

Sparkhill Primary Care Centre

Inspection report

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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.

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 Sparkhill Primary Care Centre on 27 June 2022 as part of our inspection programme and to provide a rating for the service. The service has not previously been inspected.

At this inspection we found:

- The service provided care in a way that kept patients safe. Policies and procedures were in place to support the delivery of safe services.
- There were effective systems in place to protect patients from avoidable harm.
- The practice had systems and processes in place to minimise the risk of infection.
- Staff received appropriate training and guidance to deal with medical emergencies. Appropriate medicines and equipment were available in the event of a medical emergency.
- There were systems in place for identifying, acting and learning from incidents and complaints.
- We found the provider had implemented systems for monitoring recruitment checks and staff training, however they needed strengthening.
- The service had 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.
- Information was routinely shared with a patient's usual GP to support the safe care and treatment and continuity of care.
- 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.
- Governance arrangements supported the delivery of safe and effective care.
- The service demonstrated that it was adaptable and effective in meeting local priorities and the needs of the local population.

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

- Improve oversight of recruitment checks undertaken by external agencies.
- Improve systems for monitoring staff training to demonstrate that staff have completed key training requirements, as determined by the provider.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

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 to CQC.

Background to Sparkhill Primary Care Centre

Sparkhill Primary Care Centre, 856 Stratford Road, Sparkhill, Birmingham. B11 4BW is the location used by Birmingham Smartcare Limited, a GP federation that provides a range of services to their member practices and to the wider local population. Birmingham Smartcare Limited was formed in 2016 initially to provide extended access provision to member practices. The premises are shared with three other GP practices.

The service is registered to provide the following regulated activities: Diagnostic and screening procedures and Treatment of disease, disorder or injury.

At the time of inspection, the services being provided by Birmingham Smartcare Limited included:

Extended access service, located at Greet Medical Practice, 50 Percy Road, Sparkhill, Birmingham, B11 3ND. The extended access service is open to member practices between 6.30pm and 8pm, Monday to Friday, 9am to 6.30pm on Saturdays and 10am to 1pm on Sundays. The service is provided under an Alternative Provider Medical Services (APMS) contract, a contract with NHS England for the provision of primary care services. The service is mainly staffed by GPs from the member practices.

Urgent Treatment Centre (UTC), also located at Greet Medical Practice, is open daily (including weekends) between 8am and 8pm. The Urgent Treatment Centre has been commissioned by Birmingham and Solihull Clinical Commissioning Group to provide services to the whole population. The UTC contract is due to end on the 30 June 2022. The UTC is staffed by locum GPs and Advanced Nurse Practitioners (ANPs).

COVID-19 Vaccination Centre, located at Sparkhill Primary Care Centre. This service is currently available for a few days each month to provide COVID-19 vaccinations to the whole population. The service has been running since December 2020.

Central Prescription Service, located at Sparkhill Primary Care Centre. This service is provided for member practices. Patients from member practices that have signed up to the service can call a dedicated line to order repeat prescriptions and discuss medicine queries. The prescription service is run by a team of pharmacists supported by administration staff and call handlers. The service runs Monday to Friday 8am to 6.30pm.

Central Docman Service, located at Sparkhill Primary Care Centre. This service is provided for member practices. A team of trained administrators manages any clinical correspondence for the member practices that have signed up for the service. The service runs Monday to Friday 8am to 6.30pm.

Birmingham Smartcare Limited is led by five Clinical Directors from member practices (two of which are Executive Directors). They directly employ a small team of staff to manage the services, these include a Chief Operations Officer, a Deputy Operations Officer, a Service Operations Lead, a Service Manager and a Service Co-ordinator. Other staff are recruited as bank staff or on a locum basis. The leadership team is based at Sparkhill Primary Care Centre.

Birmingham Smartcare Limited also runs the Central Primary Care Network (PCN) for their 11 member practices and employ PCN staff including a care co-ordinator, diabetes lead, and mental health lead. PCNs are wider networks of GP practices that work together to address local priorities in patient care.

Sparkhill Primary Care Centre is located in a relatively deprived area and covers an ethnically diverse population. Information published by Public Health England shows deprivation within the local population area as in the second lowest decile (two out of 10). The lower the decile, the more deprived the practice population is relative to others.

As part of this inspection we visited the services provided by Birmingham Smartcare Limited delivered at Sparkhill Primary Care Centre and Greet Medical Practice.

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 had a range of safety policies in place, including Health & Safety policies, which were regularly reviewed and available to all staff through a shared information governance system. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. The service had two named safeguarding leads and safeguarding policies were in place to support staff, when needed.
- The service worked with other agencies to support patients and protect them from neglect and abuse. All patients who attended the service (either the urgent treatment centre or the extended access service) were prebooked by their usual GP practice and in most cases (where the practice had agreed to information sharing) the service had access to patient's full notes so that they would be aware of any patients who were at risk and could be extra vigilant.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. There was a small team of directly employed staff, other staff were employed through external agencies. The practice used an external HR service to support staff recruitment. We reviewed four recruitment files (two were for directly employed staff and two were agency staff) and found in most cases information about checks completed was available. However, we found full assurances from recruitment agencies was not always available as to the checks they completed and staff were not clear about what checks agencies undertook. During the inspection, the provider took immediate action to review and improve their processes to ensure consistency and assurance of checks undertaken by external agencies.
- We saw that Disclosure and Barring Service (DBS) checks were undertaken for staff. (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).
- Most staff received safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and covered this as part of the induction process. 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 (IPC). We viewed the two premises used by the service and found them both visibly clean and tidy. Staff had access to appropriate personal protective equipment and additional measures were in place to reduce the risk of COVID-19 spreading. IPC audits had been undertaken in the last 12 months.
- The premises used by the service were managed by the landlords. We found the premises were well maintained. Calibration checks for clinical equipment and electrical safety testing for portable appliances had been undertaken at each site to ensure equipment was safe and in good working order. 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 and for dealing with any surges in demand. Appointments were prebooked which limited unexpected increases in demand for the service and staff rotas were planned two months in advance to ensure appropriate cover was provided.
- Staff working at the service on a temporary basis were given an induction at the start of their shift by one of the managers or a member of staff on duty. Temporary staff were supported by the management team both in and out of hours and had access to an induction pack and the service's policies and procedures.

Are services safe?

- 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 and were supported by system templates for managing this. The practice held emergency equipment and medicines and from a sample of training records seen, we saw that staff had received basic life support training.
- Patients were all prebooked by their usual GP, so were seen according to their arranged appointment and generally did not require any urgent prioritisation.
- 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 service undertook audits of clinical records to ensure information was complete and accurate and supported the delivery of safe care and treatment.
- Information needed to deliver safe care and treatment was available to clinical staff in an accessible way. Clinical staff had access to summary care records, there were also information sharing arrangements with most local practices that used their services. This enabled clinical staff working in the urgent treatment centre and extended access hub to view the patient's full records and directly record consultations directly into the patient's clinical record. Where staff were unable to record information directly into a patient's record, a discharge letter was sent to the patient's usual GP to support continuity of care.
- The service provided a docman service, in which trained administration staff provided support to member practices in the management of clinical correspondence, helping to free clinical time for patient care. Staff worked to protocols and their work was audited to ensure it was accurate.
- The patient's usual GP was notified if any referrals were required. In the case of urgent two week wait referrals, the administrative team had systems to follow this up with the practice to ensure they were not missed.

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.
- No prescription stationery was kept on site. Any prescriptions required were issued using the Electronic Prescription Service (EPS) direct to a pharmacy.
- The service employed a team of pharmacists as part of their pharmacy service and to support practices within the Primary Care Network. The team monitored patients' use of medicines and ensured patients were followed up on appropriately. Patients were involved in regular reviews of their medicines and encouraged to attend for reviews and follow up with their usual GP, where appropriate.
- The lead pharmacist had carried out medicines audits as part of their role to ensure prescribing was in line with best practice guidelines for safe prescribing. Audits included a review of patients prescribed high numbers of short acting inhalers which can indicate poorly controlled asthma. Systems were put in place to encourage patients to be reviewed and receive more appropriate preventative treatments. Another audit reviewed patients on disease-modifying antirheumatic drugs (DMARDs) that require regular blood tests to ensure these had been completed.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The pharmacy team had recently undertaken an audit of individual clinician's antimicrobial prescribing at the urgent treatment centre.

Are services safe?

- The service had systems and processes in place for checking they held the appropriate emergency medicines and they were available and in date.
- There were systems and checks in place for managing the cold chain for vaccines stored at the COVID-19 vaccination hub.

Track record on safety

The service had a good safety record.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture to support safety improvements.
- There was a system for receiving and acting on safety alerts.
- The service worked with member practices to improve safety through the implementation of support services such as the prescribing and docman service and provision of additional staff support through the Primary Care Network arrangements.

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 that there had been 15 incidents reported in the last 12 months, these were discussed at governance meetings and shared with staff using the service's information governance system
- Staff were able to share examples and learning from events with us for example, as part of the pharmacy service staff had identified a medicine was being issued but had not been reduced in line with advice from secondary care. The service had reported this back to the GP practice and discussed within the team to raise awareness with staff to be vigilant.
- The service learned from external safety events and patient safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. Alerts were shared with staff using their governance system, which was accessible to all staff, including agency staff.

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.
- The service made use of templates on the clinical systems to support appropriate care and treatment.
- 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. The service informed individual practices where patients needed further follow up.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

- The service had a programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. The practice had various audits covering the different services provided for example, audits of clinical notes, medicines and management of clinical correspondence.
- Clinical audit had a positive impact on quality of care and outcomes for patients. A recent audit of the prescribing service showed a reduction in the issue of short acting inhalers following the introduction of the service.
- Monitoring of the different services provided was undertaken at the governance meetings where the leadership team discussed activity within each service, any incidents, complaints or safeguarding.
- The service did not have any specific targets or key performance indicators for each of the services provided. They advised that the local Clinical Commissioning Group (CCG) only required them to provide a specific number of appointments for the urgent treatment centre, which they provided.
- The service had participated in local and national improvement initiatives, for example the provision of respiratory hub pilot in conjunction with the CCG and pharmaceutical company.

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, these were tailored for individual staff roles. Staff induction covered areas such as IT systems, safeguarding processes and health and safety.
- The provider ensured that all staff worked within their scope of practice and had access to support when required. There were management and clinical lead rotas in place during operational periods.
- The provider understood the learning needs of staff and had identified key training for staff to complete. Staff were given access to online training. However, we found that there was a lack of oversight of the provider's training requirements for example, we reviewed training records for three clinical staff, one member had not undertaken the required level of safeguarding training, this was completed immediately and forwarded to us following the inspection.
- Many of the clinical staff who worked on a temporary basis were from member practices and were familiar with local systems and processes. Staff employed through agencies were required to provide evidence of any professional registration as part of their recruitment checks.

Are services effective?

- The provider supported staff with one-to-one meetings and appraisals for directly employed staff. The provider could demonstrate how it ensured the competence of clinical staff employed on a temporary basis by audit of their clinical decision making and prescribing.

Coordinating care and treatment

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

- Services had been developed and commissioned to support local needs. There were clear criteria and service specifications for the delivery of services provided. These were made in agreement with commissioners and local GP practices.
- 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.
- Staff communicated promptly with a patient's registered GP so that the GP had access to the details of any consultation provided by the service. In most cases staff were able to record consultations directly into patient records. Staff also referred patients back to their own GP to ensure continuity of care and advise on any further follow up or action needed in delivering patient care
- The NHS 111 service was able to directly book patients into the urgent treatment centre.

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.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. When needed the service sent a discharge letter to the patient's usual GP of any additional needs that they needed to be alerted to.
- Clinical staff had access to a directory of local resources and clinical pathways to support patients.

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.
- Agency staff were asked to confirm they had read and understood the service's policies and procedures in relation to Mental Capacity.

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 patients. For example, the service worked with local community leaders and mobile clinics were set up within the local community to encourage greater uptake of the COVID-19 vaccine.
- We reviewed feedback from the service's friends and family test, carried out in 2021, which looked at how likely patients were to recommend the service to others. For the urgent treatment centre, 91% (20 out of 22) of patients who responded said they would be likely or extremely likely to recommend the service and no patients said they would be unlikely to recommend the service. For the COVID-19 vaccination hub, 95% (52 out of 55) of patients who responded said they would be likely or extremely likely to recommend the service to others. The negative comments related to difficulties parking at the COVID-19 vaccination hub.

Involvement in decisions about care and treatment

- Staff helped patients to 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 and some of the staff were able to speak multiple languages spoken in the community. All patients were pre-booked so any specific needs could be accommodated.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected patient confidentiality. Staff who worked at the service, including those on a temporary basis were required to sign confidentiality agreements.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they would assess and record a patient's mental capacity to make a decision.

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.

- The provider engaged with commissioners to develop and deliver local services to meet current needs in the local community for example, the provision of the COVID-19 vaccination hub and the urgent treatment centre to help support local practices during the pandemic.
- The provider understood the needs of its population and was adaptable in response to changing needs. For example, the urgent treatment centre initially started as a 'red site' for patients with COVID-19 symptoms who needed to be seen safely at the start of the pandemic.
- The provider shared with us a positive response they had received from a care home in response to the service provided when providing care taking arrangements for a GP practice.
- The provider also developed services such as the prescribing and docman service to help support pressures on member practices to meet their patients' needs.
- The facilities and premises were appropriate for the services delivered and accessible to patients with mobility difficulties. However, we did find the waiting area used by the UTC and extended access hub to be isolated from reception. Staff told us that they regularly looked in to check on patients.
- The service made reasonable adjustments when people found it hard to access the service.

Timely access to the service

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

- Appointments for the Urgent Treatment Centre and extended access Hub were pre-booked by the patients usual GP or arranged by the NHS 111 service.
- The Urgent Treatment Centre operated daily 8am to 8pm and the extended access hub between 6.30pm and 8pm, Monday to Friday, 9am to 6.30pm on Saturdays and 10am to 1pm on Sundays.
- Patients referred to the service were based on set criteria, triaged by their usual GP practice and were seen at their specific appointment time.

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 on the provider's website and was easy to do.
- There was a complaints policy and process in place. We saw that there were 16 complaints received in the last year from across the services provided. We reviewed two 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. Complaints were routinely discussed at governance and management meetings to support improvements. For example, where complaints had involved individual members of staff the concerns were discussed with them.

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. The service was adaptable and able to quickly mobilise services needed at short notice to meet urgent needs. This included the COVID-19 vaccination hub and red site. They had also previously undertaken care-taking duties for a GP practice when needed.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges such as those relating to short term contracting of services and delivering services quickly and had the knowledge and experience to manage this.
- The provider was flexible in their approach in delivering services and individually tailored them to meet the needs of specific practices.
- Leaders at all levels were visible and approachable. The leadership team was available throughout opening hours through an on-call rota system.
- 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 provider's mission statement was displayed on their website.
- The practice told us about their future ambitions to deliver services to support healthcare providers through the pandemic recovery and restoration period.
- The service continued to work with member practices, as a PCN to support local needs.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider monitored progress against delivery of the strategy.

Culture

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

- Staff we spoke with were positive about working for the service, they felt well supported, respected and valued.
- The service focused on the needs of patients and local priorities.
- 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, they were able to provide examples of this.
- Staff were able to raise concerns and were encouraged to do so, through incident reporting and staff meetings. They had access to a manager at all times who told us the service operated a no blame culture.
- There were processes for providing all staff with the development they needed. This included appraisal and training opportunities. Directly employed staff received one to one discussions and annual appraisals.
- There was a strong emphasis on the safety and well-being of all staff. There was a lone working policy and staff were supported by security staff while on duty, including the out of hours period.

Are services well-led?

- The service promoted equality and diversity. From the sample of training records reviewed, we saw that staff had received equality and diversity training. Staff we spoke with were happy working for the service.

Governance arrangements

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

- 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.
- Members of the clinical and managerial leadership team had lead roles and responsibilities for the various aspects of the service.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- However, we did find that the oversight of recruitment of external agency staff and the provider training requirements needed strengthening.

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 leadership team met regularly to discuss the individual services and any issues arising.
- 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 decision making. Leaders had oversight of patient incidents, and complaints which were discussed at governance meetings.
- Leaders had an understanding of service performance requirements of commissioned services and worked with the local CCG to deliver those. Service specifications were in place for services delivered.
- The providers had business continuity plans in place and staff were able to contact a member of the management team for support in the event of a major incidents causing disruption to the service.

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.
- 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 in delivering the service
- The service used information technology systems to improve the quality of care.
- The service submitted data or notifications to external organisations as required.

Are services well-led?

- 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. There were data sharing agreements in place with individual practices to support patient care.

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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Patient could provide feedback through their website, the Friends and Family test and complaints processes. Feedback about the services provided was generally positive.
- Staff were able to give feedback through the team meetings, one to one meetings and appraisal processes.
- The service was transparent, collaborative and open with stakeholders about performance. Regular meetings were held with member practices as part of PCN arrangements where issues relating to the services provided were discussed.

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. This included ongoing consultation audits and reviews of staff competencies in delivering of services to member practices.
- The service made use of internal and external reviews of incidents and complaints. These were regularly reviewed as part of their governance arrangements. Learning was shared and used to make improvements.
- Staff had opportunities to discuss their performance, learning and development needs.
- There were systems to support improvement and innovation. The provider had a strong culture to deliver innovation and were willing to work in partnership and deliver new projects to support the local population. For example, the provider had participated in a respiratory pilot hub between 2019 and 2022, working in collaboration with CCG and a pharmaceutical company to deliver specialist support for patients with severe asthma in the community.