

# Suffolk GP Federation C.I.C. - Head Office

## Inspection report

Riverside Clinic  
2 Landseer Road  
Ipswich  
IP3 0AZ  
Tel: 08452413313  
www.suffolkfed.org.uk

Date of inspection visit: 04 June 2021, 7 June 2021, 9  
June 2021, 14 June 2021  
Date of publication: 23/06/2021

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?	Requires Improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Overall summary

**This service is rated as Good overall.** (At the previous inspection, published 15 March 2019, the service was rated requires improvement overall.)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

Following our previous report published March 2019, Suffolk GP Federation C.I.C. - Head Office was rated requires improvement overall and for providing safe, effective and well led services. The ratings for caring and responsive services were good. The full reports for previous inspections can be found by selecting the 'all reports' link for Suffolk GP Federation C.I.C. Head Office on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We carried out an announced comprehensive inspection of Suffolk GP Federation C.I.C. – Head Office, as part of our inspection programme on 4, 7, 9 and 14 June 2021. This was to follow up on the requirement notices for Regulation 12 and Regulation 17 issued at the previous inspection and to inspect the Suffolk GP Out of Hours service which Suffolk GP Federation C.I.C. (the provider) had taken responsibility for providing since April 2019.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting and reviewing evidence from the provider
- Reviewing patient records
- Conducting staff interviews using video conferencing and by telephone
- Reviewing staff questionnaires
- Requesting feedback from other stakeholders and patients who use the service
- Short site visits

At this inspection we found:

- The service had good 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.
- Improvements had been made to infection control, prescription stationery security, availability and calibration of equipment, and emergency medicines were stocked in line with current guidelines. However, we found three weighing scales at the Riverside site which had not been calibrated and improvements were needed to the system for monitoring oxygen availability across the GP+ and Out of Hours sites.

# Overall summary

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. Systems were in place to keep clinicians up to date with current evidence-based practice and the provider had an ongoing programme of audits to check evidence-based practice was followed. Templates were in place at the minor injury unit which enabled a detailed history, assessment, clinical observations, examination, treatment and advice to be documented. Work had been undertaken to identify competencies for clinical staff and there were systems to ensure all staff were competent to do their role.
- 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.
- Arrangements were in place to respond in a timely way to complaints, however, although information to escalate a concern to the Parliamentary Health Service Ombudsman was available for patients, it was not always documented that this had been provided to patients who made a complaint. The service took complaints and concerns seriously and learnt from them to improve the quality of care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. Feedback from staff demonstrated they felt supported and were proud to work for the service. The service was involved in a range of pilot projects and initiatives.
- The provider had made significant improvements to address concerns raised at our previous inspection, however a new concern was identified during this inspection and the actions the provider has taken to address the concern required further monitoring, review and embedding to ensure they were effective.

We saw two areas of outstanding practice:

- Following proactive analysis of the needs of patients who may use the Felixstowe minor injury clinic service, a range of comprehensive templates had been developed in response to those areas. These included for example, minor injury, eye injury, head injury assessment, musculoskeletal injury and neurological examination. These templates ensured a full assessment of the patient's needs, including a set of baseline clinical observations, had been completed. When this service had changed from a walk in centre (no pre-booked appointments necessary) to a walk in clinic (pre booked appointments only) the service manager contacted the council to change all the signage in the local area so patients were no longer directed to this facility, but the nearest hospital in Ipswich.
- The North East Essex Diabetes services (NEEDS) were a Quality in Care Diabetes 2020 award winner for their emotional wellbeing programmes for people with diabetes. The team collaborated with the local health in mind/improving access to psychological therapies (IAPT) team to improve access, care and treatment. Initially IAPT therapists were invited to diabetes patient education events, but this led to other developments, for example, new clinics and a diabetes and well-being course. The service includes fast track appointments, with upskilled practitioners in a familiar location. An audit from June to August 2020 analysed caseload trends of the mental health practitioner within NEEDS. It identified the average patient contacts were five per day, with referrals mainly from GP practices, diabetes specialist nurses and from secondary mental health teams asking for additional support. Integrating support from NEEDS with psychological care from IAPT, helped to break down barriers for diabetes patients accessing medical care which resulted in improved glycaemic control and reduced psychological stress. A survey was sent to 90 patients who had used the service from November 2019 to September 2020 of which 14 patients responded. 78% of patients reported the contacts were helpful, 86% felt listened to and supported, 100% were treated with dignity and respect, and 72% felt the contact had helped with their diabetes management.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

# Overall summary

- Continue with plans to include relevant equipment used but not owned by the provider, as part of their calibration programme.
- Continue work to document the Hepatitis B vaccination status of clinical staff.
- Confirm, in writing, information given to patients verbally in response to complaints raised.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, and a second CQC inspector.

## Background to Suffolk GP Federation C.I.C. - Head Office

The provider Suffolk GP Federation C.I.C is a community interest company, limited by shares and is owned by 57 GP practices across Suffolk and is a not for profit organisation. Most of the GP practices are independently registered with the CQC. Suffolk GP Federation C.I.C serves a population of approximately 921,000 patients across the county of Suffolk. Services are provided from various locations including GP practices across Suffolk and North-East Essex, and in the local hospitals in Ipswich and Bury St. Edmunds and in the community hospital at Felixstowe. The provider holds contracts with Ipswich and East Suffolk, West Suffolk, Mid Essex and North-East Essex Clinical Commissioning Groups (CCGs).

There is a Suffolk GP Federation C.I.C board which is made up of the registered manager, a Caldicott guardian, a GP, a responsible person for controlled drugs, safeguarding and information governance leads and six GPs, two GP practice managers and an independent senior non-executive. There is an integrated governance committee (IGC) which is comprised of the medical director, chief nurse, operations director, chief executive officer, financial controller, executive assistant, payroll manager, human resources, governance manager and three non-executive board directors and a service director. The IGC reports directly to the board. There are three review groups; primary care, urgent care and community care. These report to the IGC.

The provider is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. This location is registered to provide diagnostic and screening procedures and treatment of disease, disorder or injury.

Services offered by Suffolk GP Federation C.I.C. are:

Extended GP access (GP+). Suffolk GP+ is for people who need an appointment with a GP, nurse or other health professional in the evenings or at weekends. The service is staffed by GPs, nurse practitioners, physiotherapists and other health professionals. The service operates across Suffolk including the towns of Ipswich, Wickham Market, Felixstowe, Haverhill, Stowmarket, Bury St. Edmunds, Mildenhall, and Sudbury. This service also includes a GP streaming service in the emergency departments of Ipswich and West Suffolk hospitals to ensure patients are seen by the appropriate clinical staff and in a timely manner. We visited the GP+ service at Riverside Clinic, Ipswich, Stowmarket, and Drover's House, Bury St Edmunds, as part of this inspection, to check that improvements had been made following our previous inspection.

The Felixstowe minor injuries clinic is operated from the local community hospital and is a service for patients to attend with an appointment, following referral from NHS111 or their GP practice. This service operates from 8am to 8pm seven days a week. We visited this service as part of this inspection to check that improvements had been made following our previous inspection.

The cardiology community clinic is an intermediate outpatient service which runs as an alternative to hospital-based clinics, and is offered at two locations, Ipswich and Woodbridge. The service provides consultations, advice and electrocardiogram (ECG) testing. This is for all patients in East Suffolk. We checked that improvements had been made following our previous inspection.

The Non-obstetric Ultrasound service is offered in 12 GP practice locations and one community setting across Suffolk. The service is for ambulant patients and provides ultrasounds for patients in a convenient location near to their home. This is for all patients in Suffolk.

The North East Essex Diabetes service is a pathway hub to co-ordinate, promote, and ensure, via a single point of access, the provision of a comprehensive range of integrated health services for people with diabetes and their carers. The Suffolk GP Federation C.I.C clinical model includes primary care development, patient involvement and education and reaching non-engaged patients. This is offered across North East Essex. We checked that improvements had been made following our previous inspection.

The Falls and Fracture Liaison service is for patients who had experienced a fracture and maybe at risk from falls. The service visited patients in their own homes and assessed patients which included ensuring they were compliant with their medicines. This is for all patients in West Suffolk Clinical Commissioning Group area.

The Bowel and Bladder service is a nurse led service and treats and supports patients with urinary or faecal incontinence. This is for all patients in Suffolk.

The Stoma Care service provides a supportive, advisory and educational role to the patient, family and integrated neighbourhood teams to ensure care can be self-managed by the patient or by the team. The service supports the timely discharge of patients who have a new stoma, providing holistic care including clinical advice on stoma care, product fitting and psychological support. This is for all patients in East Suffolk.

Suffolk GP Out of Hours (OOH) service, which patients access via the NHS111 service. The NHS111 team assess patients by telephone and refer to the Out of Hours service, if clinically appropriate. This results in either a telephone consultation, a face to face appointment at a primary care centre or a home visit with a doctor, nurse practitioner or other health care professional. (The primary integrated urgent care provider is Practice Plus Group, who subcontract the integrated urgent care treatment and face to face service to Suffolk GP Federation C.I.C.). The Suffolk GP Federation C.I.C. began providing this service from April 2019. This service is provided across Suffolk. Bases are at Ipswich Hospital, Riverside Clinic Ipswich, Drovers House Bury St Edmunds, Mildenhall, Eye, Sudbury, Saxmundham, Haverhill and Stowmarket. We visited the services at Riverside Clinic, Ipswich, Stowmarket, and Drover's House, Bury St Edmunds, as part of this inspection.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, podiatry. These types of arrangements are exempt by law from CQC regulation.

Suffolk GP Federation C.I.C employs a wide range of clinical and non-clinical skill mix of staff on a permanent, bank, self-employed and agency basis. This includes for example, hospital consultants, GPs, specialist nurses, advanced nurse practitioners and practice nurses, advanced practitioner sonographers, pharmacists, healthcare assistants, and physician associates.

Suffolk GP Federation C.I.C is the provider for one GP practice, Unity Healthcare in Haverhill. This location was not included as part of this inspection. You can find the report for this inspection by searching for the location name at [www.cqc.org.uk](http://www.cqc.org.uk).

# Are services safe?

## **We rated the service as requires improvement for providing safe services.**

At our previous inspection published in March 2019 Suffolk GP Federation C.I.C. - Head Office was rated as requires improvement for providing safe services because:

- We found the records of some patients seen at the minor injuries clinic did not contain sufficient detail to evidence that patients had been fully assessed to ensure they were kept safe.
- We found the service had systems and processes to manage risks to patients but not all of these were fully known or understood by staff working the local sites where services were delivered. For example, not all staff working at the various locations we inspected were clear about the IPC process and their responsibilities.
- The provider had risk assessed the provision of emergency medicines to ensure they were easily available to staff in the event of a medical emergency. However, the medicines in stock were not in line with the current guidelines and the mitigation of risk for some medicines was insufficient to ensure patients would receive emergency treatment in a timely manner. The Suffolk GP Federation C.I.C. reviewed their assessment immediately and updated to provide additional medicines.
- We found in the minor injuries clinic that prescription stationery use was not monitored in line with current guidelines.

At this inspection, we saw improvements had been made. Patient records at the minor injuries unit demonstrated that patients were fully assessed to ensure they were kept safe and prescription stationery was monitored in line with current guidelines. Systems and processes to manage risks were known and understood by staff, which included infection prevention and control arrangements. Equipment was available and calibrated for staff to use and where staff chose to use their own equipment, arrangements were in place to ensure this was calibrated. At the Riverside site, there were two non-Suffolk GP Federation C.I.C. owned scales and one Suffolk GP Federation C.I.C. owned weighing scales which were not in date for calibration. Actions were taken to address this and include non-federation owned equipment at this site in the established calibration system. The emergency medicines in stock were in line with current guidelines, however improvements were needed to the system for monitoring oxygen availability across the GP+ and Out of Hours sites. This location is still rated requires improvement for providing safe services.

## **Safety systems and processes**

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

- The provider had safety policies which were regularly reviewed and communicated to staff. Safety risk assessments were completed, which included an annual health and safety risk assessment for each site where a service was delivered. 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. Most staff had completed training to the required levels for their role and a system was in place to remind and support staff to complete this and this system was monitored. Arrangements were in place to not use agency or locum staff until mandatory training had been completed. Staff knew how to identify and report concerns. A recent GP event was held which included a focus on perinatal safeguarding.
- 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. The provider was further improving their system for the oversight of safeguarding, to include review of referrals made, outcomes and any learning. Clinical and non-clinical leads attended the relevant safeguarding meetings led by the Clinical Commissioning Group safeguarding leads. A quarterly safeguarding report was shared with Practice Plus Group, the lead contract holder for the Suffolk GP Out of Hours service.

# Are services safe?

- The provider had a comprehensive system for ensuring staff were recruited safely. 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). Staff who acted as chaperones were trained for the role and had received a DBS check. Staff confirmed trained chaperones were available when needed.
- Staff received safety training appropriate to their role. There was a system in place to remind and support staff to complete this and this system was monitored. Sepsis training had been completed by urgent care clinical and non-clinical staff, relevant to their role, however there was no documented oversight of this. Additional update training was completed, where this had been identified on an individual basis and we saw records of this. Suffolk GP Federation C.I.C. had recently made sepsis training mandatory; sepsis e-learning training had been identified and training completion rates would be reported monthly in the service packs, which detailed a range of relevant information and were reviewed by each service.
- There was an effective system to manage infection prevention and control (IPC). Most staff had completed IPC training and a system was in place to remind and support staff to complete this and this system was monitored. Arrangements were in place to not use agency or locum staff until mandatory training had been completed. Staff we spoke with and received feedback from, confirmed they had received additional IPC updates due to COVID-19. There was an overarching system to manage IPC and the sites we visited were clean and tidy. Comprehensive IPC audits were undertaken annually for each service and action plans were developed and oversight of completion monitored by the Suffolk GP Federation C.I.C. governance team. We noted during the site visit to Riverside, that in a clinical room, two chair seat covers were torn. We raised this at the time and these chairs were replaced with undamaged chairs which had 'not for use' signs to ensure social distancing. Hand hygiene and environmental audits were also undertaken. Staff gave examples of where issues identified had been acted on. There were systems for managing healthcare waste.
- At our previous inspection we found that not all staff working at the various sites we inspected were clear about the IPC process and their responsibilities. In response to this, named infection prevention and control link workers/nurses were identified and available in each service. They had received additional training and quarterly IPC meetings were held for updates and support. Staff we spoke with and received questionnaires from advised that appropriate infection control arrangements were in place and knew how to escalate any concerns.
- A system was in place to document the immunisation status of all clinical and non-clinical staff, (where applicable). The overall Hepatitis B immunisation status of staff was 94%. A risk assessment and action plan were in place to ensure the safety of staff and to improve the documentation of Hepatitis B immunisation status.
- The provider had systems and processes to ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Annual portable appliance testing (PAT) was completed with quarterly audits undertaken by each service lead to identify any items which had not been tested. When this was identified, testing was arranged. We checked a sample of electrical appliances during the site visits which confirmed PAT was in date. Arrangements had been made for testing of equipment used by staff who were working from home due to COVID-19.
- Arrangements for calibration of all Suffolk GP Federations C.I.C. owned equipment had been streamlined so these were undertaken once a year. Two further dates were arranged in January and July where staff were able to get their equipment calibrated. Staff we spoke with advised some clinicians preferred to bring their own equipment, whereas other staff used Suffolk GP Federations C.I.C. equipment. Quarterly spot check audits were undertaken of clinicians' equipment to check calibration and where this had not been calibrated, Suffolk GP Federation C.I.C.'s equipment had to be used until their equipment had been calibrated. Adequate supplies of equipment were available for staff to use.
- We checked a sample of clinical equipment during all the site visits and found calibration had been undertaken and was in date for most equipment. However, at the Riverside clinic, there were two sets of non-Suffolk GP Federation C.I.C. owned weighing scales available for use; one in the clinical room and one in the corridor outside the room, which was last calibrated in 2012. The Suffolk GP Federation C.I.C. owned scales were due for calibration in February 2021.



# Are services safe?

Following our inspection, the provider advised they had purchased three sets of scales for immediate use at Riverside. Urgent calibration had been booked for 17 June 2021 to calibrate the other scales with arrangements confirmed with the owners of the other scales, for these to be included in the Suffolk GP Federation C.I.C. calibration programme on an ongoing basis.

## 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. For example, when demand for appointments was lower in the minor injuries clinic, appointments were booked for blood tests and COVID-19 vaccinations, to reduce the demand on local health services. There was an effective system in place for dealing with surges in demand. For example, at Riverside, non-clinical staff worked as a team across GP+ and the Out of Hours service. An on-call manager was available 24 hours a day and arrangements were in place at times of exceptionally high demand, to call in additional staff.
- There was an effective induction system for new and temporary staff. Staff received induction training tailored to the organisation. This included for example, Suffolk GP Federation C.I.C. background information and structure, governance information, lead roles and mandatory training. Urgent care and non-urgent care induction training was also available at a service level and was tailored to the staff roles.
- 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. Most staff had completed basic life support and anaphylaxis training and a system was in place to remind and support staff to complete this and this system was monitored. All staff whose training was out of date had been contacted to book onto a course, or complete online. Face to face training sessions were held once or twice most months. Arrangements were in place to not use agency or locum staff until mandatory training had been completed.
- In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- In June 2019, Suffolk GP Federation C.I.C. introduced an electronic patient record system at the minor injuries clinic. A range of consultation templates had been developed, for example, minor injury, head injury, eye injury and wound care and were embedded in practice. Patient records were audited on a monthly basis, together with the relevant clinician, so discussion and learning could be undertaken.
- Systems were in place to manage patients who may experience long waits. Staff advised patients when to seek further help and what to do if their condition got worse. For example, in the Out of Hours service, 'comfort' calls were made to patients to check their condition and update them with any changes to when they may be seen.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment to patients.
- Individual care records were written and managed in a way that kept patients safe. The 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

# Are services safe?

The service had reliable systems for appropriate and safe handling of medicines, however, improvements were needed to the system for monitoring oxygen availability across the GP+ and Out of Hours sites.

- The systems and arrangements for managing medicines, including emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. Arrangements were in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately. Processes were in place for checking medicines and staff kept accurate records of medicines. For example, at the minor injuries clinic, weekly checks of all emergency medicines and equipment were undertaken and documented.
- During the site visit at Stowhealth on 9 June 2021, we noted that in the GP+ service, the oxygen was less than half full and there was no spare cylinder available. An oxygen gas audit was completed every two months, however, there was no process to complete and document checks of the oxygen on a more frequent basis. The oxygen gas audit completed on 7 June 2021, had identified the oxygen cylinder being less than half full and noted it for action, however this action had not been completed at the time of our visit. On 10 June 2021, the provider confirmed a second full oxygen cylinder was now available at Stowhealth. They also submitted an oxygen administration storage and safety protocol, an amended oxygen gas audit tool to include a check for a backup oxygen cylinder, and added a check that there was three quarters or more oxygen in the cylinder, to the base resuscitation daily checklist. They confirmed these arrangements were in place across all the GP+ and Out of Hours sites. We reviewed these documents and arrangements; however further improvements were needed to ensure a safe system was in place.
- The service kept prescription stationery securely and monitored its use. We checked this in the Out of Hours base sites and vehicles, the GP+ service and the minor injury clinic during the site visits. Improvements had been made at the minor injury clinic, with the use of prescription stationery documented and monitored. A prescription security audit was undertaken on a quarterly basis. The most recent audit on 20 March 2021 achieved 100%. A prescription security and management annual audit was last completed on 2 December 2020 which achieved 100%.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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 was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. For example, in the diabetes service, patients were involved in regular reviews of their medicine.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to manage their symptoms.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments and audits in relation to safety issues. The provider undertook annual health and safety audits of the sites they used.
- 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; however, we found scales at the Riverside site which were not in date for calibration and an oxygen cylinder at the Stowhealth site which was less than half full, with no spare cylinder available.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, for example, the local A&E department, ambulance service, NHS 111 service and urgent care services.

## Lessons learned and improvements made

# Are services safe?

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. The provider used an electronic system (Datix) to record and monitor all significant events. The system gave a comprehensive overview of the event and clear audit trail of actions taken. There were 428 recorded incidences from April 2020 to March 2021.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, a system was set up to document all patient samples and swabs taken at a GP+ clinic and sent for analysis, to ensure there was an accurate record and oversight of these. The provider used various ways to communicate learning from significant events to all staff, which included for example, by email, through the rota system, through the urgent care clinical bulletins and through monthly service review meetings. An annual review of significant events provided oversight of the number of events per service, in comparison to the previous year. Key themes, learning opportunities and improvements made were identified, along with key actions for the next year. For example, building on cross organisational learning with other Out of Hours services and providing six monthly training opportunities for all staff to attend to improve the reporting of incidents.
- 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 agency staff. Medicines and Healthcare products Regulatory Agency updates were shared in the urgent care clinical bulletin. The most recent staff survey results undertaken in October and November 2020, found 88% of staff believed the provider encouraged the reporting of errors, near misses and incidents, although feedback to staff had decreased from 63% in 2019 to 57% in 2020. The provider had an action plan to improve this through continuing to use as many different communication channels as possible to disseminate learning and sharing learning from incidents across services via the weekly all staff meeting.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service.

# Are services effective?

## **We rated the service as good for providing effective services.**

At our previous inspection published in March 2019 Suffolk GP Federation C.I.C. - Head Office was rated as requires improvement for providing effective services because:

- We found in the minor injuries unit that clinical records had been audited but this process had not identified where staff had not recorded a full assessment of the patient including a set of baseline clinical observations.
- The provider did not have clear and easy oversight that all staff were competent to do their role. We found in some areas such as the minor injuries clinic and the cardiology clinic there was a lack of oversight to be assured that all staff had been fully assessed as competent to do their roles.
- 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 but some staff told us they did not read them.

At this inspection, we saw improvements had been made. Templates had been developed at the minor injury unit which enabled a detailed history, assessment, clinical observations, examination treatment and advice to be documented. Work had been undertaken to identify competencies for clinical staff and there were systems to ensure all staff were competent to do their role. Systems were in place to keep clinicians up to date with current evidence-based practice and the provider had an ongoing programme of audits to check evidence-based practice was followed. This location is now rated 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 and clinicians used this information to help ensure that patients' needs were met. The provider showed that they used various modes of communicating this information to staff. They did not have a way to evidence this had been read by staff, however, they had a range of audits, which included consultations, record keeping and prescribing, to check that evidence-based guidance was followed.
- In response to COVID-19, the provider held weekly 'wash up' sessions which were open to all clinicians working in all Suffolk GP practices. Clinicians had the opportunity to discuss new guidance, share experiences, review how the day had gone and identify any issues.
- 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.
- We found significant improvements had been made in the minor injuries clinic. Following proactive analysis of the needs of patients who may use the service, a range of templates had been developed in response to those areas. These included for example, minor injury, eye injury, head injury assessment, musculoskeletal injury and neurological examination. These templates ensured a full assessment of the patient's needs, including a set of baseline clinical observations had been completed. We reviewed four patient records and found comprehensive records were in place, which included a detailed medical history, clinical observations, examination, assessment, treatment, advice and follow up.
- Patients who were not receiving ongoing care and treatment at the minor injuries clinic had a set of clinical observations completed, which were documented on the patients' clinical record. If these went out of set parameters, then the computerised system prompted another set of observations to be taken.
- Calls to the NHS111 service in Suffolk were managed by the Practice Plus Group, which is a different provider, with Suffolk GP Federation C.I.C. subcontracted to provide any face to face consultations required between 6.30pm and 8am. After the NHS111 telephone assessment had identified a face to face consultation was needed, patients were

# Are services effective?

referred to the Out of Hours service directly. Patients were able to be reassessed and re-triaged utilising their own patient records which the Suffolk GP Federation C.I.C. had access to, ensuring the most appropriate response for the patient which could include a telephone consultation, online consultation, face to face appointment at a primary care centre, or a home visit from a clinician.

- For the GP+, minor injuries clinic, and the Out of Hours service, arrangements were in place to deal with repeat patients and walk in patients. There was a system in place to identify frequent attendees and patients with specific needs, for example patients with complex mental health needs or palliative care needs. The management of these patients was reviewed with their registered GP, where appropriate. Care plans, guidance and protocols were in place to provide the appropriate support.
- When staff were not able to make a direct appointment on behalf of the patient, clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- We saw no evidence of discrimination when making care and treatment decisions.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, electronic records had been established at the minor injury clinic, where they were previously paper based.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. For example:

- We reviewed a sample of 1% consultation and call listening audits which were undertaken across all services. These demonstrated review of clinicians' work with intervention and follow up by the clinical lead, which resulted in improved performance. Where results were not satisfactory, a process was in place for additional support and audits to be completed, to monitor performance and take action, as appropriate.
- We reviewed a sample of medicine prescribing audits, which included prescribing of antibiotics, high risk and palliative care medicines. Learning identified was shared with all clinicians via the urgent care clinical bulletin and with individual feedback to the clinicians not fully following guidelines.
- The North East Essex Diabetes Service undertook a young person audit. This reviewed the completion of eight recommended care processes for people with diabetes over the age of 12 and the percentage of the caseload who were 'hard to reach'. For 2019 to 2020, 190 patients received a service, of which 21% of patients were 'hard to reach' and 34% of patients had the recommended care processes completed. During 2020 to 2021, 222 patients received a service, of which 16% of patients were 'hard to reach' and 46% of patients had the eight recommended care processes completed. The creation of early morning and late afternoon clinics was positive and increased the number of appointments young people attended. The completion of the eight recommended care processes had increased by 12%.
- Where appropriate, clinicians took part in local and national improvement initiatives.
- The service was meeting its locally agreed targets as set by its commissioner. The Clinical Commissioning Group and lead contractors confirmed they were content with the performance and quality of these services, which included the impact of COVID-19: the Bladder and Bowel Service, Stoma Care Service, Falls and Fragility Clinic, Minor Injuries Clinic, GP+, Emergency Department Streaming and Out of Hours, Cardiology Community Clinic and Non-obstetric Ultrasound.

# Are services effective?

The Diabetes Service was largely dependent on primary care delivery, which had been impacted due to COVID-19, and recovery plans were in place with practices. Suffolk GP Federation C.I.C. were proactive with their recovery plans. For example, arrangements were in place to support services where waiting lists had increased due to COVID-19 and these were reducing or had been reduced to pre COVID-19 levels.

- Suffolk GP Federation C.I.C.'s contract with Practice Plus Group (lead contract holder) contained standards and measures to monitor their performance and improve outcomes for people for the face to face clinical aspects of the integrated urgent care system within Suffolk. The provider had met their performance targets. The performance data from April 2020 to March 2021 showed:
  - 97% of people classed as urgent, had a face to face consultation completed within two hours. This was better than the target of 95%.
  - 100% of people classed as routine had a face to face consultation completed within six hours. This was better than the target of 95%.
  - 100% of people had a face to face consultation completed within twelve hours. This was better than the target of 95%.
  - 100% of people had a face to face consultation completed within twenty-four hours. This was better than the target of 95%.
  - 100% of cases were triaged, which was better than the target of 95%.
  - 16% of people who attended the service were transferred to GP+, which demonstrated appropriate use of clinical resources.
  - 4% of people who contacted the service were referred to A&E, 1% were admitted to hospital and less than 1% an ambulance was called.
- The service held regular performance meetings and shared information, both internally, with the lead contractor, Practice Plus Group, and with the Clinical Commissioning Group. We saw evidence that performance against targets was discussed and reviewed, with improvement actions identified and implemented.

## 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 and role specific induction, for example for clinicians working in the Out of Hours service. Induction covered such topics as information governance, safety, safeguarding, location specific information.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. The nurse led minor injuries clinic was supported by GPs from two local GP practices, who visited or phoned every day to offer support and advice. Arrangements could be made for patients to be booked in to see a GP if necessary.
- The provider understood the learning needs of staff and provided protected time if needed, and training to meet them. Up to date records of 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. Due to the impact of COVID-19, the appraisals for 14 staff scheduled for completion in 2020 were postponed. There was a plan for the completion of appraisals in 2021, with these 14 staff members having a more formal one to one with their line manager before the end of June to bridge the gap between the 2020 and 2021 appraisal. These staff will also have priority in booking an appraisal when these are all booked and completed between October and December 2021.
- 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, record keeping and calls.

# Are services effective?

- The provider had oversight that all staff were competent to do their role. Work had been undertaken to identify competencies for clinical staff, for example, through discussion and evidence at appraisals and by working alongside staff to assess and monitor work directly. Competencies were available for clinicians in the minor injury clinic and cardiology community clinic and there were processes in place to ensure oversight of the work undertaken.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- Since December 2020, the Suffolk GP Federation C.I.C. has run an admission avoidance service to reduce pandemic induced pressure in Suffolk hospitals. A Suffolk 24 hours a day, seven days a week, 'urgent care hub', staffed by GPs and advanced nurse practitioners had been developed which offered a range of services. The hub managed a health professionals advice line for ambulance crews, community nursing teams, and hospices. It triaged low acuity cases from the ambulance service. Since the service commenced, over 2,000 calls had been received from East of England Ambulance Service Trust paramedics, and of these cases only 13.6% resulted in conveyance to hospital. The hub also provided clinical support to the minor injuries clinic at Felixstowe which enabled the minor injuries clinic to see a greater range of patients and prescribe.
- Suffolk GP Federation C.I.C. delivered training to other GP practices twice a year which included the inclusion and exclusion criteria for the GP+ service.
- 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.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with patients' registered GP's so that the 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. There were established pathways for staff to follow to ensure callers were referred to other services for support as required. The service worked with patients to develop personal care plans that were shared with relevant agencies. For example, care plans for patients with wound care needs were in place in the minor injuries clinic.
- 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.
- Patients referred to the Out of Hours service met the criteria set out in NHS Pathways, the triage and referral protocol followed by NHS111 Services. Suffolk GP Federation C.I.C. were able to directly access and update patients records and notify the patients GP of any relevant information to assist with their ongoing care.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.
- Issues with the Directory of Services were escalated in a timely manner.

## 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. For example, regular users of the GP+ service and patients with diabetes who needed support with smoking cessation.



# Are services effective?

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this. For example, the falls and fragility service held an online educational evening event in April 2021 for anyone who had osteoporosis, including those recently diagnosed and their family members.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, the diabetes service encouraged self referral to local health initiatives for weight management and referred to dietitians for nutritional support and to mental health services for appropriate support.

## **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?

**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. Call handlers gave people who phoned into the service clear 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.
- CQC comments cards were not used for this inspection, due to the infection control risks associated with COVID-19. The link to give feedback on care to CQC was available on the Suffolk GP Federation C.I.C. website, but we did not get any patient feedback in this way.
- Patient feedback from January to March 2021, obtained from the NHS friends and family test, which included both written and electronic feedback showed that, for example, 94% of patients would recommend the minor injuries clinic, 100% of patient would recommend the diabetes education service and 88% of patients would recommend the integrated urgent care service.

## **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. Suffolk GP Federation C.I.C. had access to The Big Word and Language Line, to ensure there was sufficient capacity available to meet patients' needs. Some staff were multilingual, and examples were given when these staff had supported patients directly. Information leaflets were available in easy read formats, to help patients to be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- 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 respected confidentiality at all times.
- Staff recognised the importance of people's dignity and respect. For example, during home visits, staff checked with patients who they wanted to be present.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations.
- A private room was available if patients were distressed or wanted to discuss sensitive issues.

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## **Responding to and meeting people's needs**

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified. For example, a Suffolk pandemic home visiting service was established in response to COVID-19, to ensure only suitably trained and personal protective equipment equipped clinicians undertook home visits for COVID-19 confirmed or suspected patients both in and out of hours. New care pathways for COVID-19 symptom control with anticipated reduced community resources were also established.
- A cervical screening service had been piloted from October 2020 to March 2021, as part of the GP+ service to improve access by targeting specific groups of patients, women in the 25 to 49 age range group, women with mental health or learning disability and women from black and minority ethnic groups. Adjustments were available which included, longer appointments, pre appointment telephone consultations and language aids. Four hundred and eleven cervical screenings had been carried out, with 83% of patients aged between 25 to 49 years and 22% from black and minority ethnic groups. This service was now offered as part of the GP+ service. A further piece of work was being undertaken which focussed on education and empowerment, targeting those who have never had cervical screening, or recent cervical screening, the LGBT+ community, black and minority ethnic groups and deprived communities.
- The provider improved services where possible in response to unmet needs. The provider had identified the need for improved access to mental health intervention within primary care and in 2019 had developed a nurse led service in response. This service had recently transferred to the Norfolk and Suffolk NHS Foundation Trust (NSFT). Suffolk GP Federation C.I.C. continued to support NSFT's future plans for the region.
- The North East Essex diabetes services were a Quality in Care Diabetes 2020 winner for their emotional wellbeing programmes for people with diabetes. The team collaborated with the local health in mind/improving access to psychological therapies (IAPT) team to improve access, care and treatment. Initially IAPT therapists were invited to diabetes patient education events, but this led to other developments, for example, new clinics and a diabetes and well-being course. This service proactively identified patients who did not regularly attend health checks. They offered support and education to ensure patients had greater awareness of and the skills to promote self-management of their diabetes.
- Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service was responsive to the needs of people in vulnerable circumstances. For example, patients who may have dementia or a learning disability were given additional time and appointments were arranged at times that were convenient for their carers or relatives.
- The service made reasonable adjustments when people found it hard to access the service. The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. In particular, patients who required home visits were assessed to ensure staff were aware of anything they needed to consider. For example, patients with poor mobility or hearing difficulties who may live alone and needed extra time to answer the door or telephone.

## **Timely access to the service**

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

# Are services responsive to people's needs?

- Patients were able to access care and treatment at a time to suit them. Each service operated a variety of times, for example, the minor injuries clinic was open from 8am to 8pm, seven days a week. The Suffolk GP Out of Hours service operated from 6.30pm to 8am Monday to Friday and for 24 hours at weekends and bank holidays. The GP+ service was available from 6.30pm to 9pm Monday to Friday across five sites in Suffolk, on Monday and Friday in three sites and on Thursdays in one site. On Saturday it was open from 9am to 5pm in four sites and from 9am to 1pm in three sites. It operated from 9am to 9pm in Ipswich and Bury St Edmunds on Saturday, Sunday and bank holidays.
- Suffolk GP Federation C.I.C.'s contract with Practice Plus Group (lead contract holder) contained standards and measures to monitor their performance and ensure timely access for people for the face to face clinical aspects of the integrated urgent care system within Suffolk. The provider had met their performance targets. The performance data for timeliness from April 2020 to March 2021 showed:
  - 97% of people classed as urgent, had a face to face consultation completed within two hours. This was better than the target of 95%.
  - 100% of people classed as routine had a face to face consultation completed within six hours. This was better than the target of 95%.
  - 100% of people had a face to face consultation completed within twelve hours. This was better than the target of 95%.
  - 100% of people had a face to face consultation completed within twenty-four hours. This was better than the target of 95%.
  - 100% of cases were triaged, which was better than the target of 95%.
- The service held regular performance meetings and shared information, both internally, with the lead contractor, Practice Plus Group, and with the Clinical Commissioning Group. We saw evidence that performance against targets was discussed and reviewed, with improvement actions identified and implemented.
- Patients were seen according to clinical need. Waiting times, delays and cancellations were minimal and managed appropriately. There were arrangements to manage the waiting list and to support people whilst they waited. Staff advised patients when to seek further help and what to do if their condition got worse. For example, in the Out of Hours service, comfort calls were made to patients to check their condition and update them with anticipated waiting times.
- Patients could access the Out of Hours service via NHS 111. The service did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Patients with the most urgent needs had their care and treatment prioritised.
- The service engaged with people who were in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services. The service offered the clinics in a significant number of places across Suffolk giving easy access to patients and in surroundings that were familiar to them. Home visits were arranged for those services where patients were housebound which included the falls and fragility service.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available on the provider's website and in the sites where services were provided. Staff treated patients who made complaints compassionately.

## Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. 28 complaints were received from 1 April 2020 to 31 March 2021 for all the services registered as part of this location. We reviewed five complaints and found that they were satisfactorily handled in a timely way. One of the complaint responses we reviewed did not include information about the Parliamentary and Health Service Ombudsman (PHSO) and another complaint was dealt with by telephone and PHSO information was given verbally but had not been documented. PHSO information was available on the Suffolk GP Federation C.I.C. website in the 'How to raise a concern leaflet.' The provider added PHSO contact information to the complaints policy, which was available on their website and added PHSO information on the compliments, comments, concerns and complaints webpage.
- Complaints were recorded on Datix and the Suffolk GP Federation C.I.C. governance team was responsible for corresponding with complainants and liaising with service and clinical leads for information to enable appropriate investigation of the complaint. Complaint response letters advised that staff reflected on information about complaints, feedback and compliments as part of their appraisal and revalidation.
- 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, the provider had liaised with the Clinical Commissioning Group to deliver a training update on palliative care and opioid prescribing at a GP practice training event.

# Are services well-led?

## **We rated the service as good for providing well led services.**

At our previous inspection published in March 2019 Suffolk GP Federation C.I.C. - Head Office was rated as requires improvement for providing well led services because:

- In some areas the provider had not ensured care and treatment was provided in a safe way to patients or that governance systems were always effective, and some legal requirements were not met.

At this inspection, we saw improvements had been made, with care and treatment provided in a safe way to patients and governance systems had been improved and strengthened. This location is now rated good for providing well led services.

### **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. Suffolk GP Federation C.I.C. provided a GP Support hub that GPs could access to request specialist training if they had an interest in specific areas. This included GPs working for the service. The support hub was available for access to support GPs, identify learning needs and offer opportunities within Suffolk and North East Essex. For example, the First5 groups in East and West Suffolk was for GPs in the first five years after qualifying, and offered peer support, education and networking.

### **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 plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Most staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population. Suffolk GP Federation C.I.C. acted on behalf of 28 member GP practices and implemented a COVID-19 vaccination programme across five sites and delivered 184,983 vaccinations between January and June 2021.
- The provider monitored progress against delivery of the strategy.
- The provider offered opportunities for staff who worked away from the main base to feel engaged in the delivery of the provider's vision and values. Weekly staff calls with senior leaders were held which all staff were able to join and ask questions or raise concerns.

# Are services well-led?

## Culture

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

- Most staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Most of the staff we spoke with and obtained feedback from were able to raise concerns; were encouraged to do so and had confidence these would be addressed. Staff gave examples of where issues identified had been acted on. The most recent staff survey identified 90% of staff knew how to report unsafe clinical practice, with 70% confident that the provider would address any concerns raised. Both these areas had been included in the staff survey action plan.
- There were processes for providing all staff with the support and development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff. Staff gave examples of where they had felt their safety and wellbeing had been supported.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- 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. A service pack, which detailed a range of performance and feedback data was reviewed by each service at their team meeting. This information was then fed back to the service review groups and any issues and risks were escalated to the information governance committee and the board as appropriate. These were shared with commissioners as part of monitoring arrangements.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. Improvements had been made and staff were aware of the processes and responsibilities for infection prevention and control and the security of prescription stationery.
- 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 generally clear and effective processes for managing risks, issues and performance. However, improvements were needed to the system for monitoring oxygen availability across the GP+ and Out of Hours sites.

# Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, Suffolk GP Federation C.I.C set up COVID-19 vaccination sites on behalf of member practices and held regular meetings with practices to share information and processes and identified risks. For example, they agreed a process for referring patients who were unsuitable for vaccination in primary care to acute services across all member practices.
- 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.
- Monthly reports were sent to service managers which enabled them to follow up where performance was below the expected levels, for example completion of mandatory training and hepatitis B immunisation status.
- Leaders had oversight of patient safety alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly shared and discussed in teams and at senior management and board level. Performance was shared with the contract lead and the Clinical Commissioning Group 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. For example, within the diabetes service, the creation of early morning and late afternoon clinics was positive and had reduced the percentage of hard to reach patients by 5%. The completion of the eight recommended care processes had increased by 12%.
- The provider 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.
- The provider had identified as a key objective for 2021 to 2022, the need to support member practices and staff wellbeing as they came out of lockdown and recovery and learning post pandemic. The provider had six mental health champions whose purpose was to promote a culture and create a workplace for good mental health, wellbeing and healthy lifestyle. They could support staff with mental health needs and signpost to support organisations. The champions acted as a resource and support to each other, with monthly meetings and their action plan was shared with the senior leadership team and the staff council.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service used performance, quality and operational information, which was reported and monitored, and management and staff were held to account. Monthly service packs were reviewed by each service and used as a basis for each team's meeting. Risk and patient feedback information was reported on a quarterly basis in the service information packs. Service leads met monthly to review these packs with senior staff to discuss and agree information of concern to be escalated to the integrated governance committee.
- The service leads in the Out of Hours, GP+ and emergency department streaming and minor injury clinic services, the medical director, chief nurse, operations director and a governance lead met weekly. This was to discuss for example, issues or concerns from outcomes of audits and the need for staff support and or performance management.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.



# Are services well-led?

## 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. For example, following patient feedback, a zero-tolerance policy was written and the decision-making process for whether patients were issued a zero-tolerance letter was changed. This was now undertaken by the central governance team, which enabled greater objectivity.
- Suffolk GP Federation C.I.C. had a patient experience strategy 2021, which detailed their approach to patient experience, their culture and values, collection and use of feedback, aims of their strategy, areas for improvement and measures of success. Areas for focus in the first year included for example, introducing 'You said, We did' style feedback across the services and improving digital feedback collection methods.
- A patient survey was available on the Suffolk GP Federation C.I.C. website which encouraged feedback on the services provided. Patients were offered the opportunity to discuss their experience or raise any concerns with the governance team and information on how to do this was provided. Patients were directed to this survey via text message following attendance at an appointment or discharge from a specific service. Feedback posters were displayed in areas where services were provided which directed patients to the survey, via a QR code and included other contact methods for feedback, for those patients without online access.
- We reviewed friends and family data for the past three years, which showed consistently high performance from April 2018 to March 2020 across the services provided. Average scores ranged from 92% to 95% for patients extremely likely/likely to recommend the service to their family and friends. Average scores had dipped from April 2020 to September 2020 and were back to 90% from October to December 2020 and to 91% from January to March 2021. We discussed this with the Governance Manager (Patient Experience) who advised this was due to COVID-19. The number of responses had reduced due to both the change in provision of some services and the need to remove paper and screen-based feedback systems at the start of the pandemic. Digital feedback methods had been developed and promoted since this time.
- The Suffolk GP Federation C.I.C had a staff council whose purpose was to engage with staff and provide a two-way platform for communication through the organisation. It provided all staff with the opportunity to feed into the strategic plans and decisions. The staff council had members including a representative from the board, operations and human resource director, human resource manager and 12 staff representatives from all the services. Due to COVID-19 these meetings had not been possible.
- Staff were able to describe to us the systems in place to give feedback, which included raising during department meetings, directly with managers and through a weekly all staff call. The day of the meeting rotated each week, to maximise the opportunity all staff would have to attend. This was an open forum for all staff where issues, queries and concerns could be raised anonymously, via survey monkey and the issues raised were discussed during the call by senior leaders. Staff who worked remotely were engaged and able to provide feedback in these ways too. The aim of the meeting was to improve internal communications and enable staff to ask senior management questions directly.
- We reviewed the results from the staff survey undertaken in October and November 2020, which had 196 responses from the whole workforce. 77% of staff agreed that patient care was the top priority of the provider and 89% of staff responded positively to being happy with the standard of care provided if their friend or relative needed treatment. However, 65% did not feel there were enough staff to allow them to do their job properly. 33% of staff reported they had experienced harassment, bullying or abuse at least once in the last 12 months. (22% from patients, their relatives or other members of the public, 5% from managers and 10% from colleagues). However, 94% of staff believed the provider was taking positive action on health and wellbeing. The provider had an action plan to address priority areas,



# Are services well-led?

which included for example, reports of harassment, bullying or abuse, staffing, communication, stress and raising concerns. Some staff had been on a coaching course to enable them to support staff more effectively, and information was given during an all staff meeting and in the providers newsletter, reminding staff of the freedom to speak up guardian.

- The service was transparent, collaborative and open with stakeholders about performance. The Out of Hours service had service monitoring packs which were shared and reviewed with the Practice Plus Group, the lead contract holder on a monthly basis. Information was shared in the Suffolk GP Federation C.I.C. newsletter and on the Suffolk GP Federation website.
- The Governance Manager (patient experience) was a member of the Healthwatch Suffolk complaint managers network. They had contacted Healthwatch Suffolk with a view to the engagement of community development officers in services provided by the Suffolk GP Federation C.I.C. They also planned to add the Healthwatch widget to their website, so patients were able to feedback directly to Healthwatch Suffolk.

## Continuous improvement and innovation

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

- There was a focus on learning and improvement at all levels within the service.
- The service made use of internal and external reviews of incidents and complaints to share learning and make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, Public Health England commissioned a long-acting reversible contraception six-month pilot service, due to the high numbers of patients on the waiting list across Suffolk. This pilot was due to end in July 2021. It covered fitting and removal of intrauterine devices, intrauterine systems and implants for contraception, heavy menstrual bleeding and hormone replacement therapy. The service had provided coils and implants for 438 women across Suffolk.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</b></p> <ul style="list-style-type: none"><li>• There was not an effective system for monitoring oxygen availability across the GP+ and Out of Hours sites. The actions the provider had taken to address the concerns required further monitoring, review and embedding to ensure they were effective.</li></ul>