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UHUK Inaugural Awards Evening - Conference 2022

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Thank you to all the contributors to this Newsletter

Next issue due Autumn 2023

Please submit articles of interest to sarah.fletcher13@nhs.net



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The West Midlands Health and Wellbeing Innovation Network at the University of Warwick, announce an exciting new partnership with UHUK to help drive innovation within the healthcare sector



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Introduction by Joshua Dale, West Midlands Health and Wellbeing Network Innovation Hub Manager:

The West Midlands Health and Wellbeing Innovation Network and Urgent Health UK have formed a first-of-a-kind partnership to deliver innovation in urgent health.

The UHUK Innovation Programme will build in WMHWIN's Open Innovation Programme method by solving challenges for a consortia of 10 UHUK organisations. This multi-sponsor approach will unlock a host of opportunities such as creation of efficiencies between partners, pools of meaningful data to find and validate innovation opportunities and the foundations of an innovation marketplace in urgent health services.

The programme is a fantastic opportunity for innovators who have solutions to urgent health challenges to validate their products and services, larger businesses to explore how their innovations or infrastructure could enable the members to achieve their goals and data scientists to work with meaningful and real-time data feeds.

Interview by Jason Hier: What are the main things you're looking to achieve in 2023?

As UHUK we are the voice of our 30 members who provide critical services into the NHS, covering 65% of the UK. Our real mission in life is to improve healthcare outcomes for patients, and the thing that unifies and unites us is a common purpose to make a real difference to society. The real benefit that our members bring is reducing demand on overly stretched A&Es and hospitals, making sure that people get the right service at the right time in the right place. So our priorities over the next year are to continue to do that, to make sure that we're delivering services in the right way, to transform the way that we deliver services through technology, through innovation, through the better use of data, and obviously through better utilisation and optimisation of our staff, who are at the moment really under pressure. As you know, there's a big workforce crisis across the country so what we want to do is really raise the profile of UHUK to ensure that everyone is familiar with what our members do, the value that we bring, and the impacts that we have..

OK, so an exciting new partnership with the University of Warwick. Why are you running the Innovation program, tell us a bit more about it.

We are running an innovation program because we want to make a bigger difference at scale across the UK. We think we're unique in the fact that we're a set of providers that run services across the whole of the nation; we don't believe there is any other group that have taken collective action and collaborated as a partnership to be able to learn from each other, to be able to share data and to be able to really drive improvement on health outcomes. It's really the combination of all of our

members coming together, to want to make a bigger and better difference to local communities and to patients, and the way that we can do that is because we are all social enterprises and very entrepreneurial. We can do it in a quicker, more agile, more effective way than a lot of NHS organisations can do. We can pool our assets, our capability, and some of our resources in order to be able to do this together, in a really creative but accelerated way that others can't.

So, why did you choose to partner with the West Midlands Health and Wellbeing Innovation Network (WMHWIN), part of the University of Warwick?

The WMHWIN comes with a great reputation, a great pedigree, a great track record of running challenge-led innovation initiatives. The work that they've done at the University Hospital Coventry and Warwickshire has been really notable, in the way that they understood and defined the need, then were able to specify how that need should be met, what solutions were required, and what was available on the market to be able to source those solutions. It felt really natural and comfortable that we should look to do something similar, but to do it at a bigger and better scale. The West Midlands itself is well positioned, there's a lot of innovation work happening across that area, and the high profile of Warwick University with its medical and business schools and its health data science capabilities, could be really powerful for us and we're really excited about the partnership.

How do you think innovation can impact healthcare moving forward?

Innovation in itself is a little bit meaningless unless it is wholly adopted and helps to really drive forward change to make real impacts on patients. We know that the drivers around healthcare are really challenging at the moment and we know that there isn't enough money in the system to be able to deliver services safely in the right way. The staffing crisis is also very real and impacts on delivery of innovation. Government policy has had limited effectiveness over the last few years, and been poor at actually driving change, so the only way that we can do this is as providers of services. We need to step up now, we need to recognise the challenges that we're responsible for, and the way that we can do that predominantly is using intelligence-led solutions, understanding need through data, being able to then use that data to design and define better ways of doing things in a more productive and efficient way and then, through the adoption and use of technologies, have a bigger and better impact on patients. ■

If you would like to find out more about the new Innovation Programme and how it could help your business, contact Josh Dale, Innovation Manager: Joshua.dale@warwick.ac.uk

More about Warwick Innovation District here: <https://warwickinnovationdistrict.com/>

Message from the Chair

Simon starts to plan the next round of UHUK Awards



simon.abrams@nhs.net

We were excited to hold the first UHUK Awards ceremony at the Annual Conference in Chester in October 2022.

It was the first time that UHUK Members had been invited to nominate teams and services for these national awards and its huge success has prompted UHUK to start work for the 2023 Awards. We want the awards and the ceremony to be even more successful. It is likely that the process will be similar, if not the same, as last year. Members might like to start considering who they would like to nominate.

A couple of changes are being considered and if you have views we would be pleased to hear them. There have been suggestions that the Awards should be open to all Urgent Primary Care Providers including NHS Providers and those from the Commercial Sector as well as UHUK Members. Along with Team awards there have been discussions about Individual Awards. Email your suggestions to myself, simon.abrams@nhs.net or Hazel.Harrison3@nhs.net or Sarah.fletcher13@nhs.net.

UHUK Conference and Awards Ceremony 2022

The UHUK Annual Conference was once again held in the Crowne Plaza, Chester, after a hiatus of 2 years, where we welcomed 100 delegates and a wide array of speakers.

The conference focused on integration within and across systems and looked at what we need to do to be successful. There was a particular focus on inspiring and innovative solutions; as social enterprises and entrepreneurs showing how we demonstrate the exceptional services we deliver and how we make a difference.

We welcomed speakers such as Hilary Owen of The Leaders Institute, to help expand our thinking and look beyond our current vision.



New for this year was the format of panel discussions, when experts in their field such as Martin Eades, from Priory Medical Group and Nick Mattick from Our Path, could talk about the future of Urgent and Emergency Care with input from the floor.

Helen Buckingham, Director of Strategy for Nuffield Trust gave a view on National policy and its application, and Amelia Sunkaraneni, Account Director with Incisive Health, delivered a powerful presentation on influencing in your own footprint.



The conference took on a James Bond theme, following a loose link to Daniel Craig who was born in Chester, and this led nicely to the Awards evening giving us a chance to dress up and celebrate the amazing achievements of our members in style.

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We received 41 award nominations across the 4 categories, and these were judged independently. Each category was awarded a winner and a highly commended; the winners receiving a trophy and £200 voucher.

Nominations were received from the following, and the full submissions can be viewed through the UHUK Website by clicking the on categories below:

Best Service:

- Badger - Ummanu and WMAS
- CHoC - Virtual Treatment Centre
- DHU Health Care - Palliative Care Urgent Response Service
- (PCURS)
- FCMS - Homeless Health Nurse Led Team **Special Award for Health Inequalities**
- FCMS - Mini Health Checks and Ear Syringing Bus
- Kernow Health - Cornwall 111 Integrated Urgent Care Service **Highly Commended**
- Mastercall - Technology Enhanced Living service
- NEMS - NEMS Community Pathfinder **Highly Commended**
- PC24 - Operation Silver Puncture
- PELC - Outreach Service **WINNER**
- SPCT - EPiC 24 model
- Suffolk GP Fed - Post pandemic LARC backlog support service



Steve Rubery accepting the award for PELC for Best Service. PELC's video and submission for the Outreach programme really touched the judges and highlighted an amazing service to the community.

UHUK Conference and Awards Ceremony 2022 (continued from p.3)

Best Use of Technology:

- Badger - Ummanu and WMAS
- Kernow Health - Electric Cargo Bicycles
- Mastercall - Technology Enhanced Living Service **WINNER**
- Suffolk GP Fed - Implementing SystmOne **Highly Commended**



Suzanne Curtis receiving the award for Best Use of Technology on behalf of the Mastercall TEL Team

Suzanne said, "The Mastercall TEL team were so pleased to have been recognised in the UHUK awards. We asked the whole team what they would like to do with the gift voucher and they suggested that it should be divided so all the TEL staff benefitted. The voucher was very well received and we managed to exchange it for separate £20 vouchers so that each member of staff could receive a voucher and a thank you card. It was a lovely surprise on the night and the staff are very proud that all their hard work was recognised by the UHUK judges."

Best Team:

- BrisDoc - Team BrisDoc **WINNER** (picture below)
- CHoC - Control Team
- CHoC - Nursing team
- Dalriada Urgent Care - Management/Office team
- DHU Health Care - Communications and Engagement Team
- FCMS - Primary Care Support Team **Highly Commended**
- Mastercall - Hospital@Home team
- NHUC - Covid Oximetry at Home (CO@H) Monitoring Team **Highly Commended**
- PC24 - Asylum Service Team
- PC24 - Quality Team
- Suffolk GP Fed - Rota Team



Best Collaboration:

- Badger - Ummanu and WMAS **Special Award for Crisis Management**
- BrisDoc - System Clinical Assessment Service **Highly Commended**
- CHoC - Asylum Seeker Health Check Service
- CHoC - Digital Care Home Service
- DHU Health Care - COVID Medicines Delivery Unit **WINNER**
- FCMS - Morecambe Bay Urgent Treatment Centre
- FCMS - ADDER Project
- FCMS - Primary Care Support Team
- Mastercall - Greater Manchester Urgent Primary Care Alliance
- NEMS - NEMS, NHIS and Nottingham CityCare
- PELC - BHRUT and PELC
- SPCT - SPCT and Salford Care Organisation
- SELDOC - Virtual Ward with GSTT
- Suffolk GP Fed - Ipswich Hospital ED streaming service



Dr Aqib Bhati receiving DHU's award for their system-wide collaboration to mobilise the COVID Medicines Delivery Unit across the Derbyshire ICS.

The DHU service is thought to be one of only two in the country to operate outside of a hospital setting.

Dr Fay Wilson and Itzik Levy from Ummanu accepting the Special Award for Crisis Management. Badger collaborated with Ummanu to pilot a Virtual Waiting Room which was rapidly utilised at a time of service crisis.



UHUK chose to support the [Homeless Friendly](#) charity with a donation of £500. Homeless Friendly was set up by Vicky Riding CEO BARDOC and Dr Zahid Chauhan MBE to encourage organisations to lead the way in creating a cultural shift in how we view those without a permanent home and remind them they are a pivotal part of our society.

Sadly Vicky Riding who was known to many UHUK members, passed away in 2022 and the award was made in her memory.

Team Brisdoc: Renuka Suriyaarachchi, Lucy Grinnell, Dr Zahid Chauhan (BARDOC), Dr Rhys Hancock, Dr Anne Whitehouse and Nigel Gazzard

SPONSORED ARTICLE

Data-informed business intelligence

Ummanu is an award-winning next-generation telehealth platform powered by intelligent automation. The platform delivers remote consultations efficiently at scale, allowing an Out of Hours provider to best utilise their clinical and administrative staff to deliver high quality patient-centred care.

The platform offers a virtual waiting room with automated queue management and predictive dialling that generates a steady stream of patients waiting to be seen by the clinician, in order of clinical priority.

In addition to reducing patient waiting times, it removes the burden of manual administrative tasks from the clinician — patient list reviews and dialling patients —and increases the clinical team's 'time to care'.

Track data automatically

Many healthcare systems are tracking data manually, while others may have a legacy system, but with the potential for data capture gaps those methods risk being of little value. A lack of data can leave multiple blind spots in the process leaving providers without a clear sense of the activity levels and influencers for improving the service.

The Ummanu platform collects extensive, detailed data on all the processes taking place in the platform and displays it in real time. It allows full visibility of that data and provides the tools to report it and improve upon it.

The platform can be directly connected to a client's business intelligence (BI) system allowing for a seamless extension of their existing reporting capabilities.

Dr Eyal Engelhardt, VP of Product Development and Chief Strategy Officer said: "Ummanu takes a lot of the manual operations that take place in an organisation and removes them. Things that are very difficult to track, all of a sudden are digital. Everything is logged and everything is machine readable. That means everything can

be analysed using statistical, data-driven tools."

Each of the dashboards are configured to match an individual client's reporting needs and reports can be generated at any time, for any specified time period.

Gain an understanding of performance

The real time shift planning module gives a detailed view of a shift. The live dashboard can show how many patients are waiting in the virtual waiting room, how many clinicians are available and taking calls, how many are logged on and without a current active call, how long each call is taking etc. Staff can use the information to manage the shift better, deal with any technical issues as they arise and improve the productivity of the clinicians during the shift.

The operational dashboard offers key insights including how many calls disconnected during the conversation with a GP, how many call attempts it took to reach a patient and the call duration. A supervisor can see where changes could be made to improve the productivity, safety and quality of the service for the patient.

Shlomi Yael, VP of Operations from Ummanu said: "The Ummanu platform gives healthcare clients transparency and understanding of the performance of the organisation in real time. Many were previously operating blind, often lacking any data or relying on data

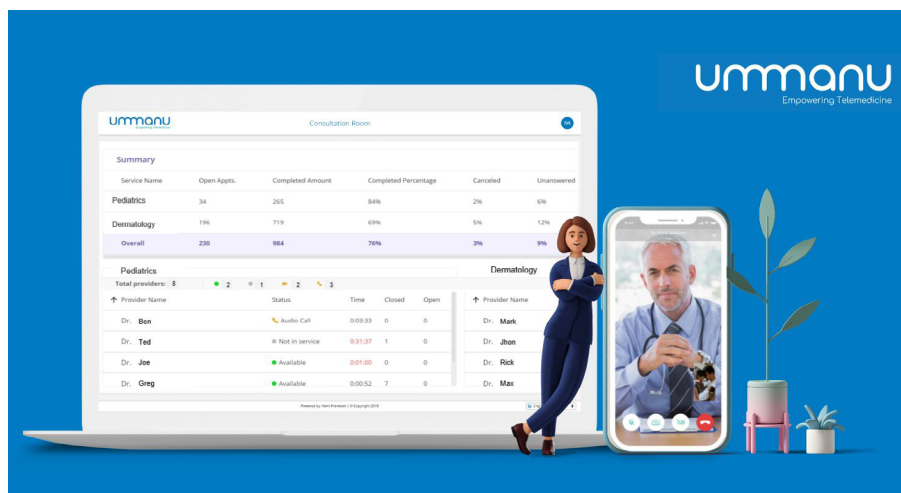
that was not live. But everything is trackable, each step of the patient journey can be isolated and measured. In this way teams are able to monitor ongoing operations and intervene, improve case streaming, or introduce capacity planning. The increased transparency and insights around productivity inevitably help to optimise the performance of the healthcare team and ultimately improve patient experience."

Identify key organisational patterns and trends

Organisations gain the ability to compare current and historical data, allowing the identification of key organisational patterns and trends, which can aid forward planning activity and ultimately help to increase organisational efficiency.

Tal Dovev, Data and Analytics Director said: "The depth of data being collected and the ease with which it can be accessed allows you, in one glance, to see what's going on in your daily operations. It also allows you to analyse with hindsight and use that data to plan ahead. This is ideal. An Out of Hours organisation that discovers that fewer clinicians are needed on a shift on a Saturday, can potentially create significant savings in a year."

If you want to discuss how we can improve productivity, patient safety and experience in the delivery of your healthcare services please email: contact@ummanu.health.



To review or not to review - CHoC outline the benefits of an ASW Core Review facilitated by UHUK

By Susan Blakemore, CEO CHoC:

Cumbria Health on Call have always taken up the offer of an external audit carried out by ASW Assurance and we are strong advocates of the benefits of external audit.

CHoC have always found that external audit has helped to determine the adequacy of our internal processes, controls and policies. We regularly review these internally but the addition of external audit further assists in promoting best practice within our service. Furthermore, audit assists with ensuring compliance with policies and regulations across what can be a diverse and ever-changing health landscape.

Audit has also helped us identify opportunities for improvement and efficiencies in our processes, so that we can use our often-limited resources to the maximum effect, reviewing our systems and technology to continually improve our offering to our commissioners and patient population. When looking at complex and cross-functional issues

we find it is often helpful to have the 'objective insight' which audit provides, it often shines a light on areas which have perhaps been overlooked and allows us to unpick these issues and create a streamlined process in many areas of our service.

The results of our audit are shared throughout our service, they are reported at our Board meetings and Clinical Governance Committee to give assurance to members that our service is being run both responsibly and effectively. The audit results are also provided to all of our staff teams, again to provide them with assurance but also to give a sense of pride in our teams that the high-quality service they provide is recognised at all levels.

One of the great benefits of the external audit is to be able to present our results to external stakeholders, including commissioners and our patient population. The audit provides an unbiased and objective assessment of our service, helping us to achieve accountability and integrity, instilling confidence in our commissioners and

patient population that the service we have the responsibility to provide is done so to a high and thorough standard. We have found that being able to present our audit results to the Care Quality Commission provides strong evidence to inspectors that our service is able to respond to the Key Lines of Enquiry and meet the necessary standards required by the CQC.

I would greatly encourage all UHUK members to take up the invitation to take part in the external audit to gain the benefits I have outlined above, we welcome the audit process not as an 'inspection', but as a vital learning and improvement tool which is integrated into our learning process to continually improve our service. ■

The 2022/23 Audit process is in full swing, with those participating having audits scheduled over the next few months. Look out for the 2023/24 review letter to see what is on offer and what you can opt for.

More info: sarah.fletcher13@nhs.net

UHUK Patient Safety Culture Survey - May 2023

Introduction

The UHUK Patient Safety Culture Staff Survey has been run as an annual exercise each year since 2014/2015. Originally developed in conjunction with Professor Mohammed A. Mohammed, Professor of Healthcare Quality and Effectiveness at the University of Bradford and Deputy Director of the Bradford Institute of Health Research, the survey focuses on establishing staff opinion in relation to the patient safety culture within UHUK organisations.

Survey Scope

The main survey, developed by Professor Mohammed, consists of 14 core questions. In both 2020 and 2021, additional questions were added relating to the COVID-19 pandemic, however in 2022 we returned to the standard 14 questions.

Timing

UHUK has proposed that the survey is run in May 2023. Initial proposals are to open the survey on Friday 5th May, with an initial closure date of Monday 22nd May, encompassing three weekends. There will be the option to extend the survey by a week, if considered necessary/ appropriate.

Reporting Arrangements

ASW Assurance conduct the survey on behalf of UHUK. After the survey has closed and ASW has analysed the results, they will issue a draft report of the anonymised overall results to the UHUK Team for review. Once finalised, this can then be issued to participating members, together with their own individual reports of results.

Confidentiality and Security of Data

All information related to clients is held securely and will not be shared with other organisations without the permission of the organisation concerned. Reports will include anonymised data.

Next Steps

If your organisation would like to take part in the PSCS 2023, please let sarah.fletcher13@nhs.net know the details for the main point of contact.

The survey is issued to the PoC and is most beneficial if it is then shared widely throughout your organisation. All members of staff are encouraged to complete it; clinical and non-clinical. ■

MEMBERS NEWS

FCMS Launches New Services

Trailblazer Service (Morecambe Bay)

This is a brand new pilot service for 14 weeks aimed at patients that have been discharged from hospital but require further medical support.

Patients stay for up to 6 weeks in a care unit where they will be supported by a multi-disciplinary team that includes social care, mental health, social prescribers, digital health and pharmacy. This helps to ease bed pressures at the hospital and ensures patients receive the right level of care in the most appropriate setting.

Clinical Assessment Service (Doncaster)

FCMS has been successfully managing a Clinical Assessment Service (CAS) across Morecambe and Fylde Coast areas since November 2020. We've now built on this success to develop the Doncaster service. This includes use of the clinical system 'CLEO' (already in use in Morecambe & Fylde Coast) which helps to manage the volume and complexity of future cases coming into the CAS.

The CAS acts as an extra level of clinical validation so that healthcare professionals can make the best possible decision about how to support patients closer to home, potentially avoiding unnecessary trips to A&E.

The Doncaster CAS is integrated with Morecambe Bay and Fylde Coast, meaning clinicians can manage referrals from any location. We can therefore manage peaks in demand, particularly during Winter.



Virtual Ward (Morecambe Bay)

FCMS began providing virtual ward services during the pandemic and we're delighted to now deliver a new virtual ward service in Morecambe Bay. Patients are admitted onto the virtual ward either as an alternative to being admitted to hospital or for onward supervision after being discharged.

The patient is given an equipment package which includes a phone/tablet, a sensor that measures your blood oxygen levels, and a thermometer. Patients take daily readings and input the data through an app (Docobo). The FCMS team of clinicians remotely monitor the patient until they are well enough to be discharged.

We work closely with colleagues from the hospital and community teams as well as the patient's GP practice to ensure patients are cared for within the comfort of their homes, surrounded by families and friends.

Within FCMS this service is delivered through the Primary Care Support Team. This is managed by a combination of admin/operational staff, as well as our clinical team including HCAs, Nurse Associates, Practice Nurses & ANPs. This service enables patients to stay at home with the same level of care as if they were in hospital, thereby helping to reduce pressures on Primary & Secondary Care.

BrisDoc Win HSJ Changing Culture Award

We are delighted and truly honoured to be this year's winner of the prestigious HSJ Changing Culture Award! This award is dedicated to every member of our fantastic team helping us deliver excellent 'patient care by people who care' day in day out.

We were also finalist in two other categories including – Best Use of Integrated Care and Partnership Working in Patient Safety Award & Mental Health Initiative of the Year.

This is a real team effort and demonstrates the dedication and hard work of you – our employee co-owners who have shown commitment to changing culture and improving patient safety.



MEMBERS NEWS

Steve Barclay visits LCW

The Health Secretary spent time with LCW Directors and our regional commissioners to learn more about the 111 service and its role within the IUC system; providing a great opportunity to share our experiences on the services and our thoughts for future service developments. He also spent time meeting staff within our new call centre to see the service in action.

Pictured opposite from LCW is Karen Nutt (Director of People & Culture) and Dr Murtaza Ali (Medical Director)



Alternative Provider Federation visit Mastercall

Mastercall were delighted to welcome Edna Robinson & Franky Proctor from the Alternative Provider Federation (APF) to our HQ in Hazel Grove, Stockport.

We have been a member of the Alternative Provider Federation since October 2022 so it was great to meet up in person.

The APF is a place-based partnership of social enterprise and charitable organisations operating across the Greater Manchester Integrated Care System.

As a new member we look forward to the development of the APF and the opportunities our collaboration will present in the future!

Our Director of Operations, Strategy and Transformation, Tim Davison said:

'As alternative providers in the VCSFE sector we believe it is important to ensure all NHS expenditure is used to realise patient benefit. We are here to ensure that the NHS has provider support options that uphold the ethos of the NHS by enabling community and social value to ensure our communities thrive. With opportunities to commission for health care provision in a deregulated manner, we have come together to ensure that economy is on offer to limit the need for privatisation and to prevent under representation of local voices in Integrated Care System matters. We are together to uphold the value of integration, partnership, best practice and appropriate representation to keep the patient in focus whilst the pound comes under pressure.'

To read more about the Alternative Provider Federation, please visit: <https://www.gmapf.org.uk/>

Mastercall's CEO Michaela Buck shortlisted for "Woman of Impact" at the Impact Awards 2023



The award is in the field of social impact technology and acknowledges Michaela as a social entrepreneur, helping to drive digital integration and innovation in health and social care. This has ultimately helped to drive a positive change in the safe & effective management of patients, empowering them to manage their own health/wellbeing whilst improving health outcomes.

Michaela was nominated for her unwavering support to patients, embracing digital transformation, notably the award winning remote monitoring service enabling patients to be supported digitally (and safely) through the pandemic.



The awards ceremony took place at Media City, Manchester on 22nd March 2023.

To learn more about Mastercall, please visit our website: www.mastercall.org.uk



*Below l-r:
Angela Chidley, Edna Robinson,
Tim Davidson, Suzanne Curtis,
Jonathan Ritchie, Michael
Rooney, Michaela Buck and
Franky Proctor*



MEMBERS NEWS

DHU Healthcare providing national NHS 111 relief through unique national contingency

Throughout the winter period, DHU Healthcare has been doing some fantastic work relieving pressure on the wider NHS system and 111 calls through its national contingency base in the West Midlands.

With NHS 111 Advice Centres based in Derby, Chesterfield, Leicester and Chippenham, out of hours, GP, community and urgent care services in Leicestershire, Northants, Nottinghamshire, Staffordshire and beyond, DHU Healthcare opened a new building in Oldbury near Birmingham, pictured above. This has been used as a base to take national contingency calls from other parts of the country to help relieve pressure during this incredibly challenging winter.

Supporting the wider NHS system

The national contingency supports ambulance services that provide a NHS 111 service as well as the 999 service for a period of four months from the beginning of November 2022. At times of high demand between 7 am and 11 pm 7 days a week, a percentage of these calls will come through the Advice Centre at Oldbury where DHU's Health Advisors and Clinicians will take the call, taking the pressure off their 111 service.

David Hurn is Deputy Managing Director of DHU111, he said: "Whilst support like this has been offered to these services before, nothing to this scale has ever been commissioned so we're blazing a trail. Since taking our first calls on November



3rd last year we have answered over 127,000 calls, from which more than 90% of which have been answered within 60 seconds, alongside a very low caller abandonment rate of 1.2% which is a fantastic achievement.

"We already received calls from the London Ambulance Service (LAS) but, as part of this wider support programme, we now take calls from the Yorkshire and South Central Ambulance Services (YAS and SCAS) as well. We're able to control the level we receive between us so, for example, if YAS is experiencing high demand, we might agree to take 50% of their 111 calls.

"It takes the pressure off ambulance services that are struggling to meet demand for their 111 service, that helps to relieve pressure on the entire system within their region. The patient receives a better experience because they are treated and advised faster, our ambulance service colleagues are happy because the pressure, to a certain extent, is relieved and we're happy because we are providing a service that is helping to meet the national requirement."

Preparing to expand

As part of the National Contingency contract, DHU Healthcare has brought in around 200 additional Health Advisors, boosting employment for the West Midlands region. The Community Interest Company is looking to increase that capacity to more than 400 by the end of

February ahead of taking over the West Midlands 111 contract at the beginning of March.

David added: "The Health Advisors will stay on with us and we've been stepping up our recruitment ahead of going live on March 1st, by which time we will be providing a 111 service for more than 90% of the entire Midlands region. By that time the national contingency support will be stepped down as we begin to come out of winter and we haven't yet had any in depth discussion about repeating the service, but it is certainly something we would look to consider.

"Our colleagues in the services we have been supporting have been very complimentary and looking at the figures in terms of calls received, response time and the very low abandonment rate, it has been a great success."



Health Advisor Emily Cleaver takes the first call

Health Advisor Emily Cleaver took our very first YAS contingency call on Thursday 1st December. Emily has been with us since September, training up and taking calls when our West Midlands advice centre in Birchfield House opened.

She said: "I made a decision to look at a career change after the pandemic and retrained from being a hairdresser.

"My sister-in-law works in the 111 advice centre, and she told me all about what being a Health Advisor with 111 involved and it sounded really interesting to me. It sounds like a strange thing to say now but until my training started, I didn't realise how much you needed to know about health and medical conditions to do the job. We are told how to do the basics and I've learnt a

lot about it doing the job, taking the calls and speaking to our patients.

"I didn't realise that I'd just taken the first Yorkshire Ambulance Service call - I suppose I'm a part of DHU history now! It was a fairly routine call; I managed to get them the help they needed at the right place which is always good and I'm sure they'll be back to full health in no time.

"I've not been here long but I'm really enjoying it, We all work together, there's always help and support available if you need it, I'm learning something new every day and the variety keeps me on my toes. No two calls are the same."

MEMBERS NEWS

Shropdoc selects Managed Service Provider, EBC Group as their new IT partner

As Shropdoc and the technological world around us rapidly changes we must ensure that we invest to adapt and respond to meet the needs of our patients, customers and our people.

With this in view, we completed a robust procurement process in order to identify and contract an external specialist Managed Service Provider (MSP). A thorough tender process was carried out in which EBC Group were chosen above a selection of other providers to help us enhance and futureproof our current IT infrastructure.

EBC Group is an award-winning managed IT service provider that has been providing technology solutions to businesses and organisations for over 30 years to reduce their downtime and keep them running efficiently at all levels of their operations.

Investments include a new IT infrastructure, including pro-active server monitoring and back-up as well as firewalling and Multi-Factor Authentication. EBC Group's remote IT helpdesk ensures that our teams can work smoothly and securely. High speed connectivity and Wi-Fi provides us with a modern workspace and seamless access to a new Cloud environment hosted and managed by EBC Group.

Mike Bridges, Director of IT at EBC Group, said: "We're delighted to be chosen as Shropdoc's new IT provider. We work with a wide range of charities, so understand their unique requirements and the importance of giving them the peace of mind that their systems are being fully managed and supported by an expert provider."



Louise Biffin, Director of Finance and IT at Shropdoc, said: "EBC Group has been providing technology solutions to businesses and organisations for over 30 years to reduce their downtime and keep them running efficiently at all levels of their operations."

"We look forward to working with them to plan, implement and support our future IT and technology and enable us, as an organisation, to run smoothly and securely."

For more information about EBC Group's products and services, please contact hello@ebcgroup.co.uk.

Armed Forces Covenant

Both DHU and Shropdoc have signed the Armed Forces Covenant as part of their commitment to the Armed Forces Community.



DHU Healthcare Chief Executive Stephen Bateman said: "The Covenant aims to make sure that those who serve or who have served in the Armed Forces, and their families, are treated with fairness and respect and face no disadvantage. We know that we are fortunate enough to have a number of former servicemen and women working for us here and proud to have featured some of them in prominent articles to showcase how the skills they have learnt have become an essential part of DHU's services and the provision of patient care."

"This occasion represents the diversity of both the armed forces and the NHS in terms of the variety of careers and the desire to serve, protect and provide for the public. I hope that, by signing

this covenant in the presence of some of those colleagues, that we have cemented our commitment to them and underlined our relationship with the armed forces and those who join our ranks in the future."

Dan Robinson, Shropdoc CEO, said: "As part of this we will endeavour to uphold the key principles of the Armed Forces Covenant and work to demonstrate our commitment with a number of initiatives and improvements in how we hold information and identify potential barriers."

We will also continue to support our staff who are members of the reserve forces, supporting any mobilisations and actively encouraging membership of the reserved forces from within our workforce."



DAY IN THE LIFE OF SERVICE DELIVERY MANAGER CAMILLA

Camilla started with SELDOC back in 2017 as a Receptionist and went on to be trained as Driver and Dispatcher for the Out of Hours Service the following year. She then went on to progress into the Shift Managers role and has been able to use this experience in the role she has today as Service Delivery Manager.



Camilla's role:

To put it briefly, Camilla's responsibility is to efficiently plan and provide operational services within the South East London geographic locations. Camilla oversees a team of about 30 people, including shift supervisors, drivers, dispatchers, and receptionists. Camilla takes on a shift in every function to give her a greater understanding of the difficulties that her team can encounter in order to stay in touch with everything that occurs on the front line.

What is the first thing you do on arrival at work and what does your typical day look like?

"I arrive at 9:30am and check the Tessa Jowell site's drug room, stock room, and make sure all the car keys and oxygen cylinders are in good condition. I review my emails and schedule for the numerous team calls. It's remarkable how many questions I get about the parking every day, and I have to communicate with the management of the parking a lot!"

"The day-to-day operations of the service, such as staff calls, fleet management calls, meetings with the SWL Service Delivery Manager, IT, and Rota Team, are things I frequently discuss with the Ops director. The seamless day-to-day operation of the service is ensured by a number of elements. Every day can be very good, but because I am now a manager "on call" during off-hours, there may occasionally be difficult circumstances that are challenging, but overall the service functions well."

"I would like to add that the OOH service support team are doing well, even though the demand has increased we are still hitting green on our KPI's and that's the result of the great team work with the OOH team."

How did you come into the role?

"I began working here as a receptionist in 2017, received training to become a Driver and Dispatcher in 2018, and then advanced to become a Shift Manager. I applied for the position of Assistant to the Service Delivery Manager in 2019 and received a lot of experience from it as well as from the OOH function I previously held and was familiar with. As a result, the move into the position of Service Delivery Manager for SE in 2020 was seamless. When I applied for the job, the Operations Director was very supportive. I was able to do this since I was familiar with the OOH team. There were certainly challenges, but with my line manager's assistance, we overcame them. I appreciate all the help I have received from SELDOC and am immensely proud of my progress."

What are you passionate about in work?

"I am committed to helping my team and making sure the service operates well, and I will go above and beyond. For instance, when a new team member arrives, I will coach them on my own time to make sure they are comfortable with their responsibilities. My own experience upon joining made me believe that training new employees was essential."

What improvements have you seen in the last 12 months?

"More patient face-to-face appointments have been added, and St. John's (Lewisham) now offers a new service that includes daytime services, PLT once a month, and OOH, as well as vitamin K cases and palliative care. The company is always changing as we adapt to the NHS's reforms. The communication between team members, which necessitates numerous meetings but guarantees that everyone is on the same page, is what I consider to be the best development."

How do you relax after a shift/day at the office

"I like to Relax and unwind with my family, I have two children aged 23 and 10 and they will be keeping me busy. I also go to the gym to keep healthy when I have time."

FUN FACT ABOUT Camilla

I trained for the 10K Race for Life and did 10,000 steps everyday!

I will be taking part in the 10k for McMillian Race for Life, in 2023.

Mitigating against consent-related negligence claims

Recent shifts in the concept of informed consent has exacerbated the likelihood of medical professionals failing to consent patients adequately; thereby facing a heightened risk of suffering an expensive medical negligence claim.

Consent-related claims a common occurrence

All medical professionals operating in the UK must obtain a patient's informed consent before undertaking a medical procedure. For consent to be informed, patients must be provided not only with all relevant information relating to a procedure but with the information that is particularly relevant to them as an individual in terms of their lifestyle, health and personal preferences.

To take all this into account can be difficult, and in recent years, the profession has faced an increasing number of successful medical negligence claims in which it has been deemed that patients did not give their informed consent prior to treatment. The seminal case of Montgomery was the turning point in this regard.

Montgomery ruling

The frequency of consent-related negligence cases is the consequence of several factors, which in recent years have emphasised the importance of obtaining informed patient consent. The most significant of these, brought to the Supreme Court in 2015, is the case of Montgomery vs Lanarkshire Health Board.

Nadine Montgomery gave birth on 1 October 1999 at Bellshill Maternity Hospital, Lanarkshire. As a result of complications during delivery, the baby was born with severe disabilities. The issue presented to the Court was whether Montgomery had been adequately advised about the risk of these disabilities prior to giving birth, and the alternative possibility of delivery by elective caesarean section.

In determining that, had she been warned of the risk, consequences and alternative treatments, Montgomery would probably have chosen delivery by caesarean, the ruling signalled a growing appreciation of patient self-determination and their ability to understand the consequences and risks of a particular treatment. In a nutshell, how this plays out in litigation is that if a Claimant can prove that they were not consented properly, they will say that they would never have undergone that specific procedure. Whilst there are ways of disproving these arguments – as to which contact Flora McCabe of Lockton for more information – this is often a slam dunk argument for the Claimant.

The dramatic impact of the ruling is borne out in research from Queen Mary's University London (QMUL), which revealed that while overall rate of negligence claims against the NHS remained steady after the Montgomery ruling in 2015, [consent-related cases had risen fourfold by March 2020](#).

Such claims may only represent a small percentage of those brought against the NHS, but they are expensive. Between 2015-2019, lack-of-consent claims cost the NHS £62m per year – an increase of £34m compared to the four years prior, reflective of the rising number of claims. This of course does not even begin to consider the number of private treatment cases where consent has been successfully pleaded and nor does it reflect the frequency of claims in other clinical areas such as dentistry or alternative therapies such as acupuncture.

Consent cases since Montgomery

Earlier this year, the Court in Snow v Royal United Hospitals Bath NHS Trust (2023) gave a damning judgment, observing that negligent failures of clinical governance, informed consent, and surgical technique in 2015 resulted in a rectal cancer patient suffering devastating pelvic nerve injuries following the use of a new laparoscopic surgical technique to access the pelvis.

Specifically, it was accepted that the claimant was not informed of six out of seven material risks identified by the National Institute for Health and Care Excellence (NICE). The operating professional accepted that his consenting process was sub-standard and not in accordance with General Medical Council (GMC) guidance. This, in turn, had meant that the patient was unable to make an informed decision on the care being provided – and specifically in respect of the new technique offered – thus contributing to the very serious negligent or sub-standard care and outcome. The case comes as a stark reminder that as techniques and technology develop, medical professionals have to be highly cognisant not only of the benefits brought, but also of the significant risks posed as refinements are made to the process / technique. There are specific further requirements around the employment of novel methods – very carefully mandated by the NICE guidelines amongst others – and as such it is arguable that consent requirements in this arena are even higher.

Among various cases that Lockton has dealt with in recent years, one involved a claimant who underwent a surgical insertion of standard grommet, despite a signed consent form expressly referring to the insertion of a T-tube. When the grommet fell out after 11 weeks, the claimant had to undergo another surgery to have another T-Tube inserted.

In this case, it was found that the claimant did have a valid claim against the surgeon for inserting grommets without consent, and the matter was settled unilaterally. It highlights the importance not only of ensuring the correct equipment is available at the start of a procedure, but of always going through the consent form ahead of the procedure and ensuring that the products / devices being used match what you have discussed exactly with the patient and that the patient fully understands the associated benefits and drawbacks.

LOCKTON ARTICLE

When is a patient 'informed'?

The above trends underline the inherent complexity of obtaining patient consent, and the need for diligence on the part of medical professionals.

Patients should give consent on a voluntary basis, free of influence from friends, family, medical professionals, or others. They should also have the capacity to do so – that is, they must be capable of understanding the information given to them, in order to make an informed decision regarding their treatment.

To be considered properly informed, patients must be provided with all of the information about what the treatment involves.

In practice, this should include:

- Diagnosis and prognosis
- All available treatment options, including non-operative options and the option of doing nothing
- Risks and benefits of treatment along with the likelihood of success, and possible side effects and complications
- Risks should a patient decide not to proceed with treatment
- Potential follow-up treatment
- Patients must also be aware that they are able to withdraw their consent if they change their mind before their procedure, even if they have already signed the consent form

Conversely, informed consent can be deemed to not to have been given for a number of reasons. Most obviously, any misrepresentation of the nature or purpose of the procedure will be deemed a breach of duty to the patient, and will invalidate consent.

Likewise, where a medical professional fails to elicit the full spectrum of relevant health information from a patient, and the ensuing procedure leads to complications, the professional may be accused of not having obtained consent. Failing to keep records or documentation of consent may also lead to that consent being deemed invalid.

In all cases, failure to obtain informed consent may be a factor in a claim of negligence against the medical professional and / or organisation involved.

Mitigating the risk from lack-of-consent

To reduce the risk of lack-of-consent scenarios, it's vital that medical professionals and organisations ensure they are operating a robust consent procedure. This in turn will help to mitigate against the threat of negligence claims.

Actions to ensure informed consent is obtained include:

- Setting out the risks and benefits of treatment, potential side-effects, complications, as well as alternative treatments, including the options of doing nothing
- Specify personal considerations in respect of the specific patient as an individual and separate these clearly from the more general limitations and considerations
- To elicit the above information, get to know the patient and what is important to them
- Encourage patients to 'tell back' the information to which they are consenting to aid understanding
- Where medical professionals take over a patient from another colleague, never assume they have consented adequately – always double check
- Never assume patient understanding
- Where consent is given, ensure thorough records and documentation are taken and maintained securely for reference in the event of a claim

For further information, please contact:

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*Actively shaping UK health and care policy
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We operate as a federation of social enterprise healthcare providers enabling members to benefit by working together and effectively being part of a much larger organisation.

Our services to members can be summarised as follows;

- Quality audit and benchmarking by external NHS auditors against agreed outcome focused quality standards
- Purchasing consortium which generates savings for members
- Market intelligence – analysis of our markets, identifying business opportunities and comparing prices
- Sharing of information and resources through discussion forums, workshops and the annual conference.
- Joint public relations initiatives
- Joint National representation initiatives (e.g. on The Five Year Forward View, NHS 111, Social Enterprise in Health)

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Chair	Dr Simon Abrams
Chief Executive	Conor Burke
Non-Executives	Nigel Gazzard
	Stephen Bateman
	Tonia Culpin
Business Manager	Hazel Harrison
Business Administrator	Sarah Fletcher

Membership:

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