

# The Bullen Healthcare Group Ltd. Annual Quality Report 2023 – 2024



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# Introduction

The Bullen Healthcare is a 4<sup>th</sup> 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.

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.

The organisation continues to expand in size, number of services provided and the number of patients we care for. We are continually recruiting and training new members of staff in order to equip them with the skills required to meet the increasing demand for our services. The clinical team continues to expand both in personnel and skill mix increasing our resilience and the number of services we could potentially provide in the future.

We are committed to delivering high-quality healthcare services to the communities we serve. As a private provider of NHS commissioned services, we are dedicated to providing safe, effective, and patient-centred care that meets the needs of our patients. This Quality Account report outlines our achievements over the past year and our plans for improving the quality of care we provide in the future.



# 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 have continued with their expansion of services to patients by the addition of two new centralised prescribing services, one for stoma patients living within the Bedford, Luton and Milton Keynes area and one for stoma patients and those requiring a urology appliance from specific practices within Norfolk & Waveney ICB. This has added circa 3,300 more patients for whom we are providing a prescribing service, in addition to the LUAMS and MARSS services which are already established.

The employment of more specialist nurses within our Urology and Stoma teams has ensured that we are able to address these problems as and when we discover them.

As we continue to expand our service to patients and various ICB's throughout the country so we are reviewing our policies and protocols whilst also investing in technology to ensure, where possible, efficiencies and improvements can be made.

We are aware of the NHS aim for a net zero carbon footprint, and I am pleased to report we are actively pursuing this aim and now have our own baseline footprint calculated to enable us to quantitatively assess and monitor our progress.

We have responded to patients requests for a mobile application by investing in their technology and we hope to launch this very soon.

We continue to obtain feedback from our patients and our commissions and respond to their feedback as and when required.

Finally, I would confirm that we will continue to look for ways which may enable us to continue to improve the quality and service we offer to patients and commissioners.



# **Mandatory Statements & Information**

# Statement of assurance from The Board

The following statement was agreed and ratified by The Bullen Healthcare Group Ltd. Board of directors on 25<sup>th</sup> June 2024:

"On behalf of The Bullen Healthcare Group Ltd., we are pleased to present our Quality Account for the 2023-24 year. This past year, we have focused on enhancing patient safety, improving patient experience, reducing unwarranted variation in prescribing, engaging and supporting our staff as well as increasing our collaborative work with our NHS colleagues.

We have achieved significant improvements in these areas and developed new relationships, whilst also strengthening existing relationships, with Integrated Care Boards. We will continue to build on these achievements and work towards delivering even better outcomes for our patients and the NHS in the future."

# **Provision of Services**

The Bullen Healthcare Group Ltd. delivers a variety of services for, and in collaboration with, our charity partners and NHS commissioners. 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:

## **Appliance Use Reviews (AURs)**

Appliance Use Reviews ensure that patients are obtaining the best outcomes from the appliances they are prescribed and ensures 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.

## **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).



#### 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).

#### The Bedford, Luton and Milton Keynes Stoma Prescribing Service (BLMK SPS)

The BLMK SPS is a service that undertakes the prescribing of appliances for patients with a stoma, removing this task from GP practices. It was launched in June 2023 with the onboarding of 2,300 patients with a stoma registered with a GP practice within BLMK ICB.

#### The Liverpool Urology Appliance Management Service (LUAMS).

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

#### The Norfolk & Waveney Appliance Prescribing Management Service (APMS)

This service, which was commissioned by Norfolk & Waveney ICB, launched in November 2023. It has initially launched as a pilot involving 15 GP practices, for which the service now undertakes the ongoing prescribing of appliances for patients with a stoma and for those who have a urology appliance need. The service cares for around 1,000 patients and removes the ongoing prescribing and management function for these patients from their GP practice.



# 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. The following statutory and mandatory registrations are held by organisations within The Bullen Healthcare Group.

#### **Data Security and Protection Toolkit**

The Bullen Healthcare Group completes the NHS Digital Data Security and Protection Toolkit on an annual basis. The 2022-2023 standards were met and published 27<sup>th</sup> June 2023, with the standards for 2023-2024 due to be published before 30<sup>th</sup> June 2024.

#### ISO 9001

The Bullen Healthcare Group Ltd. is ISO 9001 (Quality Management Systems) accredited with the latest audit being undertaken in December 2023 with no issues reported.

#### ISO 14001

The Bullen Healthcare Group Ltd. is ISO 14001 (Environmental Management Systems) accredited with the latest audit being undertaken in December 2023 with no issues reported.

#### The Care Quality Commission

The Bullen Healthcare Group Ltd. 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: <u>https://api.cqc.org.uk/public/v1/reports/4dafd6d4-f47f-48d0-a221-</u> <u>8f8c8537bd32?20220117080202</u>

There were no concerns raised to or from CQC during the reporting period about any of the services that The Bullen Healthcare Group Ltd. currently provide. The last review was undertaken during the reporting period, on the 6<sup>th</sup> July 2023, in which CQC stated they did not find any evidence of the need to reassess the rating at this stage.



#### The 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. There have been no incidents or concerns reported to or by the GPhC during the reporting period.

#### The Information Commissioner's Office (ICO)

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

#### The Medicines Health Regulatory Agency (MHRA)

The Bullen Healthcare Group Ltd. retains its active registration with the Medicines Health Regulatory Agency (MHRA), via Charles S Bullen Stomacare Ltd (MHRA reference number 4199).

# 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 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.

During the reporting period The Bullen Healthcare Group Ltd. supported one member of the pharmacy team to successfully undertake and complete their accuracy checking technician course, with them obtaining their qualification in December 2023.



#### 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.

During the reporting period The Bullen Healthcare Group Ltd. supported two urology nurses to successfully undertake their independent Prescribing Courses and qualify as Non-Medical Prescribers (NMPs).

# **Mandatory Training**

There are two mandatory training lists for staff working for The Bullen Healthcare Group Ltd., the clinical mandatory training relates to the registered clinicians working within the organisation, whist 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. or fork-lift truck operators).

The Mandatory Training list was reviewed during 2022-23 and updated in-order to align it with the NHS Health Education England Core Skills Training Framework (CSTF). The only module not yet included on The Bullen Healthcare Group Ltd. mandatory training list for all staff is Resuscitation – Level 1 with this being limited to clinical staff and first aiders as the majority of the staff have no patient contact.

#### **Non-Clinical**

Code	Course Name	Link
743-0001	Fire Safety Awareness	e-LfH (e-Ifh.org.uk)
743-0008	Information Governance & Data Security	e-LfH (e-Ifh.org.uk)
743-0005	Infection Prevention & Control Level 1	e-LfH (e-Ifh.org.uk)
743-0002	Equality & Diversity & Human Rights Level 1	e-LfH (e-Ifh.org.uk)
743-0003	Health, Safety & Welfare Level 1	e-LfH (e-Ifh.org.uk)
743-0007	Moving and Handling Level 1	e-LfH (e-Ifh.org.uk)
743_0010	Safeguarding Adults Level 1	e-LfH (e-Ifh.org.uk)
743_0011	Safeguarding Children Level 1	e-LfH (e-Ifh.org.uk)
743-009	Preventing Radicalisation - Basic Prevent Awareness	e-LfH (e-Ifh.org.uk)
743-0019	Preventing Radicalisation - Awareness of Prevent (level 3)	e-LfH (e-Ifh.org.uk)
743-0006	Conflict Resolution Refresher	e-LfH (e-Ifh.org.uk)



#### Clinical

Code	Course Name	Link
743-0001	Fire Safety Awareness	<u>e-LfH (e-Ifh.org.uk)</u>
743-0008	Information Governance & Data Security	e-LfH (e-Ifh.org.uk)
743-0005	Infection Prevention & Control Level 1	e-LfH (e-Ifh.org.uk)
743-0015	Infection Prevention & Control Level 2	HEE elfh Hub (e-lfh.org.uk)
743-0002	Equality & Diversity & Human Rights Level 1	e-LfH (e-Ifh.org.uk)
743-0003	Health, Safety & Welfare Level 1	e-LfH (e-Ifh.org.uk)
743-0007	Moving and Handling Level 1	e-LfH (e-Ifh.org.uk)
743_0010	Safeguarding Adults Level 1	e-LfH (e-Ifh.org.uk)
743_0017	Safeguarding Adults Level 2	HEE elfh Hub (e-lfh.org.uk)
743_0011	Safeguarding Children Level 1	e-LfH (e-Ifh.org.uk)
743-0018	Safeguarding Children Level 2	HEE elfh Hub (e-lfh.org.uk)
743-009	Preventing Radicalisation - Basic Prevent Awareness	e-LfH (e-Ifh.org.uk)
743-0019	Preventing Radicalisation - Awareness of Prevent (level 3)	<u>e-LfH (e-lfh.org.uk)</u>
743-0006	Conflict Resolution Refresher	<u>e-LfH (e-Ifh.org.uk)</u>
	Resuscitation	External trainer

# **Quality Performance Review 2023/24**

## **Patient Safety**

During the reporting period there were 8 incidents reported in total.

Of these, three were near misses related to dispensing errors and two were serious incidents that were related to potential non ICO-reportable data breaches.

The remaining three incidents are safeguarding issues, in which members of the Bullen Healthcare Group raised safe guarding incidents due to concerns that were identified, by the staff, relating to the patients we care for, and the lack of support they were receiving from health and social care services.

There were no incidents in which patients came to harm as a result of the care being provided by The Bullen Healthcare Group Ltd.

# **Clinical Effectiveness**

Patients continued to access clinical reviews with relevant specialist nurses during the reporting period, some services restrict us to undertaking desktop reviews, whilst we have full clinical responsibility for others. On the 31<sup>st</sup> March 2024, there were 2,269 patients registered as part of BLMK SPS, 2,009 patients registered as part of LUAMS, 5,266 registered as part of the MARSS and 786 patients registered as part of NWAPS.



The services that are desktop only reviews (BLMK, NWAPS and an area within MARSS) enable the service to triage patients and onward refer to local stoma teams that are commissioned to provide ongoing clinical care in the community or associated Trusts. Whilst these teams do not have the capacity to review all the patients it does allow these teams to be assured that patients identified as needing a review can be prioritised for one.

Many of the services have a number of reviews significantly higher than the reported patient numbers as outlined above. There are two main reasons for this:

- For patients within the MARSS, the service has ongoing clinical responsibility and thus many patients are reviewed on multiple occasions to address any ongoing issues the patient may be experiencing. The audits we complete show there are a number of patients who are very complex and have upwards of 10 reviews per annum.
- Patients are proactively discharged from the services so are no longer showing as a registered patient, however they may have still had a review prior to their discharge whilst they were still an active patient.

For LUAMS, the number is lower than the registered population and this is due to the nature of the service and those patients who are registered with the service. A significant cohort of patients that register with the service are very short-term patients and no longer need the appliances at the time they are requiring a review (i.e. a patient is discharged from hospital with an indwelling catheter but may only require that for a period of maybe 4 weeks)

	Total Reviews
BLMK SPS	2,600
LUAMS	1,865
MARSS	11,606
NWAPS	8,26

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 additional urology needs:

- Increased adherence to formulary prescribing.
- Reduced risk of localised injury.
- Reduced risk of hospital readmission.
- Increased compliance and understanding.



#### 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.

#### Cost optimisation and minimising waste

The Bullen Healthcare Group Ltd. 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.

For our centralised prescribing services (BLMK, LUAMS, MARSS and NWAPS) we ensure that we liaise with the patient, or authorised representative, directly. Prescription requests are not accepted from commercial third parties for the majority of patients, whilst our policies and processes ensure that patients are safeguarded against forgetting to request a prescription and potentially running out.

Several screening questions are also in place for our centralised services, which helps with early identification of when a patient may be becoming unstable or issues are starting to arise. This enables us to invite the patient to attend a review with a specialist nurse as early as possible in order to address their issues early. This does improve patients care and outcomes but is also a cost avoidance as patients do not attempt to use additional products to manage their issues on their own. Whilst it is recognised that self-care and patient education does have a role to play it is also important to address underlying issues patients may be experiencing.

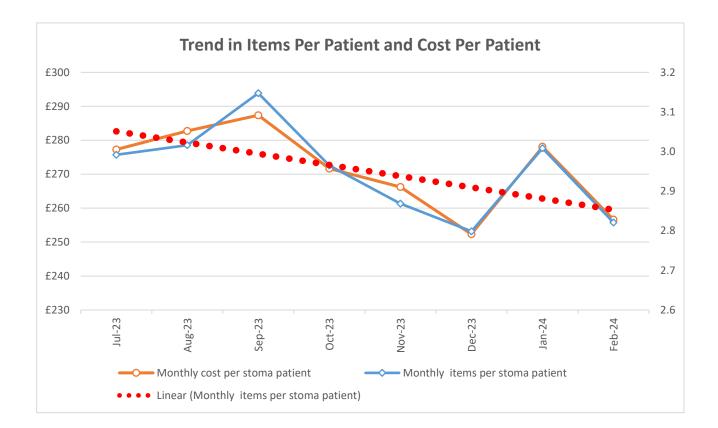
A proactive review of patient's stoma bags, in addition to their accessory items, was commenced within one NHS place within the MARSS during the MARSS area. This review continues into next year but clearly demonstrates that a significant negative cost growth is achievable without having a negative impact on patient's quality of life and resulting in no complaints from patients. It is planned that this work is undertaken for the other NHS Places within the MARSS during the forthcoming year and is being proposed to the commissioners of our other services. The work increases patients QoL, reduces unwarranted variation in prescribing and enables the prescribing costs to be appropriately managed.

A similar piece of work was also commenced for patients within the LUAMS service and will be completed in the forthcoming financial year.



#### **BLMK SPS:**

The service launched in July 2023 with the ICB tracking the number of items per patient and the cost per patient on a monthly basis using ePact data. What has been clearly demonstrated is that both the costs and the items per patient has been on a downward trend since the service launched until Feb 2024 (at time of authoring this is the latest ePact data available):



#### LUAMS:

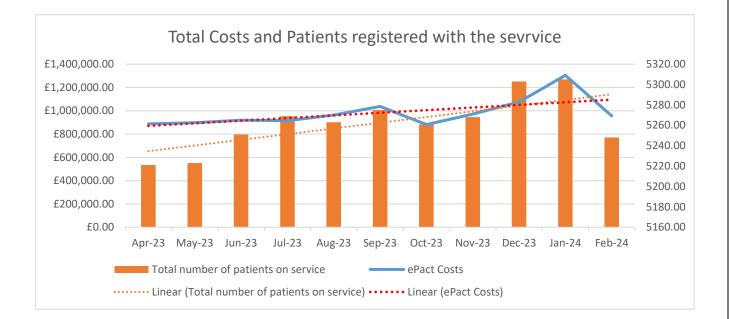
As LUAMS is a long-standing contract the cost reduction available from waste is limited during the reporting period and falls into cost avoidance. The data shows that costs per patient have remained fairly controlled with new patients achieving close monitoring from commencement of receiving appliances. The work undertaken to review existing patients and proactively change their appliances to more cost-efficient options was commenced in quarter 4 of 2023/24 and thus has not, at the time of authoring, translated into savings that can be shown in the available ePact data.



#### MARSS:

This service is now well established but has continued to see an increase in the number of patients who are part of the service, with the number of new patients out performing the number of discharges. This has resulted in an overall increase in the overall prescribing costs of the service.

The cost optimisation work was commenced within NHS Liverpool Place during Quarter 4 2023/24 and continues into the next reporting period. The cost savings from this work has not yet filtered through to the available ePact data, however the work has been very successful and will be rolled out to all the other NHS Places within MARSS during the forthcoming year (2024/25).



#### NWAPS:

The Norfolk & Waveney service commenced in November 2023 so there is limited data currently available to obtain a fair and accurate representation of the impact the service has had during the reporting period. We will report on the progress of the service as part of the Quality Account for 2024/25.

The commissioners are monitoring the service closely, including the impact on the prescribing budget, in order to fully assess and evaluate the service prior to potential expansion and roll out.



# Audit

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

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

	The Bullen Healthcare Group Ltd.	NHS Commissioned Services	Pharmore	Other
ISO 9001	$\checkmark$			
ISO 14001	$\checkmark$			
Financial accounts	$\checkmark$			
Mandatory Training	$\checkmark$			
Compliance				
Call Quality Monitoring	$\checkmark$	$\checkmark$		Charity partners
Professional Registration compliance	~	~	$\checkmark$	
Policy adherence	$\checkmark$	$\checkmark$	$\checkmark$	
NPSA & CAS alert compliance audit	~	~	$\checkmark$	$\checkmark$
Safeguarding audit	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Prescribing audit Formulary compliance		~		
Prescribing audit P-formulary compliance		$\checkmark$		
Medical Records Quality audit		$\checkmark$		
KPI achievement audit	~	~		Charity partners
Pharmacy Quality Scheme audits (various)			$\checkmark$	
Clinical Governance Audit		$\checkmark$		
Incident Audit	$\checkmark$	✓		
Adherence to Complaints policy	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Equality and Modern-Day Slavery Audit	~	$\checkmark$	$\checkmark$	$\checkmark$
NHS Accessible Information Standard		~	$\checkmark$	
Conflict of Interest Audit	$\checkmark$	$\checkmark$		



# **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 BLMK, LUAMS, MARSS, NWAPS and other. As BLMK, LUAMS, MARSS and NWAPS are commissioned services, a brief summary and analysis is provided.

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

	Patients or Carers	Healthcare Professionals	Healthcare Organisations	Non-Healthcare organisations
BLMK	13	7	0	0
LUAMS	1	0	0	0
MARSS	8	0	0	0
NWAPS	4	3	0	0

During the reporting period, the following complaints were raised:

#### BLMK

It is unsurprising that the BLMK service had significantly higher proportion of complaints, during the reporting period, per registered patients (0.88%) when compared with the MARSS (0.15%). This is because at service launch patients are more likely to complain about the service as it's new and different to what they have previously done. Many of the patients who are now part of the service were passive in obtaining their appliances with a proportion having items turn up every 4 weeks without the need for them to do anything.

A proportion of patients also complain about the stock check as some have conveyed, they feel offended at the insinuation they maybe ordering or keeping more than what they actually require.

All of the complaints made by healthcare professionals related to patients being offered a choice of dispenser and choosing a different dispenser to the one they had previously used. This choice is the patients, and the patient will always retain the right to choose, however the majority of patients had never been provided a choice and didn't know they had a choice.



Once the mobilisation of a service is undertaken, patients become informed about the reason for the triage questions and stock check, they become accustomed to the new processes and complaints reduce significantly. The MARSS had similar complaint levels during the mobilisation phase and within that reporting year, but it's now evident patients understand and don't complain about a change in process or other elements that are likely minor issues.

#### LUAMS

The one complaint raised against LUAMS was in relation to a patient missing a telephone appointment with a nurse as a time wasn't specified. This is something that we are considering and how we may be able to provide patients with an appointment window, whilst also bearing in mind that patients may not attend or appointments may over run.

#### MARSS

Of the complaints made the majority (n=3) were in relation to a delivery or a dispensing issue (i.e. an item being out of stock), which is the responsibility of the dispensing organisation and not the MARSS. A number of the complaints made (n=2) were in relation to the service not meeting the expectations of the patient but remained within the KPIs for the service. There were a few complaints (n=2) that were raised relating to the stock check questions being required prior to a request being raised, however it was explained that this was a key part of the service.

#### **NWAPS**

The number of complaints for NWAPS gives a complaint rate (0.89%) similar to NWAPS. However, the majority of complaints from patients related to them not understanding the service or the processes required. All four complaints related to patients expressing their desire to return to ordering via their DAC as they had done prior to service launch, which again is in-line with patients from other areas. The service is a change and requires a patient to become active opposed to passive in obtaining their appliances.

One of the complaints related to a HCP who didn't understand the processes of the service. They complained they hadn't received a prescription from the service for a patient, but this was proven to be incorrect. The other two HCP complaints related to products that had been prescribed but were unavailable from their suppliers. The items were, however, available from other suppliers.

It is also anticipated that once patients and HCPs become accustomed and adjust to the new processes these complaints will reduce significantly.



# **Compliments from patients and carers**

I would like to say how much I appreciate the availability of a stoma nurse review, particularly face to face. Lucy the stoma nurse was friendly, reassuring and helpful when I saw her in December. Thank you.

Great service - I could not ask or expect anymore. This has helped my mental well-being knowing that the service is there to help and support you. I recently went on holiday for the first time since stoma. They gave me extra supplies should this be needed. Nothing was too much trouble. Thank you to all.

I am 100% happy with the service you supply and all the staff are 10/10 in my opinion. Keep up the great service you provide.

This service is ten out of ten.

Very happy with the service I am receiving.

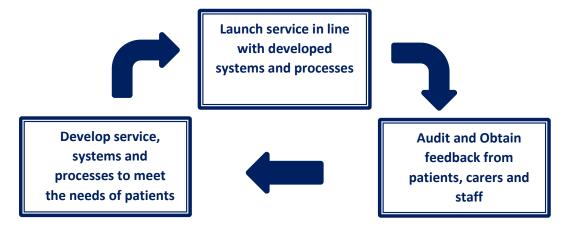
I am very happy with the service. I am always treated with respect and empathy. Products are of high quality. Thank you. I think the service is 5 star and I have been very happy with the service I have had.

I am very happy with the service. The advisors are always attentive and helpful. Everything (deliveries, call backs, etc) always happen as promised. I have found the service very beneficial, when I first needed these products there was a lockdown I only had a few catheters and was really panicking-LUAMS made sure I received enough until my first order was fulfilled. A staff member delivered a box on his way home - just so grateful.



# **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. Engagement with patients, carers and associated healthcare professionals has enabled, and continues to enable, the continual refinement of our services to provide patients with a system that is easy and convenient to navigate.



#### Complaints

Some changes that have been made, in order to learn from the complaints that have been made, in order to ensure patients expectations are met by the service and that their expectations are not too high. We have reviewed the information we convey to patients when welcoming them to the service attempting to ensure that:

- They are aware it is expected that they will be asked what stock they have at home prior to requesting a prescription. A significant focus is placed on explaining the reasons for the questions and attempting to ensure patients understand it's a standard process applied for all patients in the service.
- They are aware that they will be asked some screening questions and the reasons.
- They are aware of how the system worked prior to the service in order they better understand the positive impact the service will have on their GP practice. Explaining this to patients and having them understand is crucial as they often don't appreciate the unseen work for the dispenser and their GP practice.

A common theme for unfounded complaints from HCPs is 'patients moving to Bullen'. Patients tell their HCP they have 'moved to Bullen' and the HCP interprets this as the patients dispensing has moved to Bullen rather than the service provided by Bullen. We place a significant amount of time and effort to so patients understand they have moved to getting their prescriptions (i.e. FP10s) from a service provided by Bullen, not the supply of their appliances (dispensing and delivery). We constantly review our messages to patients and HCPs so they are clear on what is being provided (prescribing management services) and what is not provided (dispensing and delivery) as part of these centralised services.

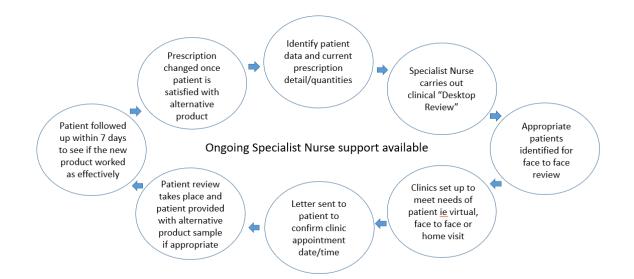


#### Projects

It is a common narrative within stomacare that it is difficult to change patients pouches or the introduction of a stoma bag formulary would impact the quality of life of patients. The project that was designed and commenced during the reporting period has started to disprove this thinking. The project that was commenced in quarter 4 of 2023/24 demonstrates that a significant proportion of patients benefit from a review of their stoma bags and are often willing to trial a different bag in an attempt to get better outcomes or the same outcomes but with a more cost-efficient bag.

It has also been demonstrated that there is a significant cohort of patients who remain on a convex bag indefinitely post-surgery. These patients do not have a routine review or a review where the bag is discussed in detail or a flat bag is trialled.

Once the project within MARSS is complete we will produce a paper detailing the outcomes and the findings that can then be shared with the wider NHS. There are significant differences in the prices of some of the pouches available and patients often do not have their type or brand of bag reviewed routinely, which is a key omission in their care. The opportunity to review patients' bags should be taken, cost efficient products trialled and, where appropriate, patients changed to these. This can be done in a way that reduces unwarranted variation in prescribing, provides patients with the same or higher Quality of Life and makes better use of limited NHS resources. We are keen to present our results and findings to the wider NHS once this is project is complete.





# **Review of Performance and Progress against the Priorities for 23-24**

The following priorities were identified for development and enhancement during 2023-24. Progress against these have been monitored on a quarterly basis. Some areas have been successfully progressed and completed, others are being considered for continuation during 2024-25, whilst others have been identified as incomplete but are no longer a priority or can be completed by the Group.

# The Bullen Healthcare Group Ltd.

#### 1. The NHS People Promise

The Bullen Healthcare Group Ltd. continued to recruit and invest in staff development during 2023-24 as planned. The clinical team continued to expand and continued to offer more services during 2023-24. Non-clinical staff were provided with opportunities for training and development, internal staff promoted to new positions and other staff given the opportunity for secondments within the organisation, experiencing new roles and ways of working.

The organisation also invested in a health and wellbeing service for staff and their families. This provides staff, and their families, access to a range of resources to help them improve their own quality of life and their health and fitness. It is seen as a key investment as it enables the organisation improve the lives of the staff at the same time as improving the lives of our patients.

## 2. Digital Foundations

The organisation did invest in the development of its first mobile application, BullenRx, but unfortunately the development was not completed during the reporting year. However, it is planned to launch during 2024-25 and focuses upon providing a digital solution for patients to use, if they so wish, who are part of any of the centralised services run by the Bullen Healthcare Group Ltd.

#### 3. Carbon Reduction Plan

A baseline assessment was undertaken during 2023-24 and the first draft of the Carbon Reduction Plan was published, which is available on our website. As the Carbon reduction requirements are continually updated and reviewed by the government and new targets or requirements are brought in this will reviewed regularly in 2024-25 and beyond.



# LUAMS

#### 1. Cost efficient prescribing

A project was commenced in the reporting period to undertake a review of all patients prescribed an ISC catheter. Once the desktop review was undertaken, a cohort of patients were then invited for a clinical review to discuss their use, the product they were prescribed and the opportunity to use (or trial using) a more cost-efficient catheter and/or accessory products.

#### 2. Formulary Review

Whilst there was not an overhaul of the formulary, it was reviewed and newer, more cost-efficient options were considered for inclusion. This is something that will be undertaken continually to ensure the prescribing of good quality, cost efficient products can be undertaken.

#### 3. Clinics

Clinics were re-established at the clinic rooms at Bullen during the reporting period. Patients now have the opportunity to be seen face to face in the clinic at Bullen compared to only having the option of a remote review or a home visit if they needed to be seen. It also enables Bullen to provide more face-to-face appointments for patients now.

## **BLMK SPS**

The service was successfully launched during the reporting period. The service does not have ongoing clinical responsibility and thus is not providing clinical reviews for the patients, this remains the responsibility of the stoma nurses at the local Trusts. However, all existing patients did receive a desktop review and those of concern, or those who met the nurses' criteria, were referred on for a clinical review with their local Trusts stoma nurse.

This enabled the local stoma nurses to obtain a better understanding of products their patients were being prescribed/provided with and were able to advise the service of any categories of patients they wished to see. This enabled patients, who may not have been seen, to be referred for a review and allowed the opportunity for any issues or concerns they had to be addressed.



# Norfolk & Waveney APMS

The service was successfully launched during the reporting period. The service does not have ongoing clinical responsibility and thus is not providing clinical reviews for the patients, this remains the responsibility of the stoma nurses. However, all existing patients did receive a desktop review and those of concern, or those who met the nurses' criteria, were referred on for a clinical review with their local Trusts stoma nurse.

As part of the desktop review work any patients that were prescribed products outside of the ICBs fair usage policy has their products/quantities changed or were referred onto the local stoma nurses for assessment.

# The MARSS

#### 1. Clinical Reviews

The MARSS increased the number of clinics that are provided across the area during the reporting period, which in turn enabled us to see more patients in a face-to-face environment.

#### 2. Cost efficient prescribing

During the reporting period the service developed and commenced the review of stoma bags for a specific NHS place that was part of the MARSS. It was always believed, by the service, that a reduction in waste and adhering to the MARSS formulary would be sufficient to see a cost reduction in-line with the service specification.

The lead commissioner within this NHS Place was happy for the work to be undertaken as proof of concept providing patients Quality of Life was not negatively impacted and there were no patient complaints. The work was not completed in the reporting period but to date there have been no complaints and the concept has been proven, which informs our priorities for 2024-25.



# **Clinical Governance Arrangements**

The Bullen Healthcare Group Ltd. ensures delivery of their clinical governance through a series of protocols, policies and assurance meetings. The clinical governance arrangements ensures that The Bullen Healthcare Group Ltd. is accountable for continually improving the quality of our services and creating the opportunity for excellence in clinical care.

The processes in place ensures the quick and efficient escalation of concerns within the organisation and the opportunity to involve other organisations involved in the care of specific patients.

The following areas contribute to the clinical governance arrangements for The Bullen Healthcare Group Ltd.

# **Risk Management**

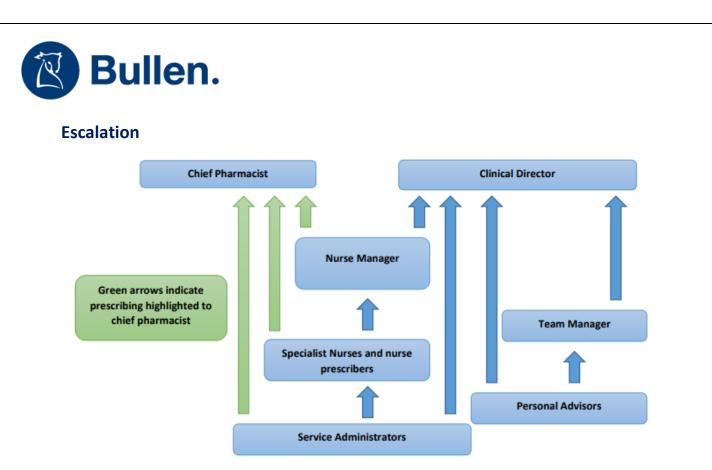
The Bullen Healthcare Group Ltd. has multiple risk registers for different arms of the organisation that are monitored by the Board. Each of the identified risks are categorised and graded with mitigating actions outlined in order to attempt to reduce any risks to a level that is accepted.

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. Routine monitoring and reporting of risks is part of the organisations standard processes for assurance.

# Safeguarding

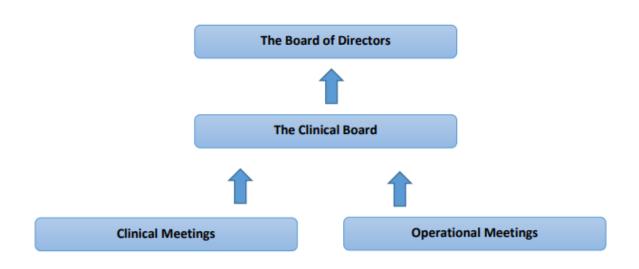
All the staff within the organisation have safeguarding level 1 training, clinicians trained to level 3 and the safeguarding leads trained to level 4. All concerns are escalated to the safeguarding leads who then escalate accordingly.

Regular safeguarding audits are undertaken and routine engagement with staff to remind them to raise concerns. Support is also provided to staff if/when they have been involved in a raising a safeguarding concern.



Escalation of issues will be to line mangers in the first instance. However, when line managers are unavailable and the escalation cannot wait until they are available further escalation should take place as outlined above.

#### **Board Assurance Framework**



# Priorities for 2024-2025

The following areas have been identified as a priority for work and development during 2024-25. It is anticipated that these developments will ensure the standard of service we deliver to our patients will remain high and we will continue to successfully support a continual increase in patients. The priorities for 2024-25 were also developed based on actual performance during 2023-24 against the desired performance.



# The Bullen Healthcare Group Ltd.

#### **Digital Foundations**

An ambitious aim for 2024-25 is the introduction of two mobile applications, one for patients who are part of a centralised service run by Bullen and one for patients that Bullen dispense for and are not part of the centralised services. In addition to the development and completion of these two apps is the development of a new PMR system and a new prescribing system.

All of these digital solutions are designed to increase efficiencies and ease of access for patients. The investment in these solutions will enable the services offered to our NHS partners to be more cost efficient and more time efficient whilst still delivering the high quality currently being demonstrated.

#### **Review and update of our Carbon Reduction Plan**

During 2023-24 our first Carbon Reduction Plan, with baseline assessment, was completed and published. This only included scope 1 & 2 emissions but not scope 3. During 2024-25 it is our intention to revisit the plan and baseline assessment to include scope 3 emissions to give a more transparent view of our current Carbon Footprint. Also during 2024-25 we will be looking at commencing some of the elements included in the reduction plan to enable us to start our reducing journey with the aim of delivering this in advance of our stated target delivery date.

#### **Clinical Services**

It is the intention of The Bullen Healthcare Group to continue to offer our services to other ICBs, NHS Places, GP Federations, PCNs and individual GP practices. The unique space we operate in and find ourselves, with being product agnostic, provides us with the ideal opportunity to offer a solution to an issue that many medicines management teams have always thought to be 'too difficult'. We will continue to promote the work we have undertaken and provide solutions for others to replicate or will look to work with them directly to address their issues.

The success we have had with the cost optimisation work undertaken within one MARSS place will be completed in that NHS place and rolled out across the other areas within MARSS. The successful work we've had with LUAMS will be offered to the MARSS, BLMK and NWAPS commissioners providing them with the opportunity to obtain significant cost savings.



The work that has been undertaken in the MARSS will also be offered to BLMK & NWAPS commissioners in order they can task their local stoma teams to replicate or to obtain direct support from Bullen for this work to be undertaken within their services.

The clinical team will continue to expand in relation to the demands of the commissioners and those looking to utilise our services.





## www.bullens.com

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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.

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