Barrow and Millom PCN Area

Inspection report

NHS Moor Lane Mills
Moor Lane
Lancaster
LA1 1QD
Tel: 01524519278
mbpcc.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. This was the first inspection of Barrow and Millom PCN area since the service was registered in July 2020.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Barrow and Millom PCN Area on 8 September 2022 as part of our inspection programme as the service had not been inspected or rated.

At this inspection we found:

- Leaders prepared well and engaged positively in the inspection process. They responded quickly to inspection findings in response to initial feedback with a "lessons learned" document and evidence of actions taken.
- The provider had established clear responsibilities, roles and systems of accountability to support good governance and management and there was oversight of quality and performance, finance, strategy and risk through a board of directors.
- Clinical audits were routinely undertaken for all staff involved in clinical activity that was overseen by the medical director.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. Leaders were clear on areas that required improvement activity and were working to address these.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patient feedback regarding clinical staff and service satisfaction levels were very positive. There were systems in place to respond to concerns and complaints.

The areas where the provider should make improvements are:

- Obtain outstanding evidence and maintain up-to-date records of all mandatory training modules for staff working in the extended access service.
- Embed into practice the new induction programmes and three stage site visit audit process to maintain assurance that premises used by the extended access services are safe and appropriately equipped.
- Review and update the concerns and incident logs to ensure sufficient information is documented to provide a clear audit trail of actions taken.
- Develop a policy on the Accessible Information Standards.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Barrow and Millom PCN Area

Morecambe Bay Primary Care Collaborative Limited (the registered provider) was formed in October 2019 and first registered with the Care Quality Commission (CQC) in July 2020. The organisation became a Community Interest Company in July 2022 and provides regulated activities to the population of Morecambe Bay.

The area covered includes North Lancashire (with the City of Lancaster, Morecambe and Carnforth), through to South Cumbria (from Bentham in the East on the edge of Yorkshire, to the large town of Kendal to the North) and across the Lake District and on to the Furness Peninsula. This area covers over 1,000 square miles with a population of approximately 350,000 citizens.

The provider's stated vision is to enable general practice across Morecambe Bay to thrive, supporting them to provide excellent healthcare; directly or through Morecambe Bay Primary Care Collaborative Limited, so local people live healthy, fulfilling lives to their potential. It has three aims; To support general practice within North Lancashire and South Cumbria, act as an interface for primary medical care and the rest of the health and social care system and to provide high quality, at scale services, both clinical and non-clinical.

The provider has one registered location called 'Barrow and Millom PCN Area' from which it provides regulated activities. Barrow and Millom PCN Area is registered at the head office address of NHS Moor Lane Mills, Moor Lane, Lancaster, LA1 1QD. The provider is registered with the CQC to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

At the time of our inspection the provider delivered a home visiting service for 10 GP practices within the Barrow and Millom Primary Care Network, staffed by a small team of paramedics; a Cytosponge diagnostic pilot service (Cytosponge is a minimally invasive way to perform a preliminary oesophageal cell collection) and an Extended Access Service providing evening and weekend appointments from seven host sites across South Cumbria and North Lancashire.

Appointments for the extended access service can be booked through the receptionist at the patients' local GP practice, where a time and location will be provided. The extended access service operates out of seven local community hubs between the hours of 6:30pm to 8pm on weekdays and at weekends between the hours of 9am and 5pm. Timings occasionally differ, for example during bank holidays.

Regulated activities for the extended access service are delivered to the patient population from the following seven addresses:

- Alfred Barrow Health Centre, Duke Street, Barrow in Furness, Cumbria, LA14 2L
- Morecambe Health Centre, Hanover St, Morecambe LA4 5LY
- Nutwood Surgery, Kents Bank Road, Grange-over-Sands LA11 7DJ
- Station House Surgery, Station Rd, Kendal LA9 6SA
- Ash Trees Surgery, Market Street, Carnforth, LA5 9JU
- Ulverston Health Centre, Stanley Street, Ulverston, Cumbria LA12 7BT
- Norwood Medical Centre, 99 Abbey Rd, Barrow-in-Furness LA14 5ES

The provider has a website that contains information about the organisation and what they do to support local GP practices and patients. Please see: https://mbpcc.co.uk/.

Good

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The service had developed systems to keep people safe and safeguarded from abuse.

- Safety risk assessments had been completed for the head office building which included areas such as the premises, fire safety and legionella. There were also safety policies in place covering a range of areas such as health & safety, infection prevention and control (IPC) and fire. Policies were available on the provider's website and regularly reviewed and communicated to staff. Systems were in place to ensure staff received safety information from the provider as part of their induction training.
- At the time of our inspection, the provider did not have a standardised approach to staff induction. We were informed that staff had been inducted into post but we found one example where a nurse had been deployed to work at a host site was not familiar with the layout of that building. Following our inspection, the provider offered additional evidence to confirm they had developed an induction presentation and a range of role specific and PCN induction programmes. This offered assurance that staff would be inducted in a consistent manner, in accordance with their roles and responsibilities and have an increased awareness of the environment in which they were working.
- The provider had developed adult and children safeguarding policies and procedures that were regularly reviewed and accessible to all staff. Systems were in place to safeguard children and vulnerable adults from abuse and were working as intended.
- The service worked with other agencies to support patients and protect them from neglect and abuse. For example, regular communication with their own GP. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service had developed policies on recruitment and employment checks for clinical staff. The service carried out checks on the staff that worked directly for them. We sampled four staff files and found that the provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service monitored the completion of training required for staff directly employed by the provider. Electronic records of training completed by paramedic staff employed in the home visiting service confirmed they had completed safeguarding and safety training appropriate to their role. For staff working in the extended access service, the provider had relied upon a self-declaration process where colleagues based in extended access host sites, working for the provider, were asked to confirm their training status in relation to the completion of safeguarding and basic life support through a signed declaration. Discussion with and evidence received from senior leaders, confirmed that the provider was in the process of requesting copies of training certificates for a range of mandatory training modules to provide assurance that all staff, including receptionists, were trained to the required standards. A risk assessment with escalating controls, ultimately resulting in staff being unable to work in the extended access service, had also been developed by the provider. Staff we spoke with at the head office during the inspection confirmed they had completed training relevant to their role.
- The provider had developed an incident investigation and management policy which outlined how to raise and report incidents and staff we spoke with confirmed they knew how to identify, raise and report concerns. There was also a hub folder located at each extended access host site which contained information for staff relating to the operation of the extended hours service. For example, on-call guidance, safeguarding, significant events, complaints and patient feedback. A log of incidents had been established however this required additional information to provide a clear audit trail of actions taken, outcomes and the date the incident was closed.
- There were systems in place to manage IPC risks at the head office location which appeared clean and hygienic. We saw that there was a building risk assessment and a cleaning schedule in place which addressed IPC risks.

Good

Are services safe?

- In relation to the host sites, the provider had previously utilised service level agreements (SLAs), which specified that host sites must have arrangements in place that meet the standards outlined in National Institute for Health and Care Excellence (NICE) guidelines on infection control. Following a recent mock inspection that the provider had commissioned, they determined that further work was needed to gather their own evidence and assurance of compliance. We saw evidence that the provider had developed a schedule of audits and a basic site visit audit template. We also saw that five extended access host site visit audits had been completed during September 2022. Following our initial inspection feedback, the provider made further amendments to their site visit audit framework using a new three stage audit process covering infection, prevention and control, emergency medicines and equipment and premises.
- We visited two extended access host sites as part of our inspection, in addition to the provider's head office location. Whilst we saw that premises were clinically suitable for the assessment and treatment of patients, we saw some areas requiring further attention. These included: signage arrangements for the defibrillator location, premises and clinical equipment assurance arrangements, availability of emergency medicines, cleanliness and sharps boxes. Following the inspection, the provider took appropriate action to mitigate risks and shared evidence of these actions with our inspection team.
- There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. Senior staff were contactable and available for staff to escalate their concerns. During extended access periods, an on-call manager was available as well as a service manager to help support the teams. Clinicians working in the service also had access to the on-call GP within each of the practices. A clinical supervisor was also assigned to provide clinical supervision and manage any immediate training needs.
- Staff we spoke with understood their responsibilities to manage emergencies and to recognise those patients in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits or who had been inappropriately streamed into the service.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Staff working in the extended access service had access to clinical systems used by the participating practices to ensure consistency. We saw that the service audited consultations of their staff to ensure that these were completed appropriately.
- The service had advanced data sharing agreements in place with all practices in the area. There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.

Safe and appropriate use of medicines

Good

Are services safe?

The service had reliable systems for appropriate and safe handling of medicines.

- The provider had developed medicines management and prescribing policies and systems and arrangements for managing medicines, including medical gases and emergency medicines which minimised risks.
- Medicines were prescribed to patients and advice given on medicines in line with legal requirements and current national guidance.
- Patients' care in relation to the use of medicines was passed back to the patients' GP and not monitored by the service. Only short-term medicines were prescribed and records we reviewed confirmed this.
- Palliative care patients were able to receive prompt access to pain relief and other medicines required to control their symptoms until they were able to see their own GP.

Track record on safety

The service had a good safety record.

- There were risk assessments in relation to safety issues. The provider had started to conduct monitoring visits of their extended access host sites to ensure they were equipped and operating as intended. The format of these audits was updated following the inspection to improve consistency and a more comprehensive approach.
- The provider monitored and reviewed activity. They had also commissioned an external consultant in July 2022 to undertake mock inspections of their extended access host sites and provide feedback.
- There was a system for receiving and acting on safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, during the inspection, the provider informed us of a significant event which resulted in a loss of their data relating to recruitment records. In response, the provider worked with their IT provider to try and recover documentation, implemented a secure shared storage area, risk assessed the incident and worked to recover lost records.
- The service learned from external safety events and patient safety alerts. The service reviewed medical alerts for relevance and had an effective mechanism in place to disseminate alerts to all members of the team. Records were stored for reference.

Good

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from NICE and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed by establishing a system of internal audit.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- There was a system in place to identify patients with particular needs, for example, palliative care patients. Care plans, guidance and protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- We saw evidence which confirmed the provider had systems in place to monitor, audit, record and share information relevant to the performance of the extended access service with commissioners.
- The service had developed a clinical audit protocol and made improvements through the use of completed audits. For example, the provider operated a clinical audit process overseen by the organisation’s medical director and two recently appointed clinical auditors. Auditors reviewed clinical staff against the Royal College of General Practitioners toolkit where appropriate and scored and provided feedback on findings. Where there were opportunities to improve, the medical director met with clinicians to offer a supportive conversation and agree any required improvements. Furthermore, the provider had completed an audit of the prescribing of controlled drugs during the period 8 March 2022 to 8 September 2022. The audit findings were that controlled drugs being prescribed within the extended access service were being prescribed appropriately.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The provider had developed a basic induction programme and staff whose records we reviewed were appropriately qualified. Following our inspection, the provider updated their induction documentation to ensure a more standardised and role specific approach moving forward, to include familiarisation with the environment in which staff would be working.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider had implemented a learning and development policy. They understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were in the process of being updated to ensure accurate and comprehensive records were maintained for all staff. Staff were encouraged and given opportunities to develop and this was evidenced through employee development plans.

Good

Are services effective?

- The service provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. We noted that formal appraisals had been paused during the COVID-19 pandemic and in most cases these had been replaced with less formal one-to-one meetings. We were informed that the organisation had recently moved to reinstate formal appraisals and had started to implement appraisal plans across all teams. The provider could demonstrate how it also ensured the competence of staff employed in advanced roles by audit of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and services, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, or when they were referred. Staff communicated promptly with patients' registered GPs so that the GP was aware of any need for further action.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the clinical system that was used by all participating practices.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments and transfers to other services. Staff whose training allowed, were empowered to make direct referrals and appointments for patients with other services.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The service identified patients who may need extra support. For example, those patients that were booked into the service by their own GP practice had alerts on the clinical system to identify if they needed extra support.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated the service as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff were supported to complete equality and diversity training to help them understand the importance of anti-discriminatory and anti-oppressive practice.
- The service gave patients timely support and information.
- The service had developed a patient questionnaire. The provider monitored feedback and routinely completed a summary report. Comments received from patients had been included within the patient feedback summary report and these confirmed that patients were treated in a caring and supportive manner. We also spoke with a parent and their child who were attending an extended access host site. They provided positive feedback on their experience of using the service and the manner in which they had been treated. Additionally, the provider maintained a compliments log which provided an example of positive feedback from the representative of a patient and their experience with a fast track two week wait referral.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care. Although the provider had not developed a policy on the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given), leaders and staff we spoke with demonstrated a good awareness of their duties and responsibilities.

- The service had systems in place to identify the communication and support needs of patients at the point of referral. The service then liaised with extended access host sites to ensure suitable resources were available for patients.
- Interpretation services were available for patients who did not have English as a first language and additional aids such as a hearing loop were available within extended access host sites.
- Staff communicated with people in a way that they could understand. For example, the service was able to produce information in alternative formats such as large print and different languages, subject to the individual needs of patients.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff were able to articulate how they respected confidentiality at all times.
- Staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The service understood the needs of its population and tailored services in response to those needs. For example, the provider adjusted their appointment types to best suit patient's needs and monitored utilisation data and performance targets including any variance.
- The service routinely engaged with commissioners to provide feedback on their key performance areas and adjusted their services where necessary to meet the expectations of commissioners and their patients. We saw evidence which highlighted that key performance indicators were being achieved and that 60% and above of appointments delivered were face to face appointments. The minutes of the board meeting in August 2022 also detailed that appointment utilisation was at 90% for the extended access service.
- In addition to delivering an extended access service across Morecambe Bay, the provider had also established a paramedic home visiting service to respond to the ongoing challenges of supporting vulnerable patients unable to travel to the extended access host sites. This enabled an extension of acute and long-term health management for the population of patients living within the Barrow and Millom Primary Care Network (PCN). Plans were in place to expand the provision of this service in the future to include Mid-Furness PCN.
- The provider engaged with commissioners to secure improvements to services where these were identified. For example, the provider was involved in delivering a cytosponge in the community pilot scheme. Cytosponge is a procedure to collect cells from the oesophagus during which patients swallow a capsule which is recovered and the sponge device is then sent to pathology for screening. The cytosponge procedure prevents the need for gastroscopy (a procedure where a thin, flexible tube called an endoscope is used to look inside the oesophagus) in day care or longer-term hospital care.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example, those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered. For example, the extended access host sites viewed during the inspection provided ground floor level access and clinical rooms in use were located at the same level. The service made reasonable adjustments when people found it hard to access the service
- The service had developed a patient questionnaire and receptionists encouraged patients to provide feedback on their experience of care following appointments at each extended access host site. Quarterly reports were produced which summarised the findings of the feedback received. We looked at the summary report for the period July to September 2022. Out of 69 responses, 98.6% of patients rated the clinician as good or excellent and 99.3% of people seen during this period rated their overall satisfaction as good or excellent. Comments received from patients had also been included in the report and these confirmed that patients were treated in a caring manner.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment from the extended access service at a time to suit them. The extended access service operated out of seven community hubs between the hours of 6:30pm to 8pm on weekdays and at weekends between the hours of 9am and 5pm. Timings occasionally differed, for example during bank holidays.

Good

Are services responsive to people's needs?

- Patients were able to access the extended access service by booking an appointment via their local GP surgery. Appointments were either pre-bookable (for routine and non-urgent issues) and non-routine (on the day) appointments providing same day advice, assessment, care or treatment. The service also worked with commissioners, GP practices and wider stakeholders such as NHS 111 to further develop systems for pre-bookable GP appointments and access to medical records in accordance with national guidance.
- The paramedic home visiting service worked alongside core general practice in the Barrow and Millom area to support member practices to deliver a home visiting model.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs, usually back to their own GP.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were passed to the patient's own GP in a timely way. For example, if a two-week wait referral was required, the extended access clinician was expected to complete a referral form and send a task to the patient's GP practice using a red flag before the end of the session. Safety netting systems were also in place to safeguard the wellbeing of patients.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had developed a complaints procedure to provide guidance to staff and patients on how to handle and raise complaints. We noted that the policy and information on how to raise a complaint was also available on the provider's website. Following our inspection, we highlighted to the provider that information on how patients could raise a complaint was not readily available at the extended access host sites for patients to view, although information was available in a dedicated folder for staff to reference. In response, the provider developed a patient information leaflet to display at each location, which contained information on how patients could raise a complaint or concern.
- The complaint policy and procedures were in line with recognised guidance. A log of complaints and concerns had been established however this required additional information to provide a clear audit trail of outcomes and the date the concern or complaint was closed. We reviewed the provider's complaint records which indicated that six complaints were received in the last year. We found that complaints were satisfactorily handled.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Good

Are services well-led?

We rated the service as good for providing well-led services:

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges to service delivery, areas for improvement and were proactive and committed to addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use. We saw that documentation at each extended access host site was available and staff we spoke with knew how to access it.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and strategy to deliver high-quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had developed supporting business and annual plans to achieve priorities. Leaders were able to articulate these in a detailed presentation and demonstrated commitment, enthusiasm and passion to their implementation.
- The service had developed a mission statement: “To support General Practice across Morecambe Bay to succeed, to act as an interface with the wider health economy and to provide high quality “at scale” primary care services both clinically and non-clinically”. The stated vision of the organisation was “Morecambe Bay Primary Care Collaborative supports sustainable General Practice across Morecambe Bay, securing future care provision for local people and improving outcomes by supporting practices to succeed”.
- The service developed its vision, values and strategy jointly with staff and stakeholders.
- Service staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region and was agreed with commissioning bodies locally. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy in board meetings that focused on finance, quality and performance and strategy topics on a rotational basis. The rotation occurred on a monthly basis. Board members also met annually with shareholding practices for an annual general meeting (AGM) and strategy “away days” to set future objectives. The last meeting was in June 2022. The provider also had one sub-committee that met on quarterly basis and focussed on quality and safety matters.
- The provider ensured that participating practice staff who worked for the service felt engaged in the delivery of the service’s vision and values. Those staff we spoke with who worked at these locations confirmed this.

Culture

The service had a culture of high-quality sustainable care.

- Staff we spoke with felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.

Good

Are services well-led?

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time or professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. For example, we noted that the provider had undertaken lone worker risk assessments for paramedic staff working in the home visiting service.
- The service had developed an equality and diversity policy. Staff were supported to complete equality and diversity training and those we spoke with felt they were treated equally.
- There appeared to be positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. We saw examples of service level agreements, memoranda of understanding and standard operating procedures which clearly defined contractual obligations, delivery standards and roles and responsibilities.
- Staff we spoke with were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established and continued to develop policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. Some areas of activity had only recently been established and were subject to ongoing review, development and embedding into practice. For example, the programme of site visit audits.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The service had developed an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The organisation maintained a single integrated risk register which was monitored by a board of directors.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of incidents and complaints. Performance was regularly discussed at senior management and board level. Performance information was shared with staff and the local Integrated Care Board (ICB – replaced the Clinical Commissioning Group) as part of contract monitoring arrangements.
- Clinical audit was limited due to the service's limited clinical responsibilities, but what had been done had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had plans in place and had staff were provided with guidance on how to respond to major incidents.

Good

Are services well-led?

- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care. For example, paramedic staff employed in the home visiting service were equipped with lap top computers and mobile phones to enable them to work remotely within the community.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, patient feedback, complaints, internal meetings and conversations with key stakeholders.
- Staff were able to describe to us the systems in place to give feedback such as appraisal conversations and informal and formal meetings. The provider submitted various examples of team meeting minutes that confirmed there were opportunities for staff in the paramedic home visiting service and also between the provider and primary care network teams to share and receive information.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. For example, the provider acted swiftly to address information highlighted during the inspection feedback.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the pilot schemes the provider was involved in. For example, the Cytosponge in the community project.

Good

Are services well-led?

- There were systems to support improvement and innovation work. For example, the provider was in the process of expanding their extended access service, in response to national changes. For example, it had altered and merged into the PCN direct enhanced service called Enhanced Access. The provider recognised that the new model would require more hours to meet practice's changing needs and was working with colleagues in primary care networks to establish an integrated model of delivery to meet their contractual obligations.