



The Bullen Healthcare Group Ltd
Annual Quality Report 2021 – 2022

Contents

	Page
Introduction	3
The Organisations Values	4
Statement from Peter Bullen, Chief Executive.	5
Mandatory Statements & Information	6
Provision of Services	6
Statutory and Mandatory Registrations as an organisation	7
Statutory and Mandatory Registrations for HCPs	8
Mandatory Training	9
Quality Performance Review 2021/22	10
Patient Safety	10
Clinical Effectiveness	11
Cost optimisation and minimising waste	11
Audit	14
Complaints and Compliments	15
Review and Learning	17
Patient and carer experience	18
Comments from patients and carers	21
Statements from partners and stakeholders	22
Staff Survey and Comments	23
Clinical Governance	25
Priorities for 2022-2023	27
The MARSS	28
LUAMS	29



Introduction

Bullen Healthcare is a 4th generation, family owned business established in 1858 by Charles S Bullen. Since its inception, it has grown to become one of the leading home delivery companies for Stoma, Urology and Wound care products.

Bullen Healthcare evolved into The Bullen Healthcare Group Ltd in 1995 and in doing so brought several companies under the one healthcare umbrella. The Bullen Healthcare Group Ltd dispenses medical appliances against FP10 prescriptions via one of multiple dispensing appliance contractor licenses, dispenses a variety of different classes of medications, including prescription only medications, against FP10 prescriptions via its distance selling pharmacy and provides clinical care and services direct to patients via multiple commissioned services.

The Bullen Healthcare Group Ltd employs a range of registered healthcare professionals with a variety of specialist skills, training and experience, including stoma nurse specialists, urology nurse specialists, clinical pharmacists, a midwife and district nurses. The organisation also has active registrations with the Care Quality Commission (CQC), the General Pharmaceutical Council (GPhC) and the Medicines and Healthcare products Regulatory Agency (MHRA).

The Bullen Healthcare Group Ltd collaborates with multiple other organisations, including NHS and charities, to provide additional expert clinical support for their patients and members. Some of these collaborations have been in place for multiple years, others only commenced during the reporting period and others are planned to commence in the forthcoming year.

The Bullen Healthcare Group Ltd is a product agnostic organisation that prides itself on its ability to supply patients with products from different manufacturers. The clinicians working within the organisation have the autonomy that comes with working for an independent organisation and are not influenced, by the organisation, to only utilise or recommend products manufactured by a specific manufacturer.

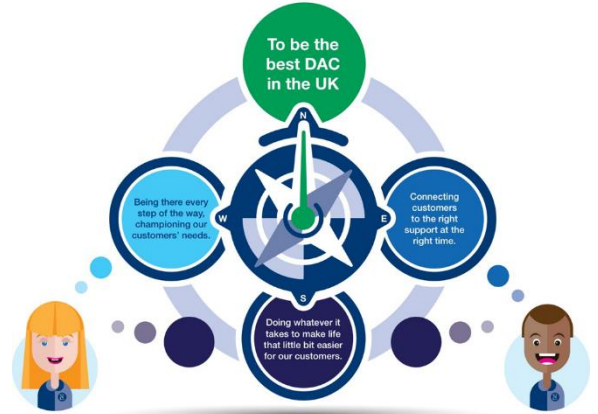
At the start of the COVID-19 pandemic we recognised that, due to the potential pressures the NHS may be subjected to, the demand for our services may increase. Ensuring patients were able to continue to access our services during the pandemic was a priority for the organisation. Patients remain at the forefront of the organisation's focus and continuing to provide timely, efficient access to the most suitable healthcare professionals is a key priority for the forthcoming year.

The Organisation's Values

The values of the organisation are designed to help the organisation achieve its ultimate aims: The Compass Point.

"To be the best dispensing appliance contractor in the UK."

- Championing the needs of our patients;
- Doing whatever it takes to make the lives of our patients a little bit easier;
- Connecting our patients to the right support at the right time.



Trust

Strive to ensure that patients have, or develop, trust in the staff working for the organisation, which in turn develops trust of the organisation.

Respect

All staff have respect for all our patients and one another. We also strive to ensure that patients have respect for our staff as well and follow the NHS stance on zero tolerance to abuse of staff.

Innovation

Innovative work streams, projects and processes are encouraged to be explored. If specific projects or ideas have the potential to enhance the outcomes for our patients, these are prioritised for implementation as a pilot or company wide deployment.

Collaboration

Collaborative working with other healthcare organisations enables respect and clinical networks to be developed and utilised for the benefits of the patients.

Excellence

All staff are encouraged to demonstrate excellence within their role on a daily basis. Feedback is provided to ensure each member of staff knows how their work is important and how their work impacts patients, which ultimately ensures all staff understand how important it is to demonstrate excellence on a daily basis.

Statement from Peter Bullen, Chief Executive.

During the last reporting period The Bullen Healthcare Group Ltd have continued with their expansion of services to patients. The addition of a new centralised prescribing service for stoma patients, living within the Merseyside catchment area, to the existing urology product prescribing service offered by LUAMS. The new service commissioned by six local CCGs provides care to over 5,000 stoma patients living in Merseyside and is now fully functioning, with all patients signed up to the service.

It has been disappointing to discover the volume of local patients who reported they have not had good access to a specialist nurse for many years and have “Put up” with resolvable issues, assuming it to be normal following such an operation. I am delighted to report that this problem is gradually reducing as our MARSS nurses are able to provide advice to more and more patients increasing their Quality of Life.

The establishment of the MARSS and indeed the continuation of our existing services has been challenging during the COVID-19 period, but we adapted our working environment to minimise cross infection. This was done by segregating our head office into two teams working remotely from each other, the provision of sneeze screens between desks, individual face masks, hand sanitisers, lateral flow test kits and working from home where required. In addition, of course, we also have our 18 branches working as spokes to our central hub. These precautions have enabled us to continue to offer our patients’ service almost ‘as normal’ during the pandemic.

Partly, as a consequence of COVID-19, the exposure to alternative working practices, such as Microsoft Teams and Zoom has expedited our use of remote meetings with colleagues. The use of telephone reviews and video consultations has enabled our clinicians to access greater numbers of patients leading to ongoing improvements in patient care by The Bullen Healthcare Group Ltd.

We were visited by the CQC inspection team during the autumn of 2021 and were delighted to have our service rated as good. In an informal meeting following the visit we were advised that our service was of an excellent standard, however there are limited other services of a similar nature to compare ours against and thus was difficult for the inspector to award our service as outstanding.

I confirm that during the period 2022/ 2023 we will continue to seek ways to improve the quality and service The Bullen Healthcare Group Ltd provides to patients.

Mandatory Statements & Information

Statement of assurance from The Board

The following statement was agreed and ratified by The Bullen Healthcare Group Board of directors:

The Quality account report provides a true reflection of the services provided by The Bullen Healthcare Group Ltd. The Board acknowledges the learning that has been identified and is committed to the priorities for improvements for 2022-23 as outlined from page 27 of the Quality Account. The Board wishes to acknowledge the hard work and efforts of all their staff during 2021-2022 and the 12 months preceding. Our staff demonstrated their commitment to our patients at an unprecedented time and ensured we were available and accessible to the patients that needed our support and care.

Provision of Services

The Bullen Healthcare Group Ltd delivers a variety of services for, and in collaboration with, our charity partners. Assurance and feedback is provided direct to our relevant charity partners and is not covered within this quality account. The following services are delivered direct to patients, all of which are commissioned by a variety of NHS organisations:

Stoma Appliance Customisation (SAC)

Stoma appliance customisation is an advanced service that was introduced into the English Community Pharmacy Contractual Framework (CPCF). It provides patients with products that are customised to ensure correct and comfortable fitting of a stoma appliance. It is delivered via the dispensing appliance contractor licenses and is a service commissioned by NHS England and NHS Improvement (NHSE&I).

Appliance Use Reviews (AURs)

Appliance Use Reviews ensure that patients are obtaining the best outcomes from the appliances they are prescribed and ensure they are using them correctly. They are delivered by an appropriately trained and registered clinician via one of the dispensing appliance contractor licenses. This service is a service that is commissioned by NHSE&I.

Essential and Advanced Services (Pharmacy)

The distance selling pharmacy, Bullen Lewis & Partners Ltd. t/a Pharmore plus, delivers essential services and some advanced services as outlined in the Community Pharmacy Contractual Framework (CPCF).



The Liverpool Urology Appliance Management Service (LUAMS).

Commissioned by NHS Liverpool CCG and commenced in 2017. It is a centralised prescribing and clinical review service for patients prescribed an appliance associated with urology care and registered with a GP practice within Liverpool Clinical Commissioning Group (CCG). The service provides care for in excess of 2,000 local patients that require appliances for urology associated needs.

The Merseyside and Region Stoma Service (MARSS)

Commissioned by a group of CCGs within the Merseyside region, NHS Halton CCG, NHS Knowsley CCG, NHS Liverpool CCG, NHS St Helens CCG, NHS Warrington CCG and NHS Wirral CCG. The service delivers centralised prescribing for patients with a stoma formation (including those with a fistula) registered with a GP within one of these CCGs, and ongoing clinical care for patients in this area, with the exception of those registered with a GP practice within NHS Warrington CCG. It commenced in June 2021 and now provides services for in excess of 5,000 local patients with a stoma formation.

Statutory and Mandatory Registrations as an organisation

The Bullen Healthcare Group Ltd is a group of individual organisations, many of which have specific requirements for statutory and/or mandatory registrations in order to safely and legally operate.

Information Commissioner's Office (ICO)

The Bullen Healthcare Group Ltd maintains an active registration with the Information Commissioner's Office (ICO) registration number Z8456837.

Data Security and Protection Toolkit

The Bullen Healthcare Group completes the NHS Digital Data Security and Protection Toolkit on an annual basis. The 2020-2021 standards were met and published 30th June 2021, with the standards for 2021-2022 due to be published before 30th June 2022.

ISO 9001 & ISO 14001

Bullens are ISO 9001 (Quality Management Systems) accredited with the latest audit being undertaken in February 2022.

Bullens are ISO 14001 (Environmental Management Systems) accredited with the latest audit being undertaken in February 2022.

Cyber Essentials

The Bullen Healthcare Group Ltd. remained compliant with Cyber Essentials during the reporting period with the current certificate issued 28th September 2021. Certificate number IASME-CE-027222.

Medicines Health Regulatory Agency (MHRA)

The Bullen Healthcare Group retains its active registration with the Medicines Health Regulatory Agency (MHRA). The latest renewal of the registration was undertaken 8th March 2022, registration number CAQ13760.

Care Quality Commission

The Bullen Healthcare Group has an active registration with the Care Quality Commission (CQC) with the latest inspection, conducted in November 2021, rating the service as good. Each of the parameters, Safe, Effective, Caring, Responsive and Well-led were all rated as good. This was the first inspection undertaken by CQC, with the report available here: <https://api.cqc.org.uk/public/v1/reports/4dafd6d4-f47f-48d0-a221-8f8c8537bd32?20220117080202>

General Pharmaceutical Council

Bullen Lewis & Partners Ltd t/a Pharmore plus is the distance selling pharmacy, which is part of The Bullen Healthcare Group Ltd. It has an active and valid registration with the General Pharmaceutical Council (GPhC), registration number 1117847, but has not yet been inspected by the GPhC.

Statutory and Mandatory Registrations and Training for Healthcare Professionals within the organisation

The Bullen Healthcare Group Ltd employs, contracts or sub-contracts pharmacists and nurses, who are required to ensure they have an active registration with their professional body.

The Nursing & Midwifery Council (NMC)

Each of the nurses must ensure they uphold the NMC professional standards in order to remain registered to practise in the UK. The nurses must also ensure that, as part of this, they undertake their revalidation every three years and continually reflect upon their own practise and how they care for their patients.

All new starters have their registration status checked prior to commencing a role with the organisation. All the nursing staff are supported with clinical development, peer and managerial supervision, and with their revalidation to ensure they remain fit to practice and remain present on the NMC register.

General Pharmaceutical Council (GPhC)

Each of the pharmacists (and pharmacy technicians) must ensure their registration remains active. This requires them to complete their annual revalidation in order that they keep their professional skills and knowledge up to date, reflect upon how to improve and demonstrate how they provide safe and effective care for patients and the public.

All the pharmacists (and pharmacy technicians) provide evidence, demonstrating they have completed their annual revalidation and they retain an active registration with the GPhC.

Mandatory Training

There are two mandatory training lists for staff working for The Bullen Healthcare Group, the clinical mandatory training relates to the registered clinicians working within the organisation, whilst the non-clinical is for all the other staff.

In addition to the standard mandatory training lists, detailed below, there are additional training requirements that are specific to individual roles (e.g. designated first aiders or fork-lift truck operators).

Non-Clinical

Code	Course Name	Link
544121	Fire Safety Awareness	<u>e-LfH (e-lfh.org.uk)</u>
544107	Data Security Awareness Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544212	Data Security Awareness Survey	<u>e-LfH (e-lfh.org.uk)</u>
	Information Governance Refresher (annually)	Internal Training
544176	Infection Prevention & Control Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544214	Equality & Diversity & Human Rights Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544307	Health, Safety & Welfare Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544200	Moving and Handling Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544210	Safeguarding Adults Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544141	Safeguarding Children Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544087	Conflict Resolution Refresher	<u>e-LfH (e-lfh.org.uk)</u>
544242	Preventing Radicalisation - Basic Prevent Awareness	<u>e-LfH (e-lfh.org.uk)</u>
544137	Preventing Radicalisation - Awareness of Prevent (level 3)	<u>e-LfH (e-lfh.org.uk)</u>

Clinical

Code	Course Name	Link
544121	Fire Safety Awareness	<u>e-LfH (e-lfh.org.uk)</u>
544107	Data Security Awareness Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544212	Data Security Awareness Survey	<u>e-LfH (e-lfh.org.uk)</u>
	Information Governance Refresher (annually)	Internal Training
544176	Infection Prevention & Control Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544110	Infection Prevention & Control Level 2	<u>e-LfH (e-lfh.org.uk)</u>
544214	Equality & Diversity & Human Rights Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544307	Health, Safety & Welfare Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544200	Moving and Handling Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544210	Safeguarding Adults Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544279	Safeguarding Adults Level 2	<u>e-LfH (e-lfh.org.uk)</u>
544141	Safeguarding Children Level 1	<u>e-LfH (e-lfh.org.uk)</u>
544191	Safeguarding Children Level 2	<u>e-LfH (e-lfh.org.uk)</u>
544087	Conflict Resolution Refresher	<u>e-LfH (e-lfh.org.uk)</u>
544242	Preventing Radicalisation - Basic Prevent Awareness	<u>e-LfH (e-lfh.org.uk)</u>
544137	Preventing Radicalisation - Awareness of Prevent (level 3)	<u>e-LfH (e-lfh.org.uk)</u>

Quality Performance Review 2021/22

Patient Safety

During the reporting period there were five incidents reported in total. Of these five incidents, there were no clinical incidents and three that were classified as serious, resulting in full investigations being undertaken with route cause analysis. All these five incidents were related to the Mersey and Region Stoma Service (MARSS) and the mobilisation of this service.

There were no incidents that resulted in patient harm or unintended consequences for patients.

	Total Incidents	Clinical Incidents	Serious Incidents
MARSS	5	0	3
LUAMS	0	0	0
AURs	0	0	0
Dispensing	0	0	0

Clinical Effectiveness

Patients continued to access clinical reviews with relevant specialist nurses during the reporting period. On the 31st March 2022, there were 5,055 patients registered with the MARSS and 2,053 registered with LUAMS. The number of reviews, the type of review (face-to-face, virtual) and from which service are detailed in the below table. It should be noted that MARSS commenced 28th June 2021 and not all patients were referred to the service until February 2022.

	Total Reviews	Virtual	Home visit	In Clinic
MARSS	2179	952	730	497
LUAMS	1959	1882	77	0

A review and analysis of the outcomes of the clinical interventions have demonstrated that the most common outcomes for patients fall into the following categories:

For patients with a stoma:

- Successful treatment of granulomas closer to home.
- Reduction in frequency poorly fitting stoma bags.
- Reduction in the incidence of sore skin.
- Reduction in the need for accessories.
- Increased patient knowledge and empowerment.

For patients with additional urology needs:

- Increased adherence to formulary prescribing.
- Reduced risk of Acute Kidney Injury (AKI).
- Reduced risk of localised injury.
- Reduced risk of hospital readmission.
- Increased compliance and understanding.

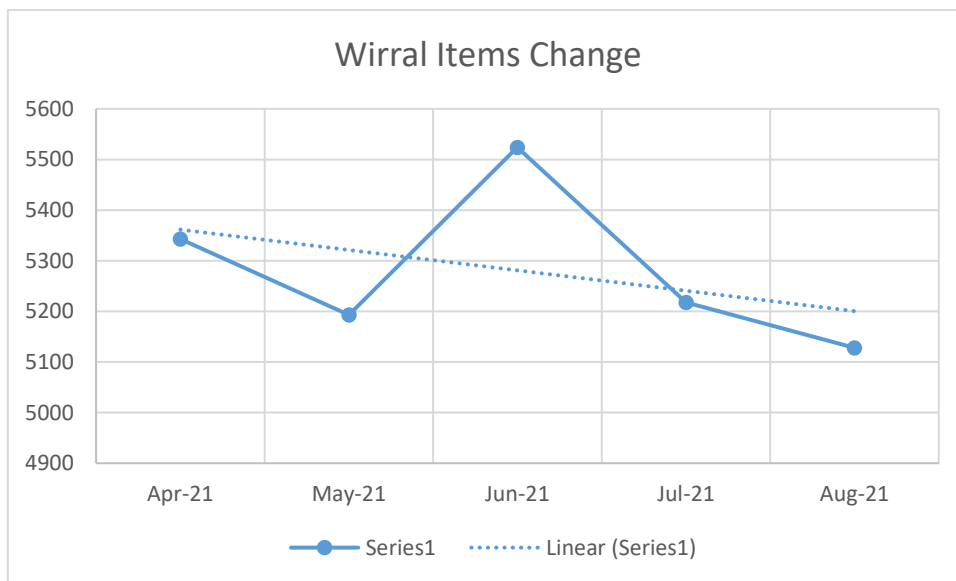
Cost optimisation and minimising waste

The Bullen Healthcare Group undertake a proactive stock check with almost all patients we process orders for and assist them to order appropriate quantities, ensuring they order sufficiently but not excessively to reduce the risk of stockpiling and waste. Within MARSS some patients do not have contact with ourselves and order via a commercial third party, which prevents the service obtaining this assurance direct from patients.

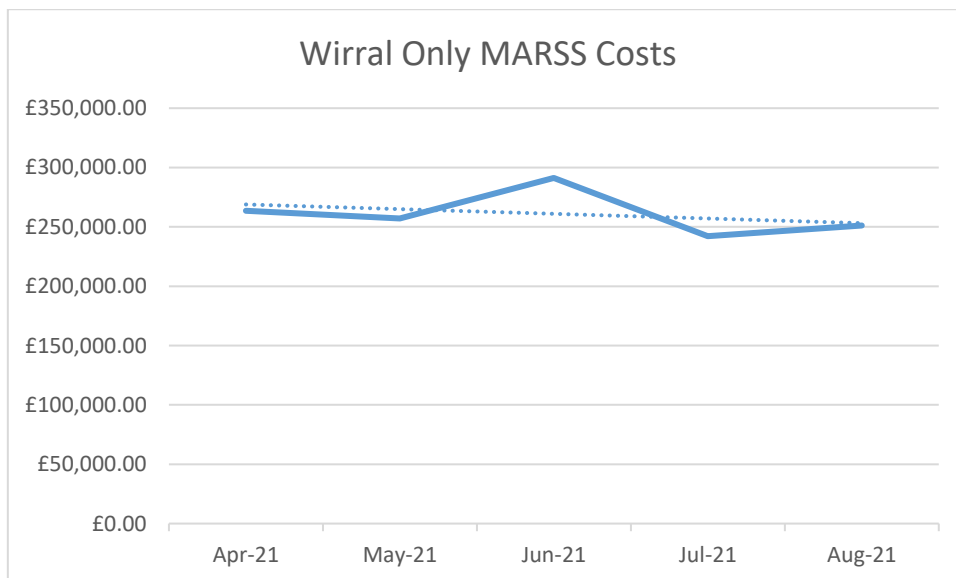
For both MARSS and LUAMS the number of items ordered and the cost of these is monitored and audited to ensure any trends are identified. During mobilisation of the MARSS it was difficult to establish accurate baseline figures.

The data with the highest confidence levels are from the period of time when only patients registered with a GP practice within NHS Wirral CCG were active on the service (July and August) and once all the patients from all the areas had moved across to the MARSS (February 2022). Due to only having two months data (February and March) for full service significantly reduces the confidence in the data and provides little opportunity to identify trends.

When we analyse the data for NHS Wirral CCG only from April 2021 to August 2021 we can see a large spike in the number of items and costs in June 2021. This is potentially patients ordering irrespective of their need in June prior to the launch of the new service. However, we can observe an overall downward trend in both the number of items and the overall costs:

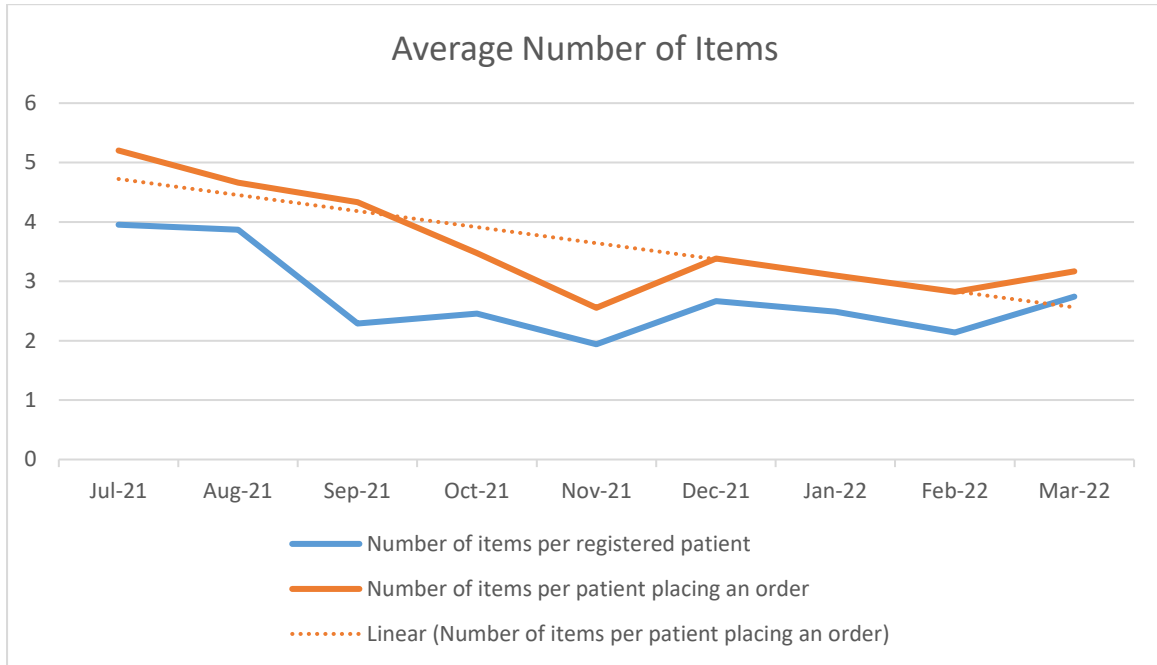


Data source: Bespoke data analysis, Open prescribing.net [Analyse](#) | [OpenPrescribing](#)

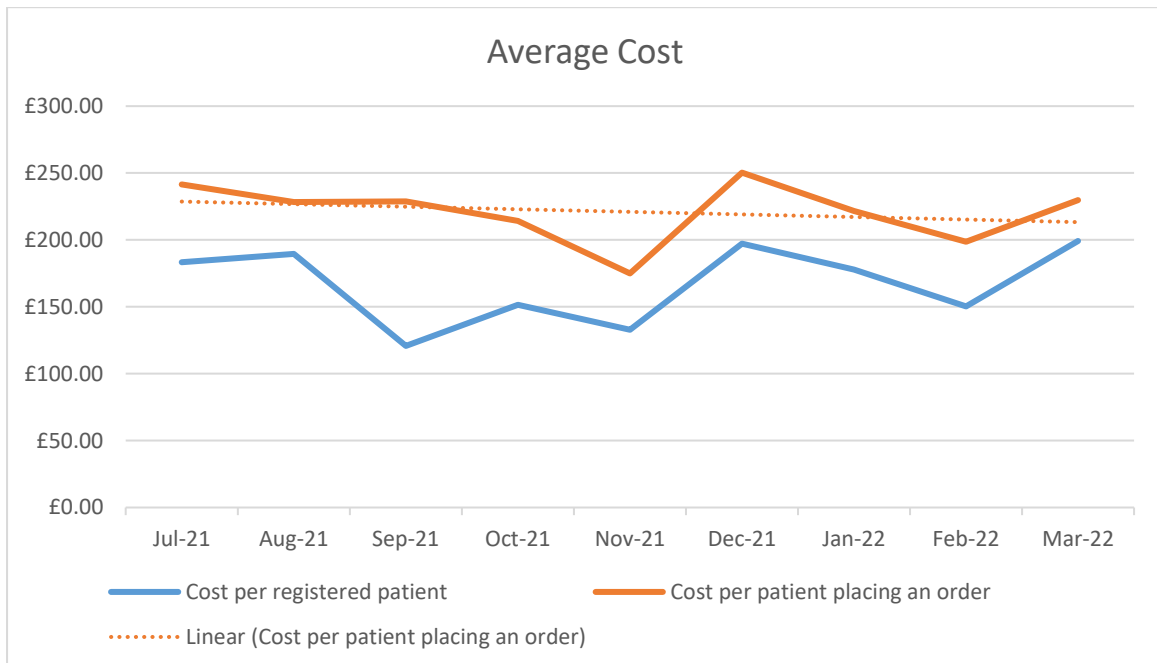


Data source: Bespoke data analysis, Open prescribing.net [Analyse](#) | [OpenPrescribing](#)

Whilst it is acknowledged the degree of confidence in the data is not high, it is interesting to note that the average number of items and average cost per patient does seem to be on a downward trend:



Data source: Bespoke data analysis, Open prescribing.net [Analyse | OpenPrescribing](#)



Data source: Bespoke data analysis, Open prescribing.net [Analyse | OpenPrescribing](#)

Audit

Audit forms an integral element of assurance provision for The Bullen Healthcare Group. The Board of Directors for the group obtains assurance that it is delivering high quality healthcare to patients and the approved and authorised processes are being adhered to. The Board is then able to provide that assurance to our commissioning partners.

Audits are also utilised to assist in identifying any gaps in any policies, processes or systems and adherence. Thus enabling actions to be undertaken and action plans to be developed if required.

During the reporting period The Bullen Healthcare Group have undertaken and/or participated in the following audits or group of audits:

	The Bullen Healthcare Group	MARSS	LUAMS	Pharmore	Other
ISO 9001	✓				
ISO 14001	✓				
Financial accounts	✓				
Mandatory Training Compliance	✓				
Call Quality Monitoring	✓	✓	✓		Charity partners
Professional Registration compliance	✓	✓	✓	✓	
Policy adherence	✓	✓	✓	✓	
NPSA & CAS alert compliance audit	✓	✓	✓	✓	✓
Safeguarding audit	✓	✓	✓	✓	✓
Prescribing audit Formulary compliance		✓	✓		
Prescribing audit P-formulary compliance		✓	✓		
Medical Records Quality audit		✓	✓		
KPI achievement audit		✓	✓		Charity partners
Pharmacy Quality Scheme audits				✓	

Complaints & Issues

The Bullen Healthcare Group Ltd have a very low threshold for categorising complaints, as we want to ensure all queries or enquiries, where patients are not satisfied, can be learnt from and improved. All communications where the patient has not received the highest levels of service are captured as a complaint, irrespective of if the patient wishes to make a complaint. All the information is captured on a bespoke internal system. For the purposes of this report they have been categorised into LUAMS, MARSS and other. As LUAMS and MARSS are commissioned services, a brief summary and analysis is provided.

Any complaints are analysed and investigated on a daily basis with escalation to senior management and executive management team, ensuring The Board has regular oversight.

During the reporting period, the following complaints were raised:

	Patients or Carers	Healthcare Professionals	Healthcare Organisations	Non-Healthcare organisations
MARSS	11	15	7	13
LUAMS	19	0	0	0
Other	1324	0	0	0

MARSS

The majority of complaints were from Healthcare professionals during the early stages of the mobilisation. Of the fifteen complaints, four were due to the healthcare professional not understanding the referral process correctly and four were unsubstantiated when calls were listened to.

The thirteen complaints from a Non-Healthcare organisation were made by the one organisation and generally related to queries regarding the location of a prescription or reason for a prescription being sent to a specific dispenser. One of the complaints were upheld due to an issue with the NHS spine, however there was no supporting evidence regarding the other complaints and limited information could be shared back with the complainant due to GDPR and lack of assurance that can be obtained.

There were eleven complaints from patients themselves with five of these due to the patient not understanding the service or not wanting to have monthly calls from the service.

The seven calls from healthcare organisations were predominantly raised by one organisation during early implementation. The majority of these complaints were not actually complaints raised by patients and were categorised at implementation issues opposed to complaints. These included issues such as the service not adding instructions to the dispensers regarding 'complimentary items'.

LUAMS

Of the 19 complaints raised for LUAMS the most common issue (n=6) was in relation to a delivery issue, which is actually the responsibility of the dispensing and delivery organisation opposed to the LUAMS service. The second most common issue raised was a faulty product (n=4) and a missing product from the patients delivery (n=4). Once again both of these are issues with the dispensing processes opposed to the LUAMS service and thus it is reasonable to discount these as issues with LUAMS.

Of the remaining five issues that were raised, one patient complained they had not received their review with a specialist urology nurse, two patients had ordered items that were then subsequently not prescribed on the prescription for that month and two patients complained about the alternative product they had been prescribed. Both of these patients had been contacted by a specialist nurse from LUAMS as there was a manufacturing issue with their usual products. Both patients had agreed to alternatives but upon trying the alternatives wished to have another product as they were not satisfied with the first alternative.

Other

The complaints that fall into this category include Pharmore and the dispensing appliance contractor licenses. Of the 1,324 complaints raised, 52% (n=683) were related to issues with the delivery (n=362) or availability of products (n=321).

Of the remaining 641 issues raised, 29% (n=183) were related to a call centre issue and 22% (n=138) were related to a processing issue. The processing issues are most commonly due to the agreed delivery date being too soon and does not provide the organisation with sufficient time to obtain a prescription for the items due to be dispatched, therefore causing a delay in patient receiving their order.

There were 72 complaints where the patient had received the wrong item or an incorrect item, which represents an error rate of less than 0.01%. Finally, 15 complaints related to Pharmore with the majority being that items had to be sent out after the patient's main delivery due to inability to obtain stock by the required date. Again, this represents a rate of less than 0.01%.

The remaining 233 complaints fall into a number of different categories. There were 60 complaints related to the packaging used when boxing deliveries for patients and 38 instances where an item had been ordered incorrectly (i.e. the wrong code ordered by a call handler).

Each of the complaints are investigated, resolved and then information is fed back to those involved in the issue and, if relevant and appropriate, shared with the wider team in order that shared learning and improvements can be made. The severity of the any complaints are also assessed and categorised as incidents, where applicable, with a full investigation and feedback undertaken.

Review and Learning

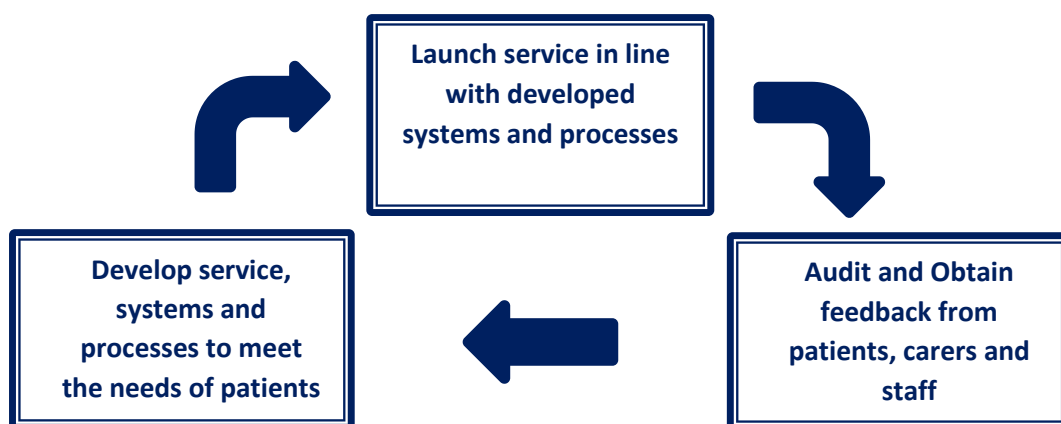
The Bullen Healthcare Group Ltd regularly review and refine systems and processes for services delivered to ensure high quality and efficient services that meet the needs of our patients are delivered. When the organisation launched the MARSS it was undertaken in phases with different areas going live at different intervals. It was vitally important that a review of the systems and processes was undertaken after each area launched in order to ensure changes, amendments and improvements could be made.

The first review identified some in-house changes to the registration process to ensure the highest levels of quality control. Ongoing monitoring commenced to ensure the service could track patients and obtain assurance they entered into routine ongoing care as quickly and efficiently as possible.

The second review indicated that there was an increased risk that some patients could be inappropriately transferred to the service. This required a small adjustment for subsequent phases to ensure all CCGs remained compliant with GDPR.

The third review indicated that some patients could be missed when the patient identification work was undertaken, dependent on the resource available within GP practices/CCGs. It was recognised that a process needed to be developed for any patients that may fall into this category. Engagement with dispensers and advice was provided to sign post these patients back to their general practitioner in order for them to complete a new referral to the service.

The learning obtained from launch of this service can be utilised for the launch of subsequent centralised services in order that they are as efficient as possible. The organisation is satisfied with the success of the service and pleased with the implementation. There were 46 complaints in total, 5 of which were classified as incidents, for a service covering a population of 5,055. Therefore, less than 0.1% of patients were involved in an incident and 0.8% involved in a complaint, although full analysis (as previously outlined in this report) indicates that only 0.1% were involved in an actual complaint about the service or service provision.



Patient and carer experience

The Bullen Healthcare Group Ltd utilise a monthly patient survey to capture the views and experiences of patients for the commissioned services it provides. The surveys are analysed on a monthly basis to determine if, and what, changes or improvements may be required in order to enhance the experiences of our patients.

When comparing the response rates for each of the NHS commissioned services below it is important to consider the rate against total number of surveys distributed and also the rate as a representation of the overall number of patients within the service.

The response rates for LUAMS and MARSS is lower than we are aiming to achieve and we are actively reviewing this in 2022-2023. The response rates for LUAMS has decreased during the reporting period when compared to previous years. It is possible that this is symptomatic of our previous response rate success with patients now having had the opportunity to respond on multiple occasions during previous years.

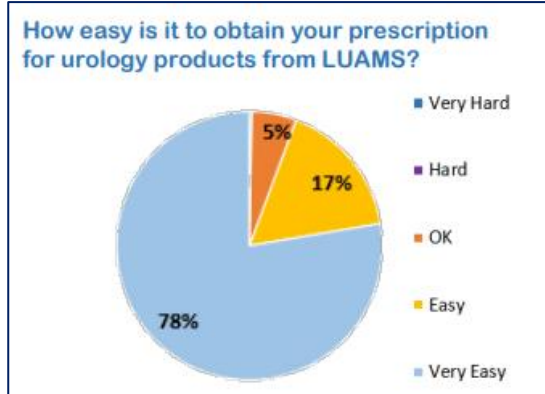
The response rate as an overall representation of the population of patients shows that we are obtaining feedback that reflects the views of 16% of LUAMS patients. However, when this figure is calculated for MARSS it shows that we only captured the views and opinions of 4.4% of MARSS patients.

For the MARSS, The Bullen Healthcare Group Ltd help to facilitate a patient participation group, which is a group of patients and carers who have a stoma that are given the opportunity to ask questions about the service, contribute their thoughts, ideas, and comment on any proposed services changes in the future. Having a patient group that can be engaged regarding specific topics may help to further enhance the care that is provided via MARSS. It is vital to appreciate though that the patient group is not a group run by The Bullen Healthcare Group, we just provide support and facilitation to the group and can request the group consider a variety of issues and/or options.

LUAMS

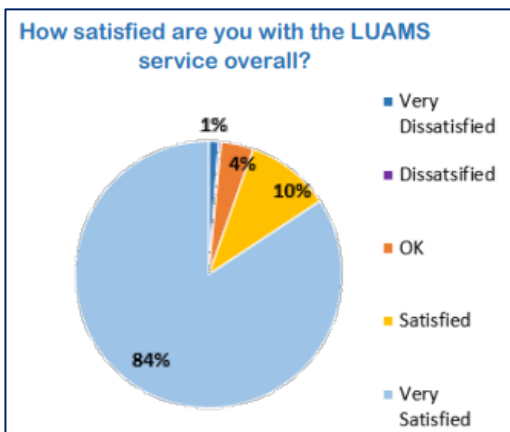
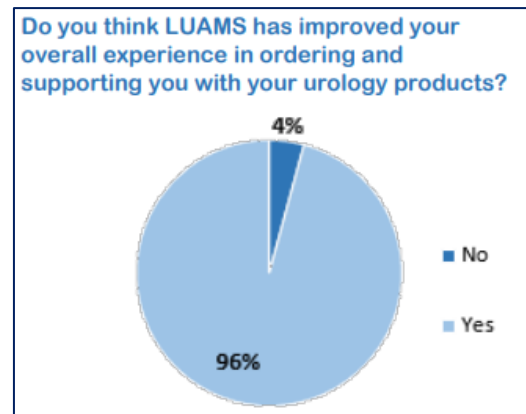
Compiling the monthly surveys has enabled annualised feedback for 2021-2022. A total of 1,200 surveys were distributed during the reporting period with 331 patients completing the survey, giving a response rate of 27.6%.

95% (n=315) of patients reported they found it easy or very easy to obtain a prescription from LUAMS.



98% (n=325) of patients reported they were asked about the products they already have at home.

96% (n=319) of patients reported that they thought that LUAMS had improved their overall experience.

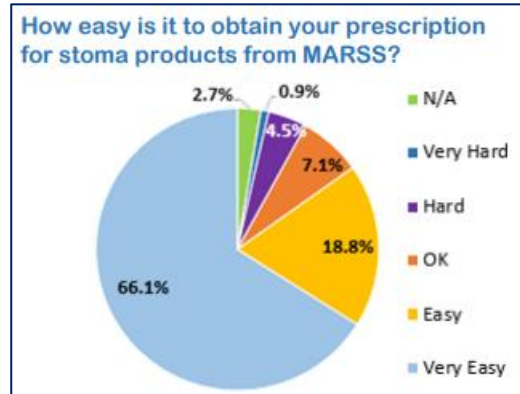


94% (n=312) of patients reported that they were either satisfied or very satisfied with the LUAMS service overall.

MARSS

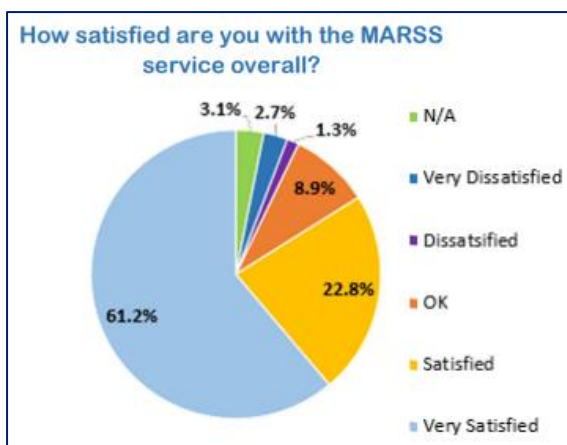
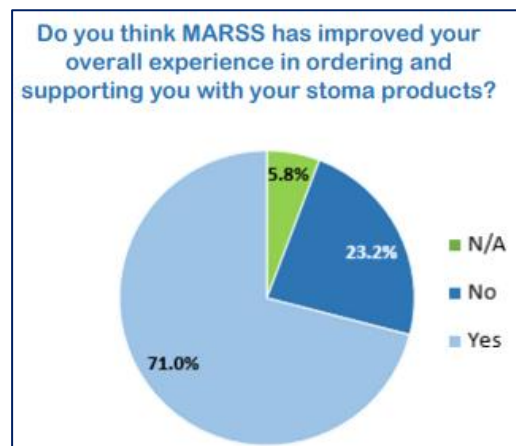
The MARSS only mobilised during 2021 with the first area going live in June 2021. As a result of this, the number of patient surveys distributed was only 1,000 with 224 being completed, giving a completion rate of 22.4%.

85% (n=190) of patients reported they found it easy or very easy to obtain a prescription from MARSS.



88% (n=197) of patients reported they were asked about the products they already have at home.

71% (n=159) of patients reported that they thought that MARSS had improved their overall experience.



84% (n=187) of patients reported that they were either satisfied or very satisfied with the MARSS service overall.



Compliments from patients and carers

*“Excellent service, thanks
”*

*“Service from the nurse was even better than
”*

“Nurse Samantha explained the symptoms that I was experiencing around my bowel tumour and colostomy. Very helpful.”

“The nurses were wonderful and helped me in every way. Thank you so much.”

“I would like to have seen a stoma nurse earlier. It is over two years since I had a colostomy and I didn’t know anything about what had happened to me. It would have been nice to have had more information and support earlier. Kim was a real help to me. Many thanks.”

*“The nurse was very helpful, and made some good suggestions on how to manage my stoma.
Excellent service!”*

*“Lucy, the stoma nurse was fantastic and gave great help and
”*

“Was lovely to talk to Sam. Someone who actually knew about a stoma and understood x”

“Very good service. Nurse was amazing. Very happy with this service.”

“Very happy with the way the review went. I learned a lot about my condition and how to manage it. The only suggestion I would make is that stoma reviews are made 6 or 12 monthly to prevent patients suffering unnecessarily. Suggestion no 2. it would be helpful if a mirror could be used to enable the patient to see the stoma in detail”

“My appointment with Kim was excellent. I found it very easy to talk to her about my concerns and Kim was very helpful regarding the changing of bags which seem to be smaller, they can be folded and are more sticky. Kim sent me samples to try at home and I have requested to change to the new bags. Kim was lovely and seemed very knowledgeable about her job.”



Bullen.

Statements from partners and stakeholders

“Bullen have provided a critical service for spinal cord injured (SCI) people since 2014 and they are an excellent partner for SIA because of their absolute commitment to excellent service delivery. SCI people are particularly vulnerable to respiratory viruses, and throughout the pandemic Bullen have provided a service that our members can rely on. The quality of care that Bullen provide to our members is routinely rated as “Excellent” in member surveys.”

Sarah Tennent
Head of Enterprise, SIA
Spinal injuries association

“The whole Bullen team, from the personal advisors and specialist nurses through to the delivery drivers, have been providing excellent quality care to our members living with Spina Bifida for years. Everyone takes pride in the excellent service they provide and the Bullen nursing team support our members in a variety of ways from advice and support through to urgent interventions. The Facebook Live Q&A continence advice sessions which the nursing team kindly deliver to our members, in addition to the contracted service, have been very well received and are always well attended. Member feedback indicates that they really value the Bullen service and the peace of mind it gives them.”

Heidi Watson
Director of Services
Shine
Spina bifida – Hydrocephalus – Information – Networking - Equality

Clinical Governance Arrangements

The Bullen Healthcare Group Ltd ensures clinical governance through a series of protocols, policies and assurance meetings. There are processes in place to ensure escalation of concerns within the organisation and then further escalation to the patient's GP (i.e. safeguarding issue) or via the commissioners (i.e.

Infection Prevention & Control

The Bullen Healthcare Group Ltd followed governmental guidance and advice during the COVID-19 pandemic to ensure the safety of staff and patients. These measures enabled the organisation to continue to provide good levels of access and care to our patients. The organisation experienced lower than average levels of absence due to COVID-19 and no cases of cross-infection of staff whilst within the work setting.

Regular audits are undertaken to ensure the highest levels of adherence to our policies to ensure risks to staff and patients continue to be mitigated. The organisation will continue to monitor governmental advice to support our staff, and patients, over the forthcoming year reacting and changing policies and processes if/when required.

Risk Management

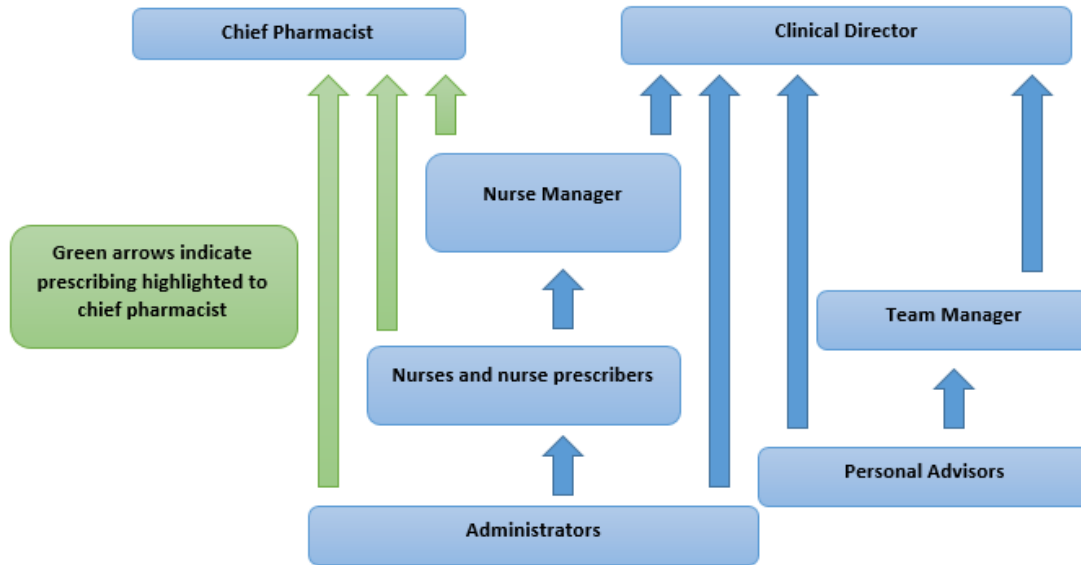
The Bullen Healthcare Group Ltd has multiple risk registers for different arms of the organisation that are monitored by the Board. Each of the identified risks are categorised and graded with mitigating actions outlined in order to attempt to reduce any risks to a level that is accepted.

Any risks that are higher than the Board are happy to accept or those where the organisation has an appetite to reduce have an action plan developed, implemented and monitored to ensure risk reduction. Risks associated with NHS commissioned services are highlighted to the commissioners of the service to provide them with oversight and knowledge of the risk along with, if relevant, any mitigating actions required or being undertaken by the organisation.

Safeguarding

All the staff within the organisation have safeguarding level 1 training, clinicians trained to level 3 and the safeguarding leads trained to level 4. All concerns are escalated to the safeguarding leads who then escalate accordingly.

Escalation



Board Assurance Framework



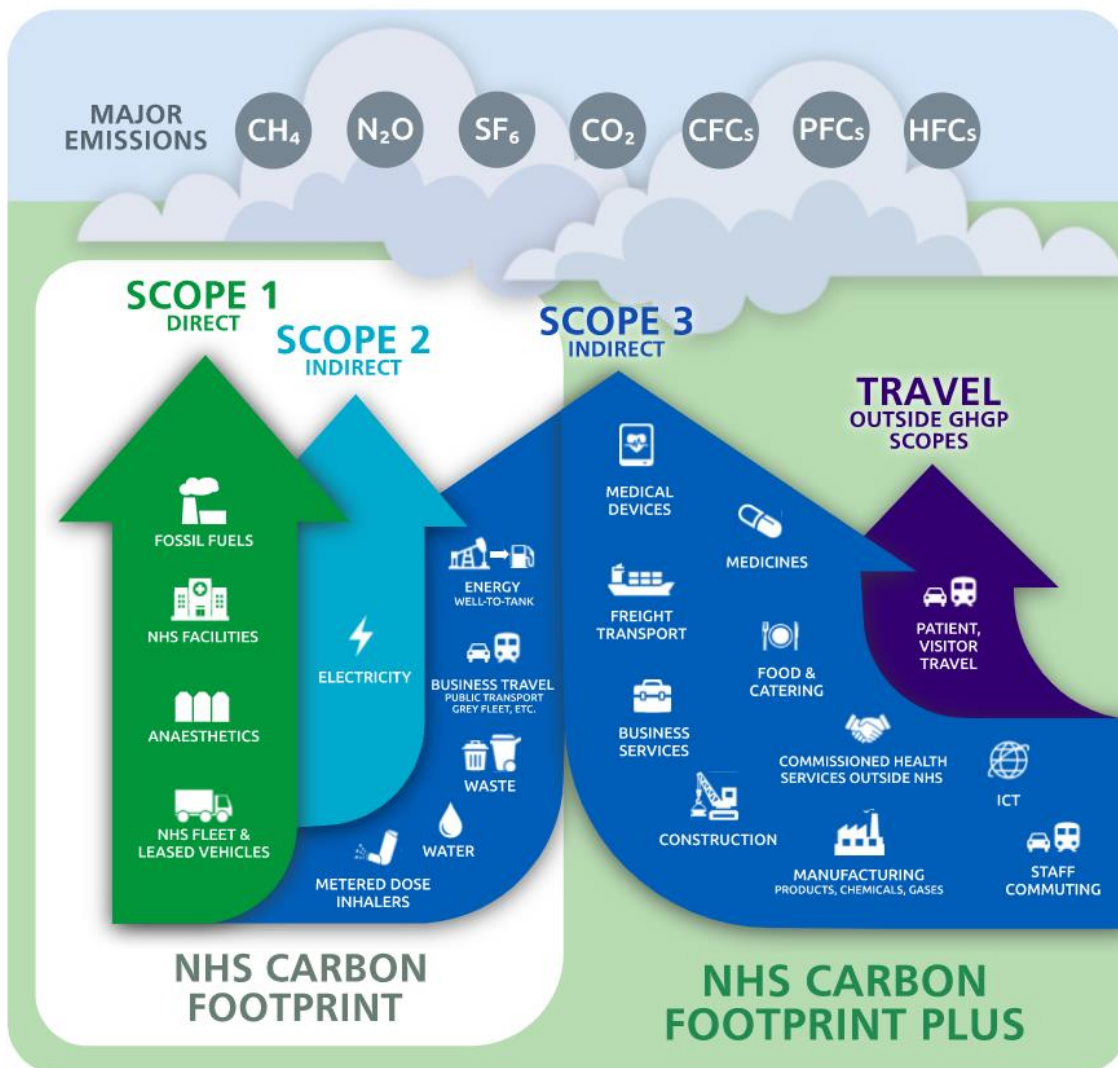
Priorities for 2022-2023

A review of the audits undertaken in 2021-2022 and reviewing of the learning has identified some key issues for patients and some efficiencies may be possible within the services The Bullen Healthcare Group Ltd currently deliver.

The Bullen Healthcare Group Ltd will continue to expand its team of healthcare professionals to ensure our capacity meets the demands of our patients, our partners and commissioners (existing and new).

A complete revisit of all the policies, processes and protocols for our NHS commissioned services will be undertaken during 2022-2023. This will ensure efficiencies or improvements can be made, whilst enabling the organisation to obtain the assurances that the processes in place are safe, effective and appropriate, or an action plan completed to achieve this.

Implementation of our action plan to reduce the organisations carbon footprint and contribute to the NHS aim of a net zero NHS. The Bullen Healthcare Group Ltd feature within Scope 3 (indirect) of the NHS carbon footprint and the NHS carbon footprint plus.





The MARSS

- Ensure all patients for whom the MARSS has ongoing clinical responsibility for receive an offer of a clinical review with a specialist stoma nurse during 2022-2023.
- All patients for whom the MARSS has clinical responsibility for but do not have regular contact with (i.e. the patient orders online or via a third party) will be scheduled for contact to specifically offer them a clinical review with a specialist stoma nurse.
- All new patients that register with the MARSS for ongoing prescribing and clinical care will be prioritised for intensive support to ensure they are obtaining high quality outcomes or are supported to achieve this.
- Collaboratively work with patients, commissioners and stakeholders to address the inequality with respect to commercial third party ordering on behalf of patients. Ensuring that the risk of stockpiling, excessive prescribing and waste is minimised.
- Collaboratively work with patients and local NHS Trusts to address any unwarranted variation in prescribing of stoma related products, moving towards higher levels of formulary prescribing.
- Sore skin and leakages are the two most commonly reported issues patients within the MARSS complained of suffering with during 2021-2022. Since service go-live there have been 2,089 unique patients that have answered yes to the triage question relating to suffering with sore skin. The month on month monitoring of this figure shows that there is a downward trend in the number of patients reporting this, however further work is required to help more patients obtain increased skin integrity. The MARSS will work with individual patients to address the underlying causes with the intended outcomes to improve the patient's condition and increase the patient's quality of life.
- Proactively aim to increase the overall response rate to patient surveys to ensure the views for a higher proportion of patients within the service are captured. The responses received in 2021-22 only represent the views of less than 5% of MARSS patients; therefore, we are aiming to increase this significantly during 2022-2023.
- Collaboratively work with EMIS and the commissioners to establish and implement a solution to address the lack of multiple prescribing cost centres able to be utilised for electronic prescribing. This will then significantly increase the confidence in the prescribing data to enable higher levels of assurance to be provided to the commissioners.

LUAMS

Not all patients that access LUAMS are classified as long-term patients. There is a cohort of patients who are discharged from an acute Trust using catheters or other continence related appliances but will only use them for a defined period of time (i.e. 2 weeks).

- Ensure all long-term patients receive an annual review with a specialist urology nurse.
- Ensure patients identified as appropriate for a trial without catheter (TWOC) are supported to undertake this and maximise the success opportunity.
- Proactively aim to increase the response rate to patient surveys. The responses received in 2021-22 represented the views of 16% of LUAMS patients, therefore we are aiming to increase this during 2022-2023 and obtain levels previously observed for LUAMS.



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The Bullen Healthcare Group Ltd is registered and regulated by the Care Quality Commission, The Medicines Health Regulatory Agency, NHS England and NHS Improvement and the General Pharmaceutical Council.

June 2022

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