

# Wolverhampton Doctors On Call

## Quality Report

East Park Medical Practice  
Jonesfield Crescent  
East Park  
Wolverhampton  
West Midlands  
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Website:

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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 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

### 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 Wolverhampton Doctors On Call on 29 November 2017 as part of our inspection programme.

At this inspection we found:

- The service had systems in place to manage risk so that safety incidents were less likely to happen.
- Arrangements were in place to ensure learning from significant events were shared with staff.
- 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.
- The service worked proactively with other organisations and providers to ensure patients had access to alternatives to hospital admission or urgent care services where appropriate which improved the patient experience.
- Staff involved and treated people with compassion, kindness, dignity and respect.

- Patients were able to access care and treatment from the service. Comments received from patients said that they found it easy to get an appointment with the GP at a time to meet their needs.
- 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 of the organisation.

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

- Ensure that systems arrangements are in place to regularly monitor and gain feedback on the quality of the experience of patients, staff and other stakeholders.
- Ensure that a formal system for receiving, recording and analysing feedback, the views and concerns of patients, staff and external partners is introduced to support improvements in the quality of services offered.
- Ensure that the service level agreement and business plan introduced are working documents and embedded within the organisation.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## Areas for improvement

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

- Ensure that systems arrangements are in place to regularly monitor and gain feedback on the quality of the experience of patients, staff and other stakeholders.
- Ensure that a formal system for receiving, recording and analysing feedback, the views and concerns of patients', staff and external partners is introduced to support improvements in the quality of services offered.
- Ensure that the service level agreement and business plan introduced are working documents and embedded within the organisation.

# Wolverhampton Doctors On Call

## 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 and a practice manager specialist advisor.

## Background to Wolverhampton Doctors On Call

Wolverhampton Doctors On Call (WDOC) is registered with the Care Quality Commission as an urgent care centre. Wolverhampton Doctors On Call is a private limited company. The service holds service level agreements with 12 local Wolverhampton GP practices to provide general medical services to their patients (approximately 76,000 patients) when the practices are closed on a Wednesday and Thursday afternoon. WDOC also provides a message handling service for practices that close throughout the day. The message handling service informs patients of the opening times of registered GP practice or contacts the on-call GP for the practice and passes on the information

received from the patient. WDOC provides services to one of the more deprived areas of the West Midlands. People living in more deprived areas tend to have a greater need for health services.

WDOC is located at East Park Medical Practice, Wolverhampton WV1 2LW. WDOC holds a service level agreement with East Park Medical Practice. The agreement outlines a clear reference to service ownership, accountability, policies and procedures, clinical support roles and/or responsibilities and how WDOC will be supported by these. The service is staffed by two salaried GPs (one for each afternoon) and the clinicians are supported by a receptionist. The GP director for East Park Medical Practice is also the director of Wolverhampton Doctors On Call and has oversight of the service.

WDOC is open two afternoons a week, Wednesday and Thursday between the hours of 1pm and 6.30pm for patients who wish to see a GP during the afternoons when their registered GP practice is closed. Wolverhampton Doctors On Call do not provide an out of hours service. All services are provided from one location. A message on the patients GP answerphone advises of the telephone contact details for WDOC. Following contact with the service and an initial assessment, patients could be given an appointment to see the GP working for WDOC at the East Park Practice, receive a home visit or receive advice over the telephone.

# Are services safe?

## Our findings

**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 systems to safeguard children and vulnerable adults from abuse. The service worked within the policies and procedures of its host location, East Park medical Practice. These had been reviewed to identify any specific actions to be taken by Wolverhampton Doctors on Call (WDOC). For example, ensuring that the registered GP for the patient was notified of any safeguarding referrals made. The policy was accessible to all staff and it outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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.
- The provider had ensured that staff checks, including checks of professional registration had been carried out where relevant. 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).
- There was an effective system to manage infection prevention and control (IPC). The assessment of WDOC services was included in the infection and prevention control audits carried out at East Park Medical Practice.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste where appropriate.
- The service conducted safety risk assessments. Safety policies had been implemented and were regularly reviewed and communicated to staff. These included

legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The service had up to date fire risk assessments and fire drills were carried out.

- The provider worked within the parameters of the safety risk assessments identified by East Park Medical Practice and ensured it conducted any safety risk assessments relevant to its services. These included policies for the safety of patients who visited the premises for the first time. Policies were regularly reviewed, accessible to all staff and outlined clearly who to go to for further guidance.

### 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. The service monitored the uptake of the service to ensure sufficient resources were in place.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. For example, patients presenting with chest pain and seizures (fitting).
- The GPs 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.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. There was a documented children's and adult sepsis protocol for all staff to access. Clinical staff completed an electronic template that highlighted sepsis 'red flags' following best practice guidelines. The receptionist had access to a list of red flag alerts, which was easily accessible when calls were received from patients.

### 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 care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

# Are services safe?

- 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.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. The service offered did not require the GPs to carry medicines and medical gas cylinders in vehicles when undertaking visits to patients in their own homes.
- The GPs 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 was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- The service received information on palliative care patients. This ensured that these patients received prompt access to pain relief and other medication required to control their symptoms.

## Track record on safety

The service had a good safety record.

- There were risk assessments in relation to safety issues.

- Three significant events, clinical and operational, had been received and reviewed by the service. An example included the loss of telephone access due to internet connection problems. The operational plans in place ensured that calls were diverted to the host location, East Park Medical Practice mobile telephone. The procedures ensured that day-to-day access to the service was managed to ensure continuity of the service.
- 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.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department, GP out-of-hours, and urgent care services where appropriate.

## 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.
- There were adequate systems for reviewing and investigating when things went wrong. The systems in place ensured that there was the opportunity for lessons to be learned and shared and action taken to improve safety in the service.
- The systems also ensured that the service could learn 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

**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 did not have links to a clinical decision support system but had Standard Operating Procedures (SOPs). The SOPs ensured staff were aware of their individual responsibility when handling calls. For example, there was a dedicated telephone line, manned by a receptionist. The receptionist received the call and took brief details to identify the patient. Calls received were transferred directly to the GP on call who triaged every call. The GP was responsible for the initial telephone assessment of the patient and made all decisions related to the clinical action to be taken.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Patients who were too frail to attend the clinic were offered care and treatment at their homes.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. There was a system in place to identify frequent callers and patients with particular needs, for example, the service had access to the care plans for palliative care patients. The care plans provided details of their preferred care and treatment. We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

- The services of Wolverhampton Doctors on Call (WDOC) were not commissioned by the local clinical

commissioning group (CCG) and therefore were not directly monitored by the CCG. The provider was not required to report on its performance against national and local standards to the CCG.

- We saw that the service introduced its own performance monitoring standards in line with the contracts it held with the GP practices. The service level agreement between the provider and GP practices stated that remote assistance (Home visits) would be provided in-line with the following timescales dependent on the priority of the support required:
  1. 0-1 hour (during service level agreement hours) for issues classified as priority.
  2. Within 1-2 hours for issues classified as priority.
  3. Within 2-3 hours for issues classified as priority.
- However, the service had not audited the standards above to monitor the level of priority and the length of time between a patient's first contact and the time the home visit had been carried out. The audit we looked at detailed the number of patients who required a home visit and had received a call back within one hour following their initial contact. A total of 117 patients had contacted the WDOC over the past eight months. A GP had assessed that six (5%) of these patients needed a home visit.
- The provider had plans to monitor its performance in line with the service level agreement, which would ensure this aspect of service was also monitored.
- The service made improvements through the use of completed audits. We looked at two clinical audits linked to National Institute for Health and Care Excellence (NICE) best practice guidelines. The service monitored the quality of their antibiotic prescribing. There was evidence of actions taken to support good antimicrobial stewardship. One of the audits looked at antimicrobial prescribing. The outcome showed improvement in the recording of the clinical indication for prescribing antibiotics in line with national guidance. The service planned to complete future audits to cover the different types of antibiotics prescribed.

### Effective staffing

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

- All staff were appropriately qualified.



# Are services effective?

## (for example, treatment is effective)

- 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. 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, clinical supervision and support for revalidation.
- GPs maintained their level of competence by audit of their clinical decision making and attended relevant training.

### Coordinating care and treatment

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

- Patients received coordinated and person-centred care. There were established pathways for staff to follow to ensure callers were referred to other services for support as required. For example, urgent care pathways for patients with chest pain were referred to the accident and emergency service.
- All patients' were triaged and assessed by the GP on duty. The GP made direct referrals and/or appointments for patients with other services.
- The service did not currently have access to patient records held by their registered GP. The service shared assessment records following contact with the patient with the patient's GP. Records were seen to confirm this practice. However the process was not monitored to demonstrate it was completed in a timely manner.
- 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.

- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them.

### 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 may be in need of extra support. This included patients in the last 12 months of their lives, older people and patients at risk of developing a long-term condition.
- 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. For example, patients and their carers were advised about signs to look for if a patient's condition should deteriorate and what action they should take.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.



# Are services caring?

## Our findings

**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. The receptionist/secretary gave people who phoned into the service clear information. There were arrangements in place to respond to those with specific health care needs such as end of life care and those who had mental health needs.
- All three patient Care Quality Commission comment cards we received were positive about the service experienced.

### 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, included in languages other than English, informing patients this service was available. 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 the service was excellent, quick, thorough and reassuring. They felt supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

### Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**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. Wolverhampton Doctors on Call (WDOC) ensured that patients could contact the service within the times agreed with their registered GP. The provider engaged with the GP practices that held a contract with them to secure improvements to services where these were identified.
- The service made reasonable adjustments when people found it hard to access the service. For example;
  - Patients were offered support and advice over the telephone if appropriate,
  - Urgent messages from patients were shared with their registered GP in a timely way.
  - Patients were offered appointments to attend a clinic for a face to face consultation
  - An assessment and prescribed treatment was offered where required.
  - A home visit was carried out for those patients who were unable to attend the service.
  - Patients were signposted to emergency services for urgent treatment for example, an urgent care centre or hospital.
- WDOC had designated office space and access to clinical rooms at East Park Medical Practice. The facilities and premises were appropriate for the services delivered. Records looked at showed that East Park Medical Practice was responsible for ensuring that the building was in a good state of repair and safe for patients to use.
- The service level agreement with the host practice ensured that risk assessments carried out on an annual basis included the requirements and safety of WDOC.

- Environmental risk assessments for the building such as infection prevention, Legionella and other health and safety requirements were maintained by East Park Medical Practice and considered the needs of WDOC.
- Level access was available for patients with mobility problems.
- The service was responsive to the needs of people in vulnerable circumstances. For example, the provider worked closely and signposted vulnerable patients to urgent care services and community health professionals.

### Timely access to the service

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

- The service operated on a Wednesday and Thursday afternoon between the hours of 1pm and 6.30pm when the GP practices with whom it held a contract were closed. Patients were able to access care and treatment at a time to suit them between these hours.
- We found that the service carried out limited monitoring against the targets agreed with the GP practices in respect of timely access to an initial assessment, diagnosis and treatment. in support of the services outlined in the service level agreement:
  - A telephone call back was guaranteed to be made within 30 minutes of a patient contacting WDOC.
  - Calls received outside of agreed hours would be directed back to the GP Practice.
  - Patient home visits would be guaranteed within three hours of first patient contact.

The service had monitored the time taken to return patients' calls during the period April 2017 to November 2017. The outcome showed an improvement in the number of telephone contacts made within 30 minutes over the eight month period from 50% to 100%. Feedback received from three patient CQC comment cards suggested they were always seen in a timely manner.

### 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.

# Are services responsive to people's needs?

(for example, to feedback?)

- Information about how to make a complaint or raise concerns was available and it was easy to do. The guidance available ensured staff were aware that patients who made complaints should be treated compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- The service had not received any formal written complaints in the last year. Staff were aware that any verbal complaints received should be documented, reported and resolved in a timely way.
- The service learned lessons from individual concerns and it acted where appropriate to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

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

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The provider aimed to provide a seamless service to the patients of 12 GP practices who were closed on two afternoons per week.
- The provider wanted to expand the service and to support this planned to develop better integration with the GP practices services were provided to.
- The service developed its vision, values and strategy jointly with staff and external partners. Wolverhampton Doctors on Call were in the process of developing a close working relationship with the local CCG to support the future development of the service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region.

### Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.

- The service focused on the needs of patients.
- Although there had been no incidents or complaints received, the service demonstrated that a process of openness, honesty and transparency would be used when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing the staff involved within the service the development they need. All staff had received regular annual appraisals in the last year.
- There was an emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- The GPs, service manager and receptionist were considered valued members of the team.

### Governance arrangements

Following the inspection the service forwarded reviewed and updated copies of the Service Level Agreement (SLA) and the business plan. Both documents had been updated to demonstrate the responsibilities, roles and systems of accountability to support good governance and management.

- The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were made aware of their roles and accountabilities including in respect of safeguarding.
- The service Leaders had policies, procedures and activities to ensure safety.
- The SLA and business plan between East Park Medical Practice and WDOC had recently been reviewed and updated to include the governance systems in place for WDOC. We could not be sure that staff had familiarised themselves with these documents to ensure they were operating as intended, embedded within the organisation and shared by all staff.

### Organisational Requirements

- The SLA developed was between East Park Medical Practice and Wolverhampton Doctors On Call Ltd. The agreement laid out the clinical and organisational

# Are services well-led?

Good 

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

provision required from East Park Medical Practice for the safe operation of Wolverhampton Doctors on Call (WDOC). For example, WDOC followed all governance, policies and procedures used at East Park Medical Practice. This included for example, safeguarding, health & safety and infection prevention and control.

- All relevant employment checks were completed for all staff working at the service. These included DBS, qualification and training checks and that they were to the appropriate level.
- The agreement stated that six monthly review meetings would be held to ensure that governance, Caldicott guardian requirements and policies and procedures reflected the ongoing requirements of WDOC.

## 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.
- The management team had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints. Wolverhampton Doctors on Call did not have a contract with the local CCG but ensured that it monitored its performance, although not formally, as part of contract monitoring arrangements with the GPs for whom the service was provided.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The providers had plans in place and staff were trained to deal with for major incidents.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The service used performance information which was reported and monitored, and management and staff were held to account.
- The service used information technology systems to monitor and improve the quality of care.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

At the time of the inspection the service had not involved patients, the public, staff and external partners in a formal review to support high-quality sustainable services.

- We saw that staff working at the service were transparent, collaborative and open with stakeholders about their performance.
- The service had not encouraged views and concerns from its diverse range of patients, staff and external partners.
- However although the staff were transparent and open about the services it provided the feedback received was reported verbally and not recorded.
- This was discussed with the management team who agreed that this was needed to support the improvement of the quality of the service and provided reassurance that a formal system for obtaining feedback would be introduced.

## 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.
- WDOC ensured that it monitored the level of service provided which included for example, the response times to treat patients accessing the service and used the results to improve services.
- The clinical director and service manager encouraged staff to review individual and team objectives, processes and performance.
- Plans were being discussed and developed with the GP practices and the local CCG to have access to patient

# Are services well-led?

Good 

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

records which would enhance the safe management of patients who access the service. This would also provide a more secure process for transferring the contact and consultation details back to the GP practice.

- To support the development of the service the provider was actively pursuing closer working with the local CCG in the future.