

# GP EXTENDED ACCESS

## Inspection report

University Hospital Lewisham  
Lewisham High Street  
London  
SE13 6LH

Tel: 020 8333 3401

[www.onehealthlewisham.co.uk/gpea](http://www.onehealthlewisham.co.uk/gpea)


Date of inspection visit: 27 March 2019

Date of publication: 05/06/2019

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?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

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 Extended Access on 27 March 2019 as part of our inspection programme. This was the first inspection of this service. The service was registered by CQC on 7 April 2017 is registered to provide three regulated activities: Diagnostic and screening procedures, family planning, treatment of disease, disorder or injury.

At this inspection we found:

- Whilst safety alerts had been managed appropriately, there was no formal safety alert protocol to notify staff who were prescribers or who administered medicines. There was no system in place to ensure oversight that appropriate actions had been completed.

- 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 and reported that they were able to access care when they needed it.

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

- Review the system for managing safety alerts.
- Continue to implement a quality improvement programme to demonstrate improved clinical outcomes for patients.
- Review the need to have a system to periodically check that risk management activities are being undertaken and retain records of recommended actions and monitor progress on these.

**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 GP specialist adviser.

## Background to GP EXTENDED ACCESS

GP Extended Access service (GPEA) operates from University Hospital Lewisham (UHL), Lewisham High Street, London SE13 6LH. The service is co-located in the Yellow Zone within the Accident and Emergency and Urgent Care Centres. The service is provided by One Health Lewisham and is commissioned by the local Clinical Commissioning Group (CCG). The facility consists of two consultation rooms, a treatment room, reception area and an isolation room. The premises are managed by the hospital trust, Lewisham and Greenwich NHS Trust. The service is open from 8am to 8pm seven days a week.

The GP Extended Access (GPEA) service is available to any patient registered to a GP Practice in Lewisham and who consents to their medical record being shared.

Appointments can be booked by the registering GP practice, Urgent Care Centre (UCC), SELDOC and NHS 111. GPEA does not offer a walk-in service and all appointments must be pre-booked. GP practices in

Lewisham can directly book an appointment for their registered patients to be seen at the service including same day appointments. Nurse appointments are also available.

The service is commissioned to provide 29,916 appointments per annum of which 28% (8,928) could be carried out by nurses and the remaining 20,988 (72%) by GP's.

The clinical team at GP Extended Access is made up of one part time clinical lead GP, 17 sessional GPs, nine part time nurse practitioners and six part time reception staff. The non-clinical service team consists of an operations service manager, an assistant service manager and 6 part time reception staff members.

The provider has centralised governance for GPEA's services which are co-ordinated by the One Health Lewisham's board of directors. 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 service had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Clinicians were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to level 2. Staff knew how to identify and report concerns. Learning from safeguarding incidents were discussed at relevant meetings. Staff told us that any children who did not attend appointments were task reported back to their own GP.
- Staff took steps, including working with other agencies, 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).
- The service had a chaperone and consent policy. Notices were displayed in reception to advise patients that a chaperone service was available. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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 practice infection control policy included reference to vaccination/immunity to Hepatitis B for all staff who might come into contact with blood/body fluids, clinical waste and sharps in the course of their duties. Immunity to other diseases was not included in the policy. Records we checked showed staff had been screened and completed a Hepatitis B immunisation course.
- There was evidence of checks of professional registration in the staff files we checked.
- There was an effective system to manage infection prevention and control. We observed the premises to be clean and tidy. We saw evidence of cleaning specifications and records were in place to demonstrate that cleaning took place daily. The service undertook their own infection prevention and control audits in addition to hospital audits and acted on the findings.
- The service had arrangements with the hospital to ensure that facilities and equipment were safe and in good working order. However, GPEA had no system to assure themselves that safety checks were being undertaken. The service did not retain copies of records relating to risk management activities undertaken by the hospital. Following our inspection, GPEA obtained a copy of the annual risk assessment completed by the hospital departmental manager which included a record of premises and safety checks completed in October 2018.
- Fire safety checks were the responsibility of the NHS trust facilities service at Lewisham University Hospital. We saw fire extinguishers had been regularly serviced and the practice showed us the log of fire drills carried out by the hospital facilities service which showed the last fire evacuation drill had been completed in January 2019. However, there was insufficient information displayed about what to do in the event of a fire. We did not see any fire action notice displayed in the service. We spoke to staff about this. They told us they were waiting for the hospital facilities team to supply them with the notices. We saw fire exit signs in the premises.
- Arrangements for managing waste and clinical specimens kept people safe.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment.

## Risks to patients

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

- The service had a risk management policy. 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. The service maintained an electronic rota. Staff told us that annual leave and staff availability were forward planned two months ahead of time.

# Are services safe?

- 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. The service had an escalation protocol for patients booked in to GPEA who on arrival were seen to be very unwell. Clinicians knew how to identify and manage patients with severe infections, for example sepsis. The service displayed posters to help prevent sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- When there were changes to services or staff the service assessed and monitored the impact on safety. 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.
- The service had an escalation protocol to manage medical emergencies and incidents. There was a defibrillator and resuscitation trolley in the service with Oxygen, ambu bags for adults and children and emergency medicines. We saw a checklist for emergency medicines and equipment which was maintained by the lead nurse.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. A copy of the plan is stored off site at the central office in Bromley. The plan included emergency contact numbers for staff.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Routine referrals were generally organised through the registering GP practice to ensure continuity of care. However, sessional clinicians at GPEA could also make routine referrals. GPs prepared electronic referral forms and receptionists were tasked with emailing the referral to the appropriate destination and documented this in the patient's record.
- The service used a website portal to complete two week wait (2WW) referrals so that patients left the GPEA service with an appointment where possible. The service audited 2WW referrals. Receptionists were required to seek confirmation that 2WW referrals had been received by the GP practice. There was a staff handbook with guidance on how to complete a 2WW referral.
- GPEA clinicians could make pathology requests. Pathology results were sent to the patient's practice through the lab link facility. In cases where urgent action was required, the sessional GP could directly send a task to the patient's registering GP.
- The computer systems at the hospital were closed to GPEA and the service was unable to save files to the hospital server. Staff told us this did not affect the medical system which was cloud based and patient information was saved directly to the patient record.

## Appropriate and safe use of medicines

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

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. The GPEA service had data sharing agreements in place with all Lewisham GP practices which enabled staff working in the service to write directly into the patient's medical record.

- 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Consultation notes and discharge summaries were recorded directly into a patient's medical record which meant the record was available in real time to GP practices for Lewisham registered patients.
- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines. Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The service had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The provider had undertaken audits on the management of patients with urinary tract infections which looked at antimicrobial prescribing.

# Are services safe?

- The service had a protocol for managing instances of repeat attenders only coming to GPEA requesting medication. If a patient had more than three back to back GPEA attendances within 2 months asking for medication, then they would be redirected for review at their practice for any subsequent medication.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Staff told us they follow local medicine optimisation guidelines on prescribing of high-risk medicines which require close monitoring. We saw some guidance in the sessional staff handbook about prescribing medications that require monitoring. For example, warfarin, lithium, azathioprine and methotrexate.

## Track record on safety

The service had a good safety record. The provider had mechanisms that monitor, improve and respond to safety and quality of care issues.

- At this inspection we were not able to review the risk assessments in relation to safety issues. We asked what arrangements for risk management were in place. Staff told us the hospital trust facilities service carried out security and safety risk assessments. However, GPEA service had no system to periodically check that risk management activities are being undertaken. Following our inspection, GPEA sent us evidence of a non-clinical safety risk assessment which was completed each year by the hospital departmental manager.
- Staff understood how to deal with alerts. However, there was no formal safety alert protocol in place. Staff told us that safety alerts were received by the operations manager and were printed out and kept in a folder on

the reception desk. The service could not assure themselves that all clinicians had read the safety alerts. We saw a log of all the medicines and safety alerts. However, there was no system to monitor what searches had been done of patient records or what actions had been identified and followed up. We discussed this with the service and following our inspection they provided us with a draft protocol for managing 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. We saw evidence that the provider reviewed all incidents centrally for GP Extended Access and any learning from these incidents was shared with staff. The service carried out a thorough analysis of significant events. The provider held a monthly meeting to review any incidents or complaints from the previous month and agree any required actions. The GPEA Clinical Lead, GPEA Nurse Lead and the service manager attended these monthly meetings.
- The service did not have an effective mechanism in place to disseminate alerts to all members of the team. Staff told us they discussed learning from medicines and safety alerts in clinical meetings and minutes to these meetings were emailed to all clinical staff to ensure learning; we saw evidence to support this.

# 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. For example, there were protocols for nursing staff to follow regarding wound care and cervical screening. There was a failsafe system in place for following up abnormal smear results.
- 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support, this included information for patients about what to do after they left the service. The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. There was an isolation area should it be required.
- Staff assessed and managed patients' pain where appropriate. Reception staff knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.

## Monitoring care and treatment

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

The service was generally meeting its locally agreed targets as set by its commissioner:

- Patient time to initial assessment performance: The service had a maximum arrival to initial assessment time of 30 minutes. In 2017/18 on average 97% of adults and 99% of children were assessed within this target time.
- Patient seen within 30 minutes of a pre-booked appointment performance: In 2018 on average 98% of patients were seen within 30 minutes.
- The percentage of available appointments booked by type (nurse 72%, GP 93%, and Urgent Care/111 47%) which is below the target of 75% utilisation across all slot types.

Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. For example,

- The Did Not Attend (DNA) rate across nurse only appointments, GP and Urgent Care/111 appointment slot types was 14% (4,188 appointments) which was below the target of 15% local CCG target. The service was aware of the high DNA rate and had audited the DNA rates over the last year.
- Information was used by the service to monitor local GP practices whose patients frequently visited GPEA. The GP practices with above average patient numbers were contacted by the service, provided with the information the service held and explained the admission criteria for GPEA.

There was evidence of quality improvement and they routinely reviewed the effectiveness and appropriateness of the care provided.

- The service made improvements through the use of completed audits. 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. For example, the service had undertaken monthly audits to review 1% of the consultation notes across the whole GPEA service, which is based on criteria set by Royal College of General Practitioners (RCGP). The service reviewed the notes of long-term locum GPs using the RCGP criteria and one to one feedback was provided if any concerns were identified and we saw evidence to support this. The service informed us that they had made improvements to several areas of documentation including examination, prescribing, discharge summaries and referrals.



# Are services effective?

- The service undertook monthly antibiotic prescribing audits to ascertain if antibiotics were prescribed according to evidence-based guidelines; they discussed the results of this audit in clinical meetings. The service had undertaken a clinical audit to find out if patients presenting with urinary tract infection were managed according to local antimicrobial guidelines. The first cycle of the audit found 15 male patients and 138 female patients with urinary tract infection; they found that 73% of the male patients and 87% of female patients were appropriately managed according to local antimicrobial guidelines and majority of these patients were prescribed for the correct duration. The service had discussed this audit in a clinical meeting and were planning to re-audit in three months' time.

## Effective staffing

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

- 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.
- All staff had received safeguarding and safety training appropriate to their role. Up to date records of skills, qualifications and training were maintained. The practice had created a matrix to monitor staff qualifications and training. Mandatory training for staff included Basic Life Support, Safeguarding adults and children, Sepsis, Chaperoning, Mental Capacity and Consent, Fire Safety, Infection Control, Information Governance, Confidentiality, General Data Protection Regulation, Prevent training, Equality and Diversity, Conflict Resolution, Confidentiality, Health and Safety.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. There was an induction programme for new staff. All staff had an appraisal within the last 12 months.
- There was a process of registering GPs to work in the GPEA service. GPs from Lewisham GP practices were recruited through the provider, One Health Lewisham

(OHL). We saw a job description for sessional GP staff which included a confidentiality agreement and a list of health and safety responsibilities. The lead GP and nurse clinical leads directly supervised the new clinicians.

- There was a handbook for sessional clinical staff which had useful contact information, guidance and links to policy documents and a receptionist handbook with guidance on day to day tasks.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. 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 with other with other organisations to deliver effective care and treatment.

- The service had systems to support continuity of care for patients through timely and accurate sharing of information. The service used medical record software which allowed the GP to view and write directly in to the patient's usual GP practice record.
- 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. Staff told us there were a high number of patients attending GPEA without a pre-booked appointment. Patients who attended GPEA without an appointment had their needs assessed and where appropriate were advised to contact their own GP. Staff told us any patients without an appointment, who on arrival were deemed as very unwell, were assessed by a doctor and redirected to the Urgent Care Centre on site. GPEA staff maintained a log of all inappropriate bookings. There was a process for checking appropriateness of all patients booked in to GPEA appointments.
- Patients received coordinated and person-centred care. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. Consultation notes and discharge summaries were recorded electronically directly into a patient's medical record which meant the patient's registered GP was able to see all notes made during the GPEA consultation.



# Are services effective?

- 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.

## Helping patients to live healthier lives

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 supporting patients to manage their own health and promotion of health and well-being advice.

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Staff we spoke to demonstrated a good knowledge of local and wider health needs of patient groups who may attend the GP Extended Access service. GPs and nurses told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

## 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. The service had a process for confirming consent to share information about care and treatment. When a patient attended an appointment the GP would explain to the patient that patient notes would be shared. If a patient declined to consent, the appointment was terminated.

# Are services caring?

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

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion. The service had taken steps to monitor and improve patient feedback from their own GP patient satisfaction survey so as to ensure it was in line with CCG and national averages.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with feedback received by the service. Patients reported that the service provided was quick and efficient and staff were friendly and caring.

In 2017/18 342 surveys were completed by GPEA patients. The findings of this survey included:

- 85% of patients thought that the location of the service was either good or very good.
- 89% either agreed or strongly agreed that the GPEA clinician listened to their needs.
- 90% agreed or strongly agreed that they were treated with respect and dignity during their consultation.
- 87% were satisfied or very satisfied with the care they received.
- 88% were likely or extremely likely to recommend the service to friends or family.

## **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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. There was a hearing loop in the reception area.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- 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 respected confidentiality at all times. When patients wanted to discuss sensitive issues, or appeared distressed, reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- The service monitored the process for seeking consent appropriately.

# 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. The main referral source were Lewisham GP Practices. Different appointment slots were used to manage appointments available to the different referral services. GPEA staff worked with colleagues in the UCC and paediatric department to reserve appointment slots for patients they had streamed and who were registered with a Lewisham GP practice. Nurse appointments were available to be booked 7 days in advance.
- GPEA ran a cervical screening clinic on Thursdays 5-7.30pm and weekend appointments were available. There was an agreement that the patient's own GP Practice followed up on any tests that were done on their behalf. All patients were told that if they did not receive their smear result letter within 4 weeks they should contact their GP Practice. GPEA checked smear results weekly and if by 3 weeks the service could not see the results in the patient record or on Open Exeter they started investigating.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. There was disabled access to the site. Patients had access to translation services and there was a hearing loop in place in the reception area for patients who had hearing difficulties.
- The clinicians went to the waiting area to call patients, this meant they could identify any deteriorating patients, so they could be seen immediately if needed.

## Timely access to the service

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

- Patients had timely access to initial assessment, diagnosis and treatment. Waiting times and delays were minimal and managed appropriately. The service was open between 8am to 8pm seven days a week. Local patients were directed to call NHS 111 service who booked an appointment to this service as required.
- Patients with the most urgent need had their care and treatment prioritised. Reception staff also knew to contact clinical staff for any patients presenting with high risk symptoms
- such as chest pain or difficulty in breathing.
- Waiting times, delays and cancellations were minimal and managed appropriately. The practice used an electronic rota system to plan sessional staff availability in advance. There was a protocol for filling GPEA sessions which involved use of agency staff.

## 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. There were 21 complaints received in the last 12 months. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- 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.

# 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 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, with an effective on-call system that staff were able to use.
- 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.
- Staff 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 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 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.
- All staff received regular annual appraisals in the last year. 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 development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. A member of the GPEA administration team was a Freedom to Speak Up Guardian.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff told us they felt they were treated equally.

## 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. However, leaders lacked oversight of patient safety alerts. There was no formal system in place to ensure oversight that appropriate actions had been completed.
- The local management team included a service manager, a GP clinical lead, nursing lead and an assistant service manager who were overseen by a practice director. The GPEA management team attended the One Health Lewisham (OHL) clinical governance and operations meetings.

## Managing risks, issues and performance

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

## Are services well-led?

There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, leaders had no system to assure themselves that safety checks of the GPEA facility were being undertaken or actions completed. The service did not routinely retain copies of records relating to risk management activities undertaken by the hospital.

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.

Leaders 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 service considered and understood the impact on the quality of care of service changes or developments.

### 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 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 had a bespoke dashboard to monitor the delivery of care which had information about waiting times, number of patients seen, type of attendance (booked, walk-in) and number of attending patients by month.
- 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, a member of the GPEA nursing staff took part in a pan-Lewisham patient engagement event in February 2019. The staff member spoke about nurse care available at GP Extended Access service.
- The service had listened to patients and made some improvements. For example, patients had asked for more publicity about the GPEA service. The provider worked with GP practices to ensure the service was advertised on all practice websites and that information leaflets were available in all practices, pharmacies and community spaces in Lewisham.
- The service was transparent, collaborative and open with stakeholders about performance. Staff worked together to reduce the DNA rate. The service used a patient messaging service to send appointment reminders and had increased the proportion of same day bookable appointments available.

### 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. The provider had developed ways to support the GP workforce through offering leadership development days and careers advice and training.
- The provider had focused on patient engagement to make the GPEA service accessible for local people and those in marginalised groups.
- Staff knew about improvement methods and had the skills to use them.
- The provider had supported Lewisham GP practices to implement the Ask NHS GP application to help improve access to general practice.