs to work more effectively and safely, both for themselves and their patients.

Dr Tony Davies, Chief Medical Officer



Dr Tony Davies, Chief Medical Officer

Corporate Governance

Care Quality Commission

As with all health care provider organisations Herts Urgent Care as a GP Out-of-Hours provider had to apply for registration with the Care Quality Commission. Registration required evidence of compliance with 28 outcomes focussing on quality and safety of patient care. These outcomes cover all aspects of service delivery and involved many of our personnel and hours of preparation, to provide the evidence required.

The 28 outcomes can be grouped under 6 main headings and build on the previous “Standards for Better Health”:

- Involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality and management
- Suitability of management

Herts Urgent Care successfully completed registration with the Care Quality Commission in February 2012.



Certificate of Registration

This is to certify the following person has been registered as a 'registered manager' by the Care Quality Commission under the Health and Social Care Act 2008

Certificate number:	1-371579239
Certificate date:	03/02/2012
Provider ID:	1-199791821
Manager ID:	1-329683966

Section 1 Registered Manager details

Name of registered manager

Dr. Antony Davies

Address of registered manager

Herts Urgent Care OOH
 Ascots Lane
 Welwyn Garden City
 Hertfordshire
 AL7 4HL

Signed

Cynthia Bower
 Chief Executive for the Care Quality Commission

Governance Arrangements

HUC has a Board of Directors which meets monthly. The role of the Board is to set the strategic direction of HUC, ensure that there are appropriate staffing and financial resources to provide the service, review the performance of the organisation against national standards and to ensure that the service delivered to Hertfordshire residents meets their clinical needs.

The Board members are listed within the finance report for the financial year 2011-12. The Board works closely with our Stakeholder Council which provides advice and scrutiny to the Board. In addition, Herts Urgent Care is audited by Audit South West and has regular contract meetings with the PCT who commission the service; the latter also undertake unannounced visits. HUC is registered with the Care Quality Commission.

The Hertfordshire Local Involvement Network (or LINK) provides a way for local people to have a say about how health and social care services are developed and run. LINKs has also inspected HUC services and three LINKs reports were received by our Stakeholder Council (below) during 2011-12, namely a visit to the primary care centre at Watford hospital, a visit to the Urgent Care Centre at Hemel Hempstead Hospital and finally a visit to our Primary Care Centre at the Lister hospital, Stevenage.

Stakeholder Council

The Stakeholder Council meets three times a year and has a membership that comprises a mix of GP representatives, Board members, and organisations with an interest in healthcare.

Stakeholder Membership in 2011-12 was:

[Rachel Fox \(Chairman\)](#)

[Executive directors and non-executive directors](#)

[Yvonne Smith \(Staff Forum Representative\)](#)

[Dr Peter Graves \(Chief Executive Beds & Herts LMC Ltd\)](#)

[Pat Cherry \(LINKs\)](#)

[Dr Nitil Kedia \(GP\)](#)

[Mike Moore \(HUC Champion\)](#)

[Alex Mendoza \(Public Involvement Group and patient rep for WHMC\)](#)

[Dr Stephen Gibson \(GP\)](#)

[Dennis Edwards \(Viewpoint- mental health charity\)](#)

During 2011-12, a number of discussions were held at Stakeholder Council namely; a cultural review audit of Herts Urgent Care, a presentation of NHS Pathways (utilised as part of 111), GP survey feedback and a presentation from the Chief Medical Officer with regard to serious incidents and learning lessons within the NHS.



Ian Macintosh, Non-Exec Director



Performance Team

Performance of HUC 2011/2012

Herts Urgent Care is measured against the National Quality Requirements for Out-of-Hours services. These standards help us and our commissioners to understand how well we are performing in delivering safe, efficient and high quality services, which satisfy the requirements of the population of Hertfordshire

Providers are expected to demonstrate 100% compliance in most areas. However in many circumstances, achieving compliance at all times would require a disproportionate provision of resources and, for that reason, compliance with these standards is defined as follows;

Full Compliance

Normally, a provider would be deemed to be fully compliant where average performance was within 5% of the Requirement. Thus, where the Requirement is 100%, average performance of 95% and above would be deemed to be fully compliant.

Partial compliance

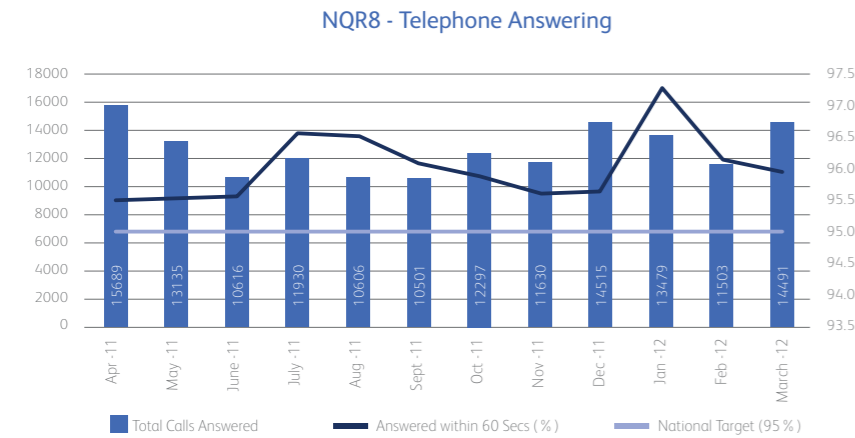
Where average performance was between 5% and 10% below the Requirement, a provider would be deemed to be partially compliant and the commissioner would explore the situation with the provider and identify ways of improving performance. Thus where the Requirement is 100%, average performance of between 90% and 94.9% would be deemed to be partially compliant.

Non-compliance

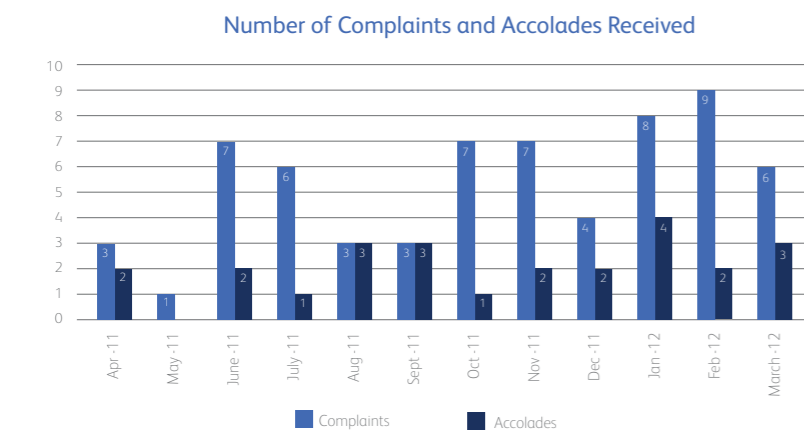
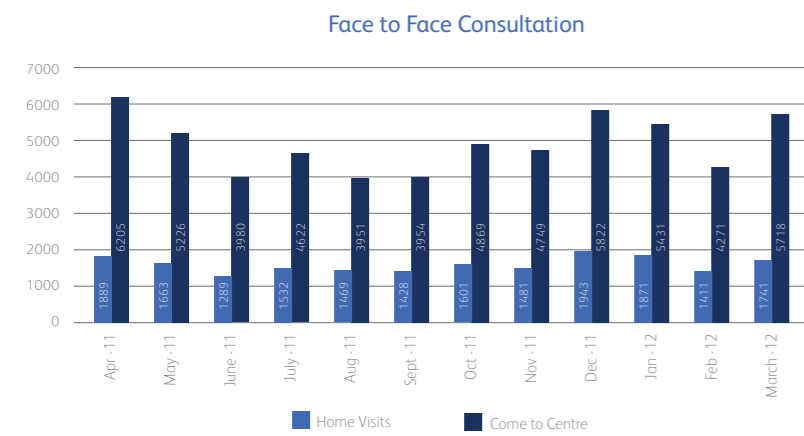
Where the average performance was more than 10% below the Requirement, the provider would be deemed to be non-compliant and the commissioner would specify the timescale within which the provider would be required to achieve compliance. Thus, where the Requirement is 100%, average performance of 89.9% and below would be deemed to be non-compliant.

We are pleased to report that across 2011/12, Herts Urgent Care was fully compliant in all areas of performance which our commissioners regard as critical to the delivery of a safe, high quality service

It is important that incoming telephone calls to the service are responded to expeditiously. Herts Urgent Care dealt with a high volume of calls during the period as shown below.



The bar chart below shows the number of patients who were seen by a clinician at a local primary care centre or received a visit at home from a GP. Herts Urgent Care was compliant with national quality standards for consultations and visits.



We pride ourselves in the quality of service that we provide to the population of Hertfordshire. The total number of complaints received during the period represents less than 0.1% of total calls to the service.



Dot Waller, Corporate Services Manager

Patients who have used our services

“ We were called back within 20 minutes and an hour later had an appointment at the Lister. GP appointment was prompt and courteous to say the least. An excellent service”

“ My daughter had diarrhoea and she was vomiting. I took her late at night to Herts and Essex Community hospital as I thought that it was open. Unfortunately, it was closed. However, we talked to the staff, they opened the door for us, and she was treated by a GP who was extremely nice and gentle; he explained in detail her case and what we should do. I would like to thank him for his nice reception and kindness.”

Patient, Herts and Essex

“ Saw a brilliant Doctor who took my concerns seriously and gave me the prescriptions I needed (but had failed to get them from 3 other Doctors)”

“ I would be very grateful if you would convey to the Dr. our many thanks for her care on the morning of Friday 7th October at Hatfield Hotel. As a result of the injection we managed to get back to Suffolk and I am slowly beginning to face food again. We really appreciate what she did”

Patient, West Herts

“ I have used the Out-of-Hours service on a number of occasions as one of my sons has asthma. Service is very good and I always get an appointment to see a Doctor promptly.”

Patient, North Herts

“ I was treated quickly, efficiently, with care and compassion in the Urgent Care Centre.”

HUC Financial Performance 2011/2012

Results

The profit and loss account is set out below.

For the year ended 31 March 2012	£
Turnover	10,253,970
Cost of sales	5,315,531
Gross profit	4,938,439
Administrative expenses	4,559,127
Operating Profit	379,312
Other interest receivable and similar income	1,997
Profit on ordinary activities before taxation	381,309
Tax on profit on ordinary activities	80,015
Profit for the year	301,294

The report of the Directors covering the Annual Accounts for the year ended 31 March 2012 is reproduced below.

The Directors present their report together with the audited financial statements for the year ended 31 March 2012.

Principal activities, review of business and future developments

Herts Urgent Care's principal activities comprise the provision of Out-of-Hours unscheduled healthcare to the population of Hertfordshire. We also manage the GP Lead and Urgent Care Centres at Hemel Hempstead.

As a, not for profit, community benefit society we have no shareholders, do not pay dividends and are therefore not driven exclusively by turnover and gross margin. However we are concerned to ensure that we can build adequate reserves to invest in patient care, staff welfare, and to meet the additional financial pressures arising from periods of high, sustained, demand upon the service. We also need to ensure that we retain the financial capability and flexibility to support bids for new contracts which will strengthen the Company's position in the healthcare sector and bring high quality services to a wider population. The pre-tax surplus for 2011/12 reflects the directors' aim to build a prudent level of reserves for the purposes outlined above.



Finance Team



Alan Lawrence,
Director of Finance and Performance

The structural reorganisation of the company which was implemented in April 2011 is now firmly established and is starting to deliver improvements in the decision making process and the speed with which we can respond to unforeseen events and new business opportunities. The Company continues to focus upon its stated aim, to provide the local community with high quality, appropriate, patient focussed healthcare; safely and efficiently delivered by local staff now, and for the future. Throughout the year we have delivered consistently high levels of performance and quality as measured against the national quality standards and independent external patient surveys and benchmarking exercises.

The outlook for 2012/13 is both challenging and exciting. We are pleased to have been selected to pilot the 111 service for Hertfordshire, which commenced on 2 October. It is a measure of the regard in which we are held by our Commissioners that we have also been selected to pilot an acute in hours visiting service on behalf of 60 GP practices in East and North Hertfordshire. We are concentrating on embedding the pilots into our core business and ensuring that they deliver the levels of performance and contribution expected of them. As part of an ongoing strategy of continuous improvement we shall also strive to improve overall levels of quality, as only through delivering quality services can we be reasonably confident of ensuring that the Company has a long term future in the healthcare sector.

Key Performance Indicators

The principal financial Key Performance Indicator (KPI) used by the Company is to achieve financial balance by year end. Operational performance focuses on meeting the National Quality Standards for Out-of-Hours services and meeting the relevant KPIs for individually managed service level agreements.

Principal Risks and Uncertainties

The Board has overall responsibility for the Company's approach to assessing and addressing risk. The Senior Management Team is responsible for implementing the Board's policies on risk and control and reporting back to the Board on compliance with those policies. The external auditors, together with the audit and clinical governance committees of the Board provide further independent assurance. This process is designed to recognise and address risk rather than seek to eliminate it altogether. It is therefore not possible to provide absolute assurance against material misstatement or loss.

Financial Instruments

Operations are financed by funds generated from fixed contracts and SLAs, supported by a bank overdraft. The Company does not enter into financial instruments other than a standard overdraft and those required for normal trading such as trade debtors and creditors.

Staff

The development of a well trained and motivated workforce is key to delivering high quality healthcare. The Company has invested heavily in training to ensure that operational staff are properly equipped to deal with the additional demands of the 111 service.

It is the Company's policy to ensure that our workforce is treated fairly and with respect; that all our staff and applicants for employment are protected from unlawful discrimination in employment; that our workforce is reflective of the community we serve and that our employees are trained in understanding equality and diversity and how it relates to their role.

Directors' responsibilities

The directors are responsible for preparing the directors' report and the financial statements in accordance with applicable law and regulations.

Company law requires the directors to prepare financial statements for each financial year. Under that law the directors have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice. Directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and the profit and loss of the company for that period.

In preparing these financial statements the directors are required to:

- Select suitable accounting policies and then apply them consistently
- Make judgements and accounting estimates that are reasonable and prudent
- Prepare the financial statements on a going concern basis unless it is inappropriate to presume that the company will continue in business

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Industrial and Provident Societies Act 1965 and the Friendly and Industrial and Provident Societies Act 1968. They are also responsible for safeguarding the assets of the Company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Auditors

All current directors have taken all appropriate steps to make themselves aware of any information required by the Company's auditors for the purposes of their audit, and to establish that the auditors are aware of that information. The directors are not aware of any relevant audit information of which the auditors are unaware.

HBD LLP have indicated their willingness to continue as the Company's auditors. A resolution to re-appoint them will be proposed at the annual General Meeting in January 2013.

By order of the Board
Alan Lawrence, Director of Finance and Performance



HUC Call Handler

NHS

An NHS Commissioned Organisation

