

# GP Hub Central Croydon

## Inspection report

East Croydon Medical Centre  
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Croydon  
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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 service is rated as Good overall.** (Previous inspection September 2018 – Good)

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 GP Hub Central Croydon on 22 April 2022 as part of our inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Complete all the actions following infection prevention and control audits.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

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

## Background to GP Hub Central Croydon

GP Hub Central Croydon operates from 59 Addiscombe Road, Croydon, CR0 6SD and provides a GP led, pre-booked service for patients with minor ailments. Local patients can get an appointment by completing a web-form on the service's website or by calling the NHS 111 service who can book an appointment to this service as required. The service is one of the three GP hubs in Croydon commissioned by the South West London Clinical Commissioning Group (CCG) and is available to local residents and to patients who work in the area. In 2021-22 the service (all three GP hubs) saw a total of 66,698 patients including face to face appointments and telephone consultations, with the majority of these being pre-booked patients. The service is provided by Primary Care Partners Limited as part of the Croydon Urgent Care Alliance which includes Croydon Health Services NHS Trust and Croydon GP Collaborative. The service website can be accessed through the following link: <https://croydongphub.co.uk/>

The service is open from 8am to 8pm seven days a week. The provider has centralised governance for its services which are co-ordinated by service managers and senior clinicians.

The clinical and non-clinical staff work across all three GP hubs. The clinical team is made up of one full-time male clinical lead GP, one part-time male salaried GP, 11 long-term locum GPs, one junior doctor, and eight long-term locum/agency advance nurse practitioners. The non-clinical service team consists of a service manager, an assistant service manager, two site supervisors and twelve administrative or reception staff members.

The provider is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, treatment of disease, disorder or injury and surgical procedures.

# Are services safe?

**We rated the service as good for providing safe services.**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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). We reviewed personnel files of three staff members and found appropriate recruitment checks had been undertaken prior to employment.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. However, some of the actions following infection prevention and control audits had not been completed. The provider informed us that they had been in contact with the landlord in relation to completing these actions and that regular deep cleaning is in place to mitigate the issues.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. 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 and the service manager monitored the surges and allocated staff appropriately.
- The daily duty team consisted of a GP, a nurse practitioner, a site co-ordinator and a receptionist. Staff we spoke to indicated that the number of patients waiting to see a clinician were continually monitored and additional staff were brought in during busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those 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.
- 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.
- All administrative staff were fire marshals and had completed fire marshal training.

## **Information to deliver safe care and treatment**

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

# Are services safe?

- 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.
- The service had 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.

## Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

## 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 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. All incidents were centrally reviewed for all three GP hubs and we saw any learning from these incidents was shared with staff. The service carried out a thorough analysis of significant events. The provider informed us that they were using a new incident management system since May 2021 so the incidents, outcomes and learning were accessible to the all members of staff. They informed us that they also used this new system to store policies and procedures, manage complaints and safeguarding concerns, conduct audits and other quality improvement activities.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. The provider held a central log of all the medicines and safety alerts and actions undertaken for relevant alerts.
- Learning was used to make improvements to the service. For example, the provider informed us that when their electronic patient management system went down on one of their sites there was learning around the people to contact during IT issues, impact on using paper documentation, impact on the teams on other two GP hubs and on how they integrated and used other sites and services.

# Are services effective?

**We rated the service as good for providing effective services.**

## **Effective needs assessment, care and treatment**

The provider 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 the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The patient records we reviewed during the inspection confirmed this.
- We saw no evidence of discrimination when making care and treatment decisions.
- Reception staff we spoke to during the inspection told us how they would identify patients who may need to be seen immediately and alerted clinicians who prioritised seeing these patients. Reception staff also knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

The service used the information collected for the local Clinical Commissioning Group (CCG) and performance against contractual key performance indicators to monitor outcomes for patients. This information was available on a performance dashboard, monitored locally and regionally.

Information recorded and presented in the service performance (includes data from all three GP hubs against a target of 95%) included (Data from the Croydon Urgent Care Alliance contract monitoring report):

- Patient time to initial assessment performance (walk-in patients): The service had a maximum arrival to initial assessment time of 15 minutes. In 2021/22 on average 98.8% of adults and 100% of children were assessed within this target time (Please note that the time to initial assessment data was not recorded for 36% of adults and 35% of children seen).
- Patient seen within 30 minutes of a pre-booked appointment performance: In 2021/22 on average 99.3% of patients were seen within 30 minutes.
- Patients discharged within two hours performance (walk-in patients): In 2021/22 on average 98.6% of patients were discharged within two hours of arrival.

The provider also collected and monitored Emergency Care Data Set (ECDS) data which included level of emergency care, transport requirement of patients, ethnicity, discharge status, discharge destination, discharge follow-up and recording of ECDS diagnosis codes.

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The service had undertaken monthly audits to review 1% of the clinical notes across the whole GP Hub service, which is based on criteria set by Royal College of General Practitioners (RCGP). Each clinician had (some of their) clinical notes included in every review. The audit provided an overview of clinical practice and documentation provided by the clinicians and enabled them to focus on areas that needed improvement.

# Are services effective?

- The service undertook an audit to ascertain if antibiotics were prescribed following evidence-based guidelines. During November 2021 the provider identified 1512 (21% of patients attending the three GP hubs) patients who had been prescribed antibiotics and that 60 patients were prescribed high-risk antibiotics; the provider reviewed the records of these patients and found that 10 patients were not appropriately prescribed with first line antibiotics. Following the audit, the findings were shared with the regional medical director and with individual prescribers and was discussed in a clinical meeting. The provider undertook a re-audit and identified 781 (25% of the patients attending the three GP hubs) patients who had been prescribed antibiotics and that 37 patients were prescribed high-risk antibiotics; the provider reviewed the records of 36 patients and found that nine patients were not appropriately prescribed; however, there was a significant reduction in the levels of antibiotics being prescribed. The provider informed us that they would continue to monitor antibiotic prescribing on a three-monthly basis.
- The provider undertook an audit to ascertain if two week wait cancer referrals were made within 48 hours of being seen. The provider found that they had made 122 two week wait referrals between May 2021 and March 2022; they found all the referrals were made either the following day or the next working day and that appointments were made through electronic referral system or a letter was sent. The provider had plans to continue to monitor two week wait referrals on a three-monthly basis and to review patient outcomes and clinical appropriateness of these referrals. The provider informed us that they had shared the results of this audit on a clinical meeting.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure patients were referred to other services for support as required. The service worked with patients to develop personal care plans that were shared with relevant agencies.
- The patients who used the service had a report detailing the care they received sent to their GP after discharge usually by 8am the next morning.

# Are services effective?

- 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.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service.
- 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 were empowered to make direct referrals and/or appointments for patients with other services.

## Helping patients to live healthier lives

As a GP Hub, the service was not able to provide continuity of care to support patients to live healthier lives in the way that a GP practice would. However, we saw the service demonstrate their commitment to patient education and promotion of health and well-being advice.

- The service identified patients who may be in need of extra support. For example, the provider identified patients without a registered GP attending this service and helped them register with a GP.
- 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.



# Are services caring?

**We rated the service as good for caring.**

## **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.
- The service gave patients timely support and information. Reception staff gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs.

The provider recently undertook a patient experience survey and received 39 responses (includes responses from all three GP hubs). Please see the results below:

- 97.4% of patients indicated that the receptionist team at the GP hub were either very helpful or fairly helpful.
- 87.2% of patients indicated that the healthcare professional was either very good or good at giving enough time during their appointment.
- 87.2% of patients indicated that the healthcare professional was either very good or good at listening to them.
- 84.6% of patients indicated that the healthcare professional was either very good or good at treating them with care and concern.

## **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- 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.

The provider recently undertook a patient experience survey and received 39 responses (includes responses from all three GP hubs). Please see the results below:

- 92.3% of patients indicated that they were definitely or to some extent involved in decisions about their care and treatment.
- 94.9% of patients indicated they definitely or to some extent had confidence and trust in their healthcare professional they saw or spoke to.
- 45.2% of patients indicated that their healthcare professional definitely or to some extent understood the mental health needs they might have had.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

# Are services caring?

- Staff respected confidentiality at all times.
- Staff 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.

The service had received five reviews through NHS website (accessed 27 April 2022) since August 2020; two patients had given 5/5 stars; three patients had given 1/5 stars. The provider had responded to both positive and negative comments.

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the provider informed us that the patients have a choice to either book a face to face or a telephone appointment. The provider engaged with commissioners to secure improvements to services.
- The provider undertook an audit of patients referred to the local urgent care centre and emergency department from GP hubs following a change in their booking system which allowed patients to be booked by NHS 111 and also through the hub website. Following three months of this change they reviewed the number of appointments that were conducted through telephone compared to face to face. They found that their overall patient numbers had dropped since the change due to the controlled and triaged booking process through NHS 111 and online; however, the proportion of telephone and face to face consultations remained unchanged. The provider suggested that the patients in an unscheduled care setting were happy to receive a telephone consultation and attend a face-to-face appointment if there was a need or recommendation. The provider indicated that the impact of this booking system to the number of patients seen in the emergency department would be assessed in the future.
- The provider spoke to the local resident associations to tailor their service to needs of the local population.
- The facilities and premises were appropriate for the services delivered.
- The service was responsive to the needs of people in vulnerable circumstances. For example, we saw examples of how they identified and supported patients with mental health issues.
- The service made reasonable adjustments when people found it hard to access the service. For example, patients had access to interpreting services including British Sign Language interpreters. The provider informed us that they had a diverse workforce and staff could speak different languages who could be used as interpreters.

## **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 at a time to suit them. The service operated between 8am and 8pm seven days a week.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients could access the service by completing a webform on the service's website and also through pre-booked appointments through NHS 111. They also provided a walk-in service where patients could attend without an appointment to see a clinician.
- Patients with the most urgent need had their care and treatment prioritised. Walk in patients were booked into the service on a first come first served basis; however, reception staff used a scoring system which they used to identify patients who may need to be seen immediately and alerted clinicians who prioritised seeing these patients. Reception staff also knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.
- The service engaged with people who were in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.
- Where a patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

# Are services responsive to people's needs?

The provider recently undertook a patient experience survey and received 39 responses (includes responses from all three GP hubs). Please see the results below:

- 92.3% of patients indicated that they were either very satisfied or satisfied with the appointment times that were available.
- 89.7% of patients indicated they were satisfied with the type of appointment they were offered.
- 94.9% of patients indicated that their overall experience of making an appointment were either very good or fairly good.
- 92.3% of patients indicated that their appointment needs were definitely met or to some extent.
- 76.9% of patients indicated that they definitely or to some extent had enough support from local services or organisations to help manage their condition(s) in the last 12 months.
- 97.4% of patients indicated their overall satisfaction with their GP hub was either very good or fairly good.

## **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.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. ten complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. The provider informed us that the major cause for complaints was communication related.

# Are services well-led?

**We rated the service as good for leadership.**

## **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 and were 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.
- 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 credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff we spoke to 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. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

## **Culture**

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

- Staff we spoke to felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- 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 incidents and complaints we reviewed confirmed this. 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. All staff received regular annual appraisals; the provider had a system in place to undertake all staff appraisals during February and March each year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The provider supported staff in their career development. For example, they informed us that they supported clinical staff to undertake clinical courses and masters' degrees.
- All clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

# Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were 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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The local management team included a service manager, an assistant service manager, a GP clinical lead, a site co-ordinator who were overseen by a regional manager, regional medical director and regional nurse lead.
- The provider had a company lead nurse who supported the recruitment of nurses and GPs across the hubs, supported the regional nurse leads and submitted quarterly reports on the nursing service to the clinical assurance board and governance team.

## Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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 MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- 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.
- The providers had plans in place and had trained staff for major incidents.
- 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.

# Are services well-led?

- 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.
- 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, the provider informed us that the patients have a choice to either book a face to face or a telephone appointment.
- Staff were able to describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service used a business social media platform to communicate with staff which could be accessed in a computer or through a mobile application. The staff could access local policies, protocols and updates through this platform and used it to share knowledge and experience.
- The NHS Friends and Family Test results for March 2022 shared by the provider indicated that 97% (38 patients) of patients reported that they would recommend this service to a friend or family member.

## 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.
- 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 were systems to support improvement and innovation work.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, the provider informed us that they were the first in England to provide appointments in their GP hubs through NHS 111 online to a wider population across Croydon. Any patient can access this service, if the GP hub was a suitable destination, they would be offered a call-back from a hub clinician within a specific time frame, according to the acuity of their condition. This service went live on 24 March 2022.
- The provider was undertaking a pilot to establish and expand a clinically led, approved and governed pathway between the emergency department in the local hospital and GP hubs in Croydon. This pathway would allow the local emergency department to book appropriate face to face appointments to the GP hubs 24 hours a day.
- The provider undertook a pilot of a new model of care where 111 emergency treatment centre dispositions which arises from non-clinical health advisors for patients originated in the Croydon locality were managed by an Integrated Virtual Clinical Assessment Service (IVAS) provided by the hub GPs. This pilot allowed the hub GPs to virtually consult with the patients and re-directing patients to the most appropriate service. The provider informed us that this pilot is set to be decommissioned in June 2022.