

SWGP Waterside Medical 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?

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 SWGP Waterside Medical Centre on 22nd October 2019 as part of our inspection programme.

At this inspection we found:

- There were 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.
- Routine reviews were conducted to ensure care provided was effective, appropriate and that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.

- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There was a clear leadership structure and staff felt supported by the management team.
- Policies and procedures were kept under regular review and updated accordingly. There were clear responsibilities, roles and systems of accountability to support effective governance.
- Audit arrangements ensured the quality of services provided was continually monitored and reviewed.

We saw an area of outstanding practice:

- Monthly cervical screening clinics provided during extended access hours at four of the hubs had encouraged patients to participate in screening. This had resulted in an increase in the number of smears performed. For example, 18 procedures had been carried out in April 2019. The clinics saw this increased over four months to 35, 45, 64 and 61 accordingly.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC lead inspector, a second CQC inspector and supported by a GP specialist adviser.

Background to SWGP Waterside Medical Centre

SWGP provides extended hours primary medical services to patients in the South Warwickshire area when GP practices are closed. The administrative base is located at Gainsborough Hall, Russell Street, Leamington Spa, Warwickshire CV32 5QB. The provision of extended hours services started in September 2018.

The service covers a population of approximately 280,000 people across the county of South Warwickshire. The extended hours service is provided across six hubs located at Southam, Leamington Spa, Kenilworth, Alcester, Stratford upon Avon and Wellesbourne. The hubs are open seven days per week with day time appointments at weekends. Direct booking is available to all Clinical Commissioning Group (CCG) member practices, NHS 111 and GP Out of Hours services. A range of services offers to meet the needs of the local population (services offered may vary by geographic sub-area). This includes a range of appointment types and clinical staff.

Staffing at SWGP consists of GP and practice manager directors, working 1.8 whole time equivalent hours (WTE). There are seven WTE employed staff which includes an IT analyst, extended access manager, extended access co-ordinator, secretary/extended access support, HR Administrator and IT manager. In addition, there are a number of staff on zero hours contracts, working for the extended access service (nurses, advanced nurse practitioners and pharmacists).

We carried out an announced inspection on 22 October 2019. This included a visit to one of the hubs at Waterside Medical Centre, Court Street in Leamington Spa. We spoke with a range of staff during the inspection. This included the director, the medical director/clinical lead, two GPs, the operations manager, the lead nurse, and reception staff. We also spoke with three patients, one of whom was a member of the patient participation group.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety (COSHH) policies, which were regularly reviewed and communicated to staff. 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Patients at risk were highlighted on the clinical system to alert staff and following any intervention the service updated the relevant services.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We viewed five staff files for a range of roles and saw that all required checks had been completed.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe to use, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed, with an effective

system in place for dealing with surges in demand. There was an on-call rota to provide support to staff during evenings and weekends, for any urgent issues. Details of on call arrangements were also posted to the dedicated social media message group.

- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- 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.

- Patient records were accessible to all clinical staff working across the extended access hubs as all practices within the federation operated the same systems.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There

Are services safe?

was evidence of actions taken to support good antimicrobial stewardship. We viewed two completed audits on antibiotic prescribing dated for periods September 2018 to February 2019 and March 2019 to August 2019. Both audits found that prescribing had been appropriate.

- 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 protocols were in place to make sure these were followed up on appropriately. This was done either by the extended hours clinician or the patients usual GP.
- Patients were involved in regular reviews of their medicines.
- Palliative care patients were able to receive prompt access to pain relief and other medicines required to control their symptoms.

Track record on safety

The service had a good safety record.

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

- There was a system for receiving and acting on safety alerts. We saw examples of recent alerts that had been shared, and where appropriate, acted upon. These were also discussed in clinical meetings, included in the meeting minutes and added to the staff monthly briefings.

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 acted to improve safety in the service. For example, a briefing and review of the location of all emergency equipment was carried out following an incident which occurred at one of the hubs.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and part time 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.
- Arrangements were in place to deal with repeat patients. The provider assured us that this was likely to occur particularly where appointment times were more suited to patients such as those with work commitments.
- Care plans/guidance/protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- Technology and equipment were used to improve treatment and to support patients' independence. Ongoing developments included the facility for the NHS 111 service to make direct bookings with the hubs, and for patients to engage in telephone and video consultations.

Monitoring care and treatment

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

- Providers were required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which included audits, seeking patient feedback and actions taken to improve quality. For example, one performance area was appointment utilisation, which was closely monitored. We saw analyses that showed the overall appointments used, with more detailed analysis to give appointments fulfilled by GPs, nurses, advanced nurse prescribers and pharmacists. Utilisation for September

2019 was 84.24%. The provider had plans to increase uptake of appointments including the installation of a direct line for patients to contact the service when surgeries were closed.

- The service made improvements using 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, a monthly random audit of 1% of all clinical consultations was carried out to ensure consultations were in line with expected practice. The consultations were bench marked against the Royal College of General Practitioners (RCGP) urgent care toolkit to ensure they were judged against an external standard. The outcome of the audits completed for the months October 2018 to August 2019 showed that four clinicians had fallen below the required threshold. Two clinicians had responded positively to the feedback and two no longer worked for the organisation.

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. This covered such topics as safeguarding, health and safety and infection control.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. For example, the service had demonstrated how they managed poor performance through the audit of clinical records.

Are services effective?

- The service was actively involved in quality improvement activity and made improvements using completed audits. Audits were regularly carried out in several areas, for example infection prevention control (IPC), safeguarding and clinical safety. In addition, a monthly audit was completed on 1% of all clinical contacts. This had achieved a positive impact on quality of care and outcomes for patients. We saw evidence feedback was given to clinical staff following the completion of these audits. A GP told us that this feedback was very useful.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Staff communicated promptly with a patient's registered GP so that their GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and considered the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments. Patients contacted their own practice who booked them into the most appropriate extended access appointment at a suitable hub.

Helping patients to live healthier lives

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

- The service identified patients who needed extra support. For example, double appointments were available when required.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Leaflets were made available in all hubs for patients. For example, information leaflets about breast screening and how to take simple steps for patients to help them look after their mental health.
- Information was made accessible for patients with learning disabilities. For example, easy read leaflets about flu and how to stop getting it were provided.

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 decisions about their needs.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. For example, training on the Mental Capacity Act and sepsis awareness, identification and management had been completed by all clinicians.
- All the 48 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test where 99% of patients would recommend the service to others.

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. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way they could understand. For example, communication aids and easy read materials were available. We observed staff during the inspection taking the time to explain the service to patients and how this aligned with their own GPs, to reassure them particularly where this was their first extended access appointment at one of the hubs.
- 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.
- Staff had exhibited at a recent Carers Conference to explain to patients and their carers about the extended access service that was available to them.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff always respected confidentiality.
- Staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make decisions. 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. They engaged with commissioners to secure improvements to services where these were identified.
- The provider improved services where possible in response to unmet needs. For example, monthly cervical screening clinics had been provided during extended access hours at four of the hubs to encourage patients to participate in screening. These clinics were promoted in practices and on social media. There had been an increase in smears performed during extended access hours over the four months these clinics had taken place. For example, 18 procedures had been carried out in April 2019. The clinics saw this increased over the four months to 35, 45, 64 and 61 accordingly.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, alerts were added to patient records where required including those for safeguarding and those patients on an end of life pathway.
- The facilities and premises were appropriate for the services delivered.
- The service was responsive to the needs of people in vulnerable circumstances. For example, a partnership project was being explored with a local charity providing services for homeless people to further develop accessibility to the services provided.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service operated from 6.30pm to 9pm Mondays to Fridays and from 9am to 1pm on Saturdays and Sundays, at six hubs located within South Warwickshire.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. Referrals could be made by clinicians at the hubs or by the patient's own GP.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients commented that they never had to wait for their appointments and GPs were able to give them more time.
- Patients could be referred to the hubs by NHS 111, and occasionally walk in patients were seen although this was not always guaranteed if no appointments were available.

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. Five complaints were received during the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, an incident in one of the hubs highlighted a short delay in accessing appropriate equipment to support a patient. Although this was quickly resolved at the time, learning was identified, and staff received briefings and reviewed the location of all emergency equipment in the hubs.

Are services well-led?

We rated the service as good for leadership.

SWGP provided services that were well led and well organised, within a culture that was keen to promote high quality care in keeping with their systems and procedures.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, 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.
- Their vision was to protect, improve and extend local General Practice through greater organisational scale to provide convenient high quality, comprehensive and integrated services; to enhance the skills and flexibility of the General Practice workforce to meet the population and service needs through continuing professional development; and work and collaborate with others to innovate in service provision, building on new technologies and recognising lifestyle choices of service users in the way in which they wish to access care.
- 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.

- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

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

- Staff felt respected, supported and valued. They told us they felt 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. Incidents and complaints were regularly discussed at clinical meetings. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

- 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.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local Clinical Commissioning Group (CCG) as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had enough access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems for continuous monitoring of service provision and improvement to the quality of care.
- The service submitted data or notifications to external organisations as required.
- Arrangements were 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The Patient Participation Group (PPG) consisted of PPG member representatives from all the federation practices. Members actively engaged with various groups at meetings such as the South Warwickshire CCG Public and Patient Participation Group (PPPG), design group meetings (about shaping future services) and service delivery board meetings. We saw meeting minutes for October 2019 which demonstrated that information from various groups was shared with the PPG in relation to the delivery of the extended hours service.
- Patient feedback was encouraged through a variety of channels and was kept under regular review. The NHS Friend and Family Test results from 48 patients showed that 99% of patients were likely to recommend the service to others. Feedback was positive. Patients commented that they were able to make appointments around their work commitments.

Local patient surveys had also been carried out. For example, patients had been surveyed to gain views on how far they would be prepared to travel for appointments. Of those patients surveyed, 60% had been prepared to travel between 10 and 30 minutes. Patients had also been asked for their preferences for appointment times, with 81% preferring weekday evenings and 69% Saturday mornings.

Are services well-led?

- Regular briefings were distributed to all clinical staff. We saw examples for July and August 2019 which provided information and feedback about operations; results of surveys such as NHS Friends and Family feedback; and updates on progress on provision of additional services such as the implementation of video consultations.
- Staff told us they were encouraged to provide feedback. They could do this through contact forms on the intranet, in regular face to face meetings and through their media group messaging facilities. Staff told us they also attended regular team meetings. We saw minutes of meetings to confirm this.
- The service was transparent, collaborative and open with stakeholders about performance. We saw meetings of minutes where performance was discussed, and regular reports provided as part of contractual obligations.

Continuous improvement and innovation

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

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. Further plans included provision of clinics for patients with long term conditions, improved access for patients to specialist clinics (such as cervical screening), and patient working groups for further service design. The provider told us that their implementation of cervical screening clinics had been highlighted as an example to be encouraged throughout the UK by NHS England.
- SWGP were engaged with a local charity providing support for homeless people. They planned to develop and provide healthcare clinics offering for example, wound dressings and support for patients with long term conditions.
- The service made use of extensive IT programmes to enable data analysis at any given time. This provided opportunities for close monitoring and the implementation of any changes towards improvements as they were identified.
- Pilots of video consultations were being conducted across all six hub locations with a small number of trained GPs, with a view to extending this to all practices.
- There were clear and effective arrangements for booking appointments. Although difficulties arose when patients wished to book or cancel appointments during evenings and weekends when their GP practice was closed. A telephone booking line had been installed to provide opportunities for patients to make contact, with the added opportunity to utilise more of the appointments available particularly at weekends. A pilot commenced on 1 November 2019 and was planned to run for three months when analysis of appointment utilisation and patient feedback was planned to be completed. It was intended to create a permanent booking line if the pilot was successful.