

# Medicare Medical Services LLP

## Quality Report

Evergreen Primary Care Centre  
1 Smythe Close  
Edmonton  
London N9 0TW

Tel: 020 8887 8355

Website: <http://www.edmontonwalkincentre.nhs.uk/>Date of inspection visit: 25 March 2017

Date of publication: 14/06/2017

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 service	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	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Medicare Medical Services LLP (also known as Edmonton GP Walk-In Centre) on 25 March 2017. The centre provides care for unregistered (walk-in) patients. Overall the service is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The service managed patients' care and treatment in a timely way.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The service told us that its commissioners had only recently requested monthly performance monitoring reports but we did not see evidence that the staff had formally met to review these reports and to see where improvements to the service could be made.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service was well equipped to treat patients and meet their needs. For example, we noted that the local area was relatively deprived and staff told us that many local people worked zero hour contracts which required attendance at work at short notice. Staff and patients spoke positively about how the service enabled flexible, non appointment based care to be provided which could accommodate patients' employment commitments.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider should make improvement are:

- Ensure that there are systems in place to ensure that the processes and policies for safeguarding vulnerable adults are kept up to date with latest guidance and legislation.
- Ensure a copy of its Business Continuity Plan is stored off site.
- Consider increasing the use of clinical audit, in order to drive quality improvements.
- Consider developing a performance monitoring protocol to review and assess where improvements can be made; and to enable analyses of how long it takes to be seen at different times of the day.
- Review its protocols to see how it can improve on the time taken for patients' notes to be sent to their registered GP following a consultation.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The service is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded system and processes in place to keep patients safe and safeguarded from abuse.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However we found that some elements of the service's vulnerable adults safeguarding policy did not reflect the latest legislation.

Good



### Are services effective?

The service is rated as good for providing effective services.

- The service told us that its commissioners had only recently requested monthly performance reports but we did not see evidence that the staff had formally met to review these reports and to see where improvements to the service could be made.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Clinicians provided care to walk-in patients based on current evidence based guidance.

Good



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The service is rated as good for providing caring services.

- Patients fed back that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. For example, the provider had recently been additionally commissioned to provide weekday evenings GP and nurse appointments as part of a local GP access initiative.
- The service had good facilities and was well equipped to treat patients and meet their needs. For example, data indicated that the local area was relatively deprived and staff told us that many local people patients worked zero hour contracts which required attendance at work at short notice. Staff and patients spoke positively about how the walk in centre enabled flexible, non appointment based care to be provided which worked around patients' employment commitments.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The service is rated as good for being well-led.

- There was a clear leadership structure and staff felt supported by management.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The service proactively sought feedback from staff and patients, which it acted on.
- The service had a number of policies and procedures to govern activity but some were not kept up to date.
- There was also an overarching governance framework which supported the delivery of the strategy, of good quality care and of risk identification but we noted that formal performance monitoring had only recently been introduced.

# Summary of findings

## What people who use the service say

We looked at various sources of feedback received from patients about the walk-in service they received. Patient feedback was obtained by the provider on an ongoing basis through the friends and family test. Data from the provider for the period November 2016 to February 2017 indicated that 92% of patients would recommend this service to others.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Patients felt that they were seen very quickly and the care provided was excellent.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure that there are systems in place to ensure that the processes and policies for safeguarding vulnerable adults are kept up to date with latest guidance and legislation.
- Ensure a copy of its Business Continuity Plan is stored off site.
- Consider increasing the use of clinical audit, in order to drive quality improvements.
- Consider developing a performance monitoring protocol to review and assess where improvements can be made; and to enable analyses of how long it takes to be seen at different times of the day.
- Review its protocols to see how it can improve on the time taken for patients' notes to be sent to their registered GP following a consultation.

# Medicare Medical Services LLP

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist advisor and a practice manager specialist advisor.

### Background to Medicare Medical Services LLP

Edmonton GP Walk-In Centre provides non appointment based, face to face GP consultations for patients requiring immediately necessary GP care at weekends and on bank holidays.

The service commenced in 2010 and operates between 8am to 8pm at weekends and on Bank Holidays. Registration is not necessary and on average 250 patients per week are seen. The service operates from the ground floor of a purpose built and accessible health centre.

Edmonton GP Walk-In Centre is provided by Medicare Medical Services LLP, which provides clinical and administrative staff resourced from a GP surgery which it operates from the same health centre on weekdays. Edmonton GP Walk-In Centre draws on a rota of nine, part time male and female GPs and regular locum GPs offering 15-minute appointments provided in parallel by two GPs. Administrative support is provided by a practice manager and a team of reception and administrative staff.

In 2016, Enfield CCG additionally commissioned Medicare Medical Services LLP to deliver one of four borough wide GP access hubs from the health centre: providing Monday to Friday evening extended hours opening. Although the GP access service and in hours GP surgery are provided from the same building, this inspection report relates only to Edmonton GP Walk-In Centre.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We previously inspected this service in 2013 using our old inspection methodology and at which time, the provider was judged to be compliant.

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 25 March 2017. During our visit we:

- Spoke with a range of staff including GPs, practice manager, administrative and reception staff.



# Detailed findings

- Observed how patients were provided with care in reception.
- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of significant events and ensured that learning was disseminated to staff and embedded in policy and processes.
- We also saw evidence of how the practice had acted on recent patient safety alerts.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, in 2016 the local clinical commissioning group (CCG) informed the service that some local GP practices were not receiving clinical summaries of patients who attended the walk-in centre by e-mail as either the surgeries were not monitoring their e-mail addresses or the e-mail addresses were no longer in use.

The service subsequently suspended the use of e-mail and reverted to posting or faxing the clinical summaries to verified addresses and fax numbers. The service then worked with the CCG and identified that seven GP practices were not monitoring their e-mails. The service verified the surgeries' e-mail addresses and then re-commenced sending clinical summaries. The provider also advised all GP practices to report any changes to their e-mail address.

### Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. During the inspection we found that safeguarding referrals were appropriately undertaken. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare but we noted that there was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.

GPs and receptionists were able to explain the protocol for ensuring that children attending the service were checked against child protection registers and that appropriate action was undertaken.

- Notices in the waiting area and treatment rooms advised patients that chaperones were available if required. All 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 service sent the patient consultation notes to their registered GP within five days of discharge; we saw evidence that on average the consultation notes were sent by e-mail within two to three days of discharge. All the e-mail addresses had been validated.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance; for example, annual servicing of fridges including calibration where relevant.

## Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service. The service regularly used locum GPs for the walk-in service and performed all appropriate recruitment checks on these staff.

### Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service carried out regular medicines audits, with the support of the local Clinical Commissioning Group's medicines management team, to ensure prescribing was in accordance with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We were told that Controlled Drugs were not held at the location (these are medicines that require extra checks and special storage because of their potential for misuse).

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment that required calibration was calibrated according to the manufacturer's guidance. The service had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella are bacteria that can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.

### Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There was an effective system to alert staff to any emergency.
- All staff received annual basic life support training, including use of an automated external defibrillator.
- The service shared the defibrillator, emergency medicines and nebulisers with the GP practice based in the health centre and a protocol clearly identified who had lead responsibility for checking and restocking items.
- The service had oxygen on the premises with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.

The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, we noted that the service did not store a copy of this plan off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best service guidelines.

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The service monitored that these guidelines were followed.

### Management, monitoring and improving outcomes for people

The service told us that although the service had been commissioned in 2013, commissioners had only requested monthly performance reports in January 2017. We looked at the most recent performance data (February 2017) and noted that:

- 312 (31%) of the 1016 patients who presented at the service, were seen within 5 minutes;
- 435 (43%) of the 1016 patients who presented, were seen within 10 minutes;
- 64 (6%) of the 1016 patients who presented, were seen in 60 minutes or longer.

We did not see evidence that the staff formally met to monitor performance and see where improvements could be made (such as using the data collected to monitor the time in which it took for vulnerable groups such as older people and infants to be seen). We also noted that the service was also not collecting performance monitoring information to enable analyses of how long it took to be seen at different times of the day.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the service to improve services. For example, in 2016, an audit was undertaken to

monitor the use of antibiotics which aimed to reduce the proportion of specific antibiotics (co-amoxiclav and cephalosporins). In the first cycle the service found that 14% of the antibiotics prescribed were outside the list recommended by local CCG guidelines. Following interventions including the circulation of the service's preferred antibiotics schedule to locum GPs, the second cycle of the audit highlighted that 2% of the antibiotics prescribed were outside the recommended list.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period. The service also had a comprehensive GP induction pack.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. All staff in post for more than 12 months had received an annual appraisal.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

- The service shared relevant information with other services in a timely way, for example when referring patients to other services. The service sent the patient

# Are services effective?

(for example, treatment is effective)

consultation notes to their registered GP within five days of discharge; we saw evidence that on average the consultation notes were sent by e-mail within two to three days of discharge.

- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred. If patients needed specialist care they were appropriately referred.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs. This included when patients moved between services, including when they were referred to secondary care, safeguarding and social services.

- The service had regular clinical meetings where they discussed clinical issues, case studies, referrals, updates, alerts and significant events.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.

# Are services caring?

## Our findings

### **Kindness, dignity, respect and compassion**

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

When we asked a receptionist how they ensured that anxious patients were treated with care and concern, they stressed the importance of empathy and of treating each patient with compassion.

### **Care planning and involvement in decisions about care and treatment**

Patients told us they felt involved in decision making about the care and treatment they received. They also told us 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. Patient feedback from the comment cards we received was also positive and aligned with these views.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Facilities for people with hearing impairment e.g. hearing aid loop.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.

- The service was ground floor based and we noted facilities to further promote access such as automatic doors, wheelchair accessibility and step free access.
- A hearing loop and interpreting services were available.
- Baby changing facilities were available.
- Local data indicated that the area was relatively deprived and staff told us that many local people patients worked zero hour contracts which required attendance at work at short notice. Staff and patients spoke positively about how the walk in centre enabled patients to access non appointment based care which was flexible towards their employment commitments.

### Access to the service

The service was open between 8:00am to 8:00pm during weekends and bank holidays. Patients did not need to

book an appointment or be registered at the service and walked in to the practice, completed a short medical history form and then waited to be seen. Patients fed back to us that in most cases, they were seen in a timely way.

### Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw that information was available to help patients understand the complaints system.

We looked at the three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The service had a clear vision to deliver a high standard of medical care and to be committed to the needs of its patients.

- The service had a mission statement which was displayed in reception and staff knew and understood the service's values.
- The service had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.

### Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff but we noted an absence of some policies such as a formal medicines and patient safety alerts protocol.
- Clinical audits demonstrated quality improvement.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The service told us that its commissioners had only recently requested monthly performance monitoring reports and the service had only recently started collating performance monitoring reports. We did not see evidence that staff had formally met to review this information or these reports to see where improvements to the service could be made and ensure that the service was meeting patients' needs. Prior to this date, there was no evidence that performance monitoring had been taking place.

### Leadership and culture

On the day of inspection the provider of the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- There were arrangements in place to ensure the staff were kept informed and up-to-date.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the providers. Staff had the opportunity to contribute to the development of the service.

### Seeking and acting on feedback from patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The service regularly gathered feedback from patients through the friends and family test and the data from November 2016 to February 2017 indicated that 92% of patients would recommend this service to others.



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.

## **Continuous improvement**

The service team was forward thinking and part of a local scheme to improve GP access in the area. For example, the provider had recently been additionally commissioned to provide a weekday evenings GP and nurse appointments service from the same health centre.