

Nestor Primecare Services Limited

# Primecare - Primary Care - Birmingham

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



### Overall summary

We carried out an announced comprehensive inspection of Primecare – Primarycare – Birmingham on 28 March 2017 and 29 March 2017. The provider received an overall rating of inadequate and was placed into special measures. Following the inspection we issued a notice of proposal to cancel the regulated activities and registered manager at this location in relation to Regulation 17:

Good governance. On 17 August 2017 we undertook a focused follow up inspection to confirm the provider was carrying out their plan to meet legal requirements in relation to breaches identified in the notice of proposal.

# Summary of findings

You can read the full reports from the March 2017 and August 2017 inspections, by selecting the 'all reports' link for Primecare – Primary Care – Birmingham on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection, carried out on 17 and 18 January 2018. The purpose of the inspection was to confirm that the provider had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 28 and 29 March 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. At this inspection we found the provider had made adequate improvements.

## **This service is now rated as 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? – Requires Improvement

Are services well-led? – Requires Improvement

At this inspection we found:

- The provider had made significant improvements to address the breaches and improve the service delivered since our previous inspection in March 2017. The provider had put in place an action plan and turnaround team to support the local management to deliver the necessary improvements.
- The service had put in place systems to manage risk so that safety incidents were less likely to happen. For example, in relation to the premises, infection control, the management of medicines and safety alerts.
- There were improvements in reporting incidents and we saw evidence of learning being shared across the organisation. However, incident reports seen did not always clearly detail the action taken or which

service they related to. Themes and trends were analysed at provider level to identify areas for improvement but did not distinguish between the different locations.

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. Consultation audits were undertaken and areas of concern were followed up. We saw improvements in the sharing of evidence based guidance with clinical staff.
- The provider had improved the reporting of National Quality Requirements and we saw overall improved performance since our previous inspection. Staff told us there were systems for reviewing performance, however no documentation was maintained to demonstrate this and action taken in response to breaches.
- A programme of clinical audits had been identified and findings shared with clinical staff. However, none only one was a full cycle and did not demonstrate improvements made.
- The provider demonstrated effective joint working arrangements with key partners to develop co-ordinated care.
- Feedback collected by the provider and through CQC comment cards indicated that patients were treated with kindness, dignity and respect.
- Since our previous inspection in March 2017 the provider had made improvements to ensure patients received care and treatment from the service within an appropriate timescale for their needs. However, there was scope for further improvements such as the timeliness of less urgent home visits.
- There had been significant improvements in the provider's governance arrangements. There was clearer leadership arrangements. Staff meetings had been instigated and most staff we spoke to felt valued and respected. However, there were some staff who did not feel well supported.
- The provider demonstrated a commitment to continuous learning and improvement. They had acted on the feedback from our previous inspection and were working closely with the CCG to develop integrated urgent care in the local area.

# Summary of findings

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

- Ensure effective systems and processes continue to be established to ensure good governance in accordance with the fundamental standards of care.

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






- Develop clear support systems for staff working in isolation during the out-of-hours period including formal opportunities to meet, discuss and raise issues relating to their role.
- Review systems for monitoring compliance against performance targets to support improvements in the timeliness of care and treatment patients received.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>Requires improvement</b>	
<b>Are services effective?</b>	<b>Good</b>	
<b>Are services caring?</b>	<b>Good</b>	
<b>Are services responsive to people's needs?</b>	<b>Requires improvement</b>	
<b>Are services well-led?</b>	<b>Requires improvement</b>	

# Primecare – Primary Care – Birmingham

## Detailed findings

### Background to this inspection

Primecare – Primary Care – Birmingham provides primary care medical services outside usual GP practice working hours (out-of-hours or OOH). The provider holds contracts to provide out-of-hours services with two Clinical Commissioning Groups (CCGs). These are Sandwell and West Birmingham CCG and Birmingham Cross City CCG. The population covered by these two CCGs is approximately 1.25 million people. The provider also contracts directly with a small number of GP practices who have retained contractual responsibility for providing their own out of hours provision for their patients.

The population is ethnically diverse. Just over half the population are white British and approximately one quarter are Asian or Asian British (who form the largest minority ethnic group). Data from Public Health England showed deprivation in the area served is higher than the national average.

Patients access the out-of-hours service via the NHS 111 telephone service or may contact Primecare – Birmingham directly if their usual GP service has subcontracted with Primecare - Birmingham to provide primary medical services when they are closed.

The main office for Primecare – Primary Care - Birmingham is at Crystal Court. This is where telephone calls are received and triaged. Patients who need to be seen by a clinician are seen as a home visit or are referred, by appointment, to one of the three primary care centres located in Birmingham and Sandwell. They include:

- Sandwell General Hospital, All Saints Way, B71 1RU

- Neptune Health Centre, Sedgley Road West, Tipton DY4 8PX
- Broadway Health Centre, Cope Street, Birmingham, B18 7BA

As part of our inspection we visited the main office and all three primary care centres.

Each primary care centre is open in the evening Monday to Friday, and all weekends and bank holidays. Home visits and telephone consultations take place throughout the whole out-of-hours period.

Staffing typically consists of a GP and a receptionist at each primary care centre; two GPs and two drivers for home visits and, at the call centre, a shift manager and between two and four call handlers and dispatchers.

The provider's out-of-hours service is mostly GP-led. There are approximately 100 clinicians who contract with Primecare – Primary Care – Birmingham either on a sessional basis or through an agency. Approximately 45% of the GPs are regular locums. The provider also employs one Advance Nurse Practitioner.

The provider was previously inspected as a pilot site for the new CQC inspection methodology in March 2014 where we identified concerns relating to medicines management and the management of complaints. No ratings were given during the pilot inspections. The provider was re-inspected in April 2015 and rated requires improvement. At the inspection in April 2015 we identified a number of issues, including those relating to medicines management and local governance arrangements.

We carried out an announced comprehensive inspection on 28 March 2017 and 29 March 2017. The provider received an overall rating of inadequate and we issued a Notice of

## Detailed findings

Proposal to cancel registration on 22 May 2017. This was as a result of finding that the provider had not made the necessary improvements and was not meeting relevant

requirements in relation to good governance. A further focussed inspection took place on 17 August 2017 to follow up concerns identified in the Notice of Proposal which led the Notice of Proposal being withdrawn.

# Are services safe?

## Our findings

**At our previous inspection on 28 and 29 March 2017 we rated the provider as inadequate for providing safe services as the provider had failed to make adequate improvements since the inspection in April 2015. Arrangements in respect of safeguarding, chaperoning, equipment, medicines, safety alerts, incidents and infection control were not adequate.**

**These arrangements had improved when we undertook a follow up inspection on 17 and 18 January 2018. The provider is now rated as requires improvement for providing safe services as we identified that some staff were not aware of the fire arrangements for the premises in which they were working, reception staff did not have access to guidance to support them in the identification of red flag symptoms and systems for reporting managing and reviewing incidents needed improving.**

### Safety systems and processes

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

- The provider had a range of safety policies and standard operating procedures to keep people safe. These were accessible to staff, including those who worked remotely via their computers.
- The provider had systems to safeguard children and vulnerable adults from abuse. These had been reviewed since our inspection in March 2017 and improvements made. Safeguarding policies and procedures were available to staff and a local lead for safeguarding (trained to level 4) was now in place. Contact and referral information was readily available to staff for the relevant agencies involved in the investigation of safeguarding concerns. Staff we spoke with were aware of these arrangements if they needed guidance, support or for making a referral. We saw examples of safeguarding concerns that had been raised and learning that had taken place from them.
- The provider carried out For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service where required. (DBS checks identify whether a person has a criminal record

or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw evidence of annual checks to ensure clinical staff continued to be registered with their professional bodies.

- The provider had a chaperone policy in place. Staff who acted as chaperones received training for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Since our inspection in March 2017 the provider had procured services from an external agency specialising in infection control to support them to maintain infection control standards. The agency provided support in relation to policies and procedures, advice, training and audit support. A local infection control lead had been identified who had carried out infection control audits across the three primary care centres in December 2017. These had achieved between 89% and 93%, where actions were outside the provider's control these had been forwarded to the relevant landlord for action.
- The provider had in place systems to assure itself that the premises and facilities used for carrying out regulated activities were safe. The provider had carried out audits in relation to health and safety and where issues had been identified these were escalated as appropriate to the services responsible. However, at one primary care centre patients were seen on the first floor, the member of staff on duty was aware of fire policies but not aware of the fire arrangements for the premises and could not recall receiving fire training but told us they would rely on the security of the building for support. We also noted that one of the primary care centres used was in a particularly isolated area for staff and patients attending in the evenings.
- The provider had systems in place to ensure equipment used was safe and maintained according to manufacturers' instructions. The provider had introduced an asset register to enable them to monitor equipment checks. We saw evidence that equipment had undergone portable appliance testing (PAT) for electrical safety and calibration checks to ensure equipment was working properly.
- We looked at vehicles used for the purposes of home visits. Staff told us that there were eight vehicles in total. Those seen were clean and tidy. There were systems in place to ensure the safety of the vehicles. The driver on

## Are services safe?

duty completed a check sheet at the start and end of a shift to ensure the vehicle was in working order and for reporting any issues. These included checks on the cleanliness of the vehicles, fuel levels and lights.

### 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. There was a contractual requirement for the staffing levels and skill mix. The shift lead had the authority to move staff or calls to meet changes in demand or make requests for clinical staff to come in if there was an unexpected absence. A winter plan had been discussed with the contracting CCGs to discuss potential changes in staffing needs. The provider was currently undergoing some restructuring to reflect changes in contractual arrangements.
- The majority of calls were received through the NHS 111 provider who undertook the initial assessment and prioritised those in need of urgent medical attention using specific pathways. Staff told us that these pathways were also used by the call centre staff for any call received directly.
- Clinical staff we spoke with were able to tell us how they responded to emergencies and those in need of urgent attention. They were familiar with the referral process to secondary care in the out-of-hours period. One clinician explained that they used an algorithm to identify and manage patients with severe infections, for example sepsis.
- The provider operated a comfort call system in which patients requiring a home visits were contacted by phone if there was likely to be a delay. This enabled staff to check their condition had not deteriorated and they were safe to wait.
- Reception staff at the primary care centres said they would inform the GP if they had any concerns about a patient but were not aware of any specific guidance on presenting symptoms that might indicate urgent medical attention is required.
- Staff told patients when to seek further help. do if their condition got worse. This was audited to ensure it was being carried out. There was a next steps card which clinicians could give to the patient if they needed to be seen again by their usual GP.

- The provider operated a hand over system at the end of the shift. This ensured the local management team was aware of any issues arising and could respond as appropriate.
- Emergency equipment and medicines were available at all the primary care centres and for use on home visits. The equipment and medicines were routinely checked to ensure they were ready and fit for use when needed. Staff we spoke with knew where these were located and told us they were up to date with their basic life support training. However, at one site the member of staff we spoke to experienced difficulties in opening the emergency medicine box which in an emergency may result in a delayed response. Following the inspection the provider assured that this had been raised as an incident and investigated, they told us of action taken to mitigate the potential of future reoccurrence.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Staff were able to access information collated by the NHS111 service and access summary care records. The provider operated a system of special notes in which any important information about specific patients was collected and made available to clinical staff. For example, information from a patients usual GP about end of life care requirements.
- Consultation records were routinely audited to ensure safe care and treatment was being provided to patients and that relevant information was recorded for other agencies for example, the patient's usual GP or secondary care for the continuation of care.
- There was an automated system for transferring consultation records from the out of hours service to the patients usual GP in a timely way. Where urgent matters were identified during the out-of-hours consultations the patients usual GP would be contacted by the day staff in addition to the automatic transfer.

### 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

## Are services safe?

medicines and equipment, and controlled drugs, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines were stored appropriately and to mitigate risks in the transport of controlled drugs.

- There were systems in place for staff who prescribed, administered or supplied medicines to patients. Staff had access to standard operating procedures, local antimicrobial prescribing and online British National Formulary to support them. Information on medicines management and relevant guidance was included in the clinical newsletters sent out to clinical staff.

### Track record on safety

Following our previous inspection in March 2017 the provider had made improvements to the way in which it monitored safety within the organisation. For example, the provider had reviewed governance processes, had implemented systems for monitoring infection control, for ensuring the safety of the premises used, and managing safety alerts. However, some of these arrangements had only recently been implemented and had yet to demonstrate they were fully embedded and systematic processes. We found information was not always recorded in sufficient detail to clearly demonstrate discussions and action taken for example in response to performance breaches, incidents and complaints.

The provider was regularly meeting with partner organisations involved in the provision of urgent care services to improve joint working arrangements and the delivery of care. This was being led through one of the local CCGs. We saw evidence that incidents were discussed across the organisational boundaries.

### 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 when things went wrong. Staff we spoke with (including locum staff) understood their duty to raise concerns and report incidents and near misses and advised us of occasions where they had done so.
- Incidents were investigated at a local level and more serious incidents were discussed at board level. Learning arising from incidents was shared with staff locally via email and across the wider organisation through the clinical newsletter. The provider told us they had reinstated clinical meetings where they also planned to discuss complaints and incidents. Not all staff we spoke with said they had received feedback from incidents raised.
- The provider analysed incidents trends or themes at an organisation level. However, we were unable to easily ascertain from reports seen which service incidents related to and the numbers involved. Some of the reports provided had yet to be completed. Staff told us that incidents were discussed at the Primecare clinical governance meetings however minutes seen from these meetings showed this mainly focussed on progress made on closing incidents.
- The service learned from external safety events and patient safety alerts. The service had mechanisms in place to disseminate alerts to members of the team including sessional and agency staff. These were shared via emails and through the provider intranet system. There was a named person responsible for ensuring safety alerts were acted on.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 28 and 29 March 2017 we rated the provider as inadequate for providing effective services. Arrangements in respect of systems for disseminating best practice guidance and ensuring staff were up to date and for managing and addressing issues relating to performance were not adequate.**

**These arrangements had improved when we undertook a follow up inspection on 17 and 18 January 2018. The provider is now rated 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.

- Clinical staff we spoke with told us that they were aware of and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met.
- Telephone assessments were carried through the NHS 111 telephone service using a defined operating model (NHS Pathways). Assessments were transferred to the out-of-hours provider, either as a direct booking or for clinical triage, these were colour coded to identify the urgency.
- The provider had re-instigated a clinical newsletter which provided clinical updates and case studies. This was sent to clinical staff.
- The provider told us that they were working with the NHS 111 service provider to develop clear clinical pathways for some of the more vulnerable patients who use the service.

### Monitoring care and treatment

From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which includes: audits;

response times to phone calls: whether telephone and face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality.

The provider shared with us their most recent NQR results for the service, this was reported on a monthly basis. Full compliance against the NQRs is reported as achieving 95% or above, partial compliance between 90% and 95% and non-compliance is achieving less than 90%.

The NQR performance for the Sandwell and West Birmingham CCG contract (April 2017 to November 2017) showed:

- The percentage of urgent calls that started their definitive clinical assessment within 20 minutes of the call being answered by a person ranged between 82% and 98%.
- The percentage of other calls that started their definitive clinical assessment within 60 minutes of the call being answered by a person ranged between 97% and 98%.

Staff told us that they no longer provided the telephone triage for the Sandwell and West Birmingham contract and that this was now being provided through a new Sandwell Hub arrangement.

- The percentage of face to face consultations in the patient's place of residence started within the following timescales:

Emergency: Within 1 hour ranged between 80% and 100%

Urgent: Within 2 hours ranged between 83% and 93%

Less urgent: Within 6 hours ranged between 81% and 94%

- The percentage of face to face consultations in a primary care centre started within the following timescales:

Emergency: Within 1 hour was 100%

Urgent: Within 2 hours ranged between 83% and 97%

Less urgent: Within 6 hours ranged between 96% and 99%

For the Birmingham and Cross City CCG contract (April 2017 to November 2017):

# Are services effective?

## (for example, treatment is effective)

- The percentage of urgent calls that started their definitive clinical assessment within 20 minutes of the call being answered by a person ranged between 90% and 100%.
- The percentage of other calls that started their definitive clinical assessment within 30 minutes of the call being answered by a person ranged between 95% and 98%.
- the percentage of face to face consultations in the patient's place of residence started within the following timescales:

Emergency: Within 1 hour ranged between 77% and 100%

Urgent: Within 2 hours ranged between 88% and 97%

Less urgent: Within 6 hours ranged between 76% and 95%

- The percentage of face to face consultations in a primary care centre started within the following timescales:
- Emergency: Within 1 hour was 100%
- Urgent: Within 2 hours ranged between 95% and 100%
- Less urgent: Within 6 hours ranged between 96% and 99%

We spoke to staff about how they were managing performance where the service fell outside of the target. The contracts manager and clinical manager told us that they met weekly to discuss any breaches in targets. We noticed that there had been a period during the summer where targets for home visits had not been met. Staff told us that this had been due to difficulties recruiting.

Performance was also managed through contract monitoring meetings with the CCG in which discussions took place. Staff also met with the NHS111 service provider every two weeks to improve joint working and identify issues that may impact on the patient and performance.

We saw evidence of clinical audits at a provider level which had been documented and shared with staff through the clinical newsletter. This included a residential audit which reviewed whether clinicians conducting telephone triage for patients living in residential homes were talking to the patients and if not had confirmed that the person they were speaking to had consent from the patient to discuss their medical issues. The audit identified that of the 36 calls audited only one patient had been spoken to directly and

none had confirmed consent to discuss the patients medical issues. In another prescribing audit of face to face consultation which looked at the completeness of documentation. This identified prescribing information being documented in 84% of the consultations reviewed. Plans for the audit programme were discussed at the clinical governance meetings.

The provider shared with us one full cycle audit relating to otitis media (ear pain) and antibiotic prescribing. The audit showed little evidence of improvement and in most areas assessed performance had deteriorated.

### Effective staffing

- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. Personal specifications were tailored to each post.
- Checks were undertaken to ensure clinical staff were appropriately qualified. The provider had an induction programme for newly appointed staff including locum staff. Staff we spoke with confirmed they had received this. This covered such topics as health and safety, data protection, safeguarding adults and children. However, one member of staff we spoke with told us that they had not received any specific training for the job.
- A locum pack was also available to support staff working on a temporary basis.
- As part of the National Quality Requirements, out-of-hours providers are required to regularly audit a random sample of patient contacts and to take appropriate action on the results of those audits. Quarterly audits were carried out by the clinical services manager. Depending on the audit results, action was taken and failure to improve could lead to removal from the rota. Since the previous inspection in March 2017 there was more involvement and support from senior medical staff including medical director to ensure that any concerns were addressed.

### Coordinating care and treatment

Staff worked together, and with other organisations in the delivery of care and treatment.

- Information obtained from the patient through the NHS 111 service was prioritised and shared with the out-of-hours provider. The NHS 111 service was able to directly book patients with a clinician in the out-of-hours service.

# Are services effective?

(for example, treatment is effective)

- The provider had systems for referring patients who needed to be referred to secondary care.
- The provider regularly attended the Integrated Urgent Care Alliance meetings which brought together a range of services involved in providing urgent care including several out-of-hours providers, NHS 111 and the ambulance service. These were led by a local CCG to improve joint working and develop services for patients.
- The provider also met regularly with the NHS 111 service and looked at improving patient pathways. The provider explained they were not always aware if a patient was vulnerable so they have been working with NHS 111 on elderly pathways and hope that they will go on to develop pathways in other areas.
- Patient information was shared appropriately. As part of the National Quality Requirements (NQRs) providers were required to send details of all out-of-hours consultations (including appropriate clinical information) to the GP practice where the patient is registered by 8am the next working day. Contract monitoring data showed the provider was compliant against this requirement with an average monthly achievement ranging between 95% and 99% between April 2017 and November 2017.
- Staff had access to local information for example, pharmacies that were open late so that they could sign post patients if needed. The local clinical services manager also had meetings with the community nursing teams but these were not minuted.

- Staff told us that patients that they would signpost patients who were not registered to NHS choices to identify GP practices in the local area. The provider was currently collating this information at the request of one of the CCGs they contracted with.

## Helping patients to live healthier lives

- The service worked with colleagues in NHS 111 service to identify patients who may be in need of extra support, this included the work in developing elderly care pathways.
- Staff had access to signposting information such as the 'route2wellbeing' web page which contains details of a wide range of local support services available.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. The shift lead told us that where clinicians had identified important information they would follow up with a telephone call during the day. A card was also given to patients of any information they needed to make their usual GP aware of.

## Consent to care and treatment

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

- Mental capacity act training was provided for all staff.
- The provider had undertaken a recent audit which reviewed consent to discuss patient information for patients in residential homes. The results from this were shared in a clinical newsletter.

# 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.

- Evidence seen during the inspection demonstrated staff understood patients' personal, cultural, social and religious needs and displayed a non-judgmental attitude to patients.
- We observed conversations between staff and patients that were polite, friendly and helpful. For example, offering information regarding accessing a pharmacy.
- Reception staff were aware if a patient wished to speak in confidence there were places they could go.
- The provider advised that they needed to work on managing patient expectation in response to complaints received relating to waiting times.
- 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. The provision of special notes from the patients usual GP enabled them to provide continuity of care. Staff also told us that they could block appointments if they were aware of mental health issues.
- The 32 patient Care Quality Commission comment cards we received were positive about the service experienced.
- The provider carried out a patient survey on an ongoing basis.

Out-of-hours providers are required to audit a sample of patient experiences as part of the National Quality requirements. Primecare – Primary care – Birmingham carried out a patient survey on an ongoing basis. Responses received from 749 patients between 1 January 2017 and 31 December 2017 showed:

- 94% of patients rated their experience of the telephone consultation by a clinician as good, very good or excellent.
- 95% of patients rated the attitude of the doctor or clinician as good, very good or excellent.
- 93% of patients rated the promptness of treatment as good, very good or excellent.
- 94% of patients rated their overall satisfaction with the service as good, very good or excellent.

- 94% of patients said they would be likely or extremely likely to recommend the service to others.

The national GP patient survey asks patients about their satisfaction with their out-of-hours service. However, as Primecare – Primary care – Birmingham is not the sole provider of out-of-hours services within the CCG areas covered the information must be reviewed with caution. Data from the GP national patient survey published in July 2017 found:

86% of patients in the Birmingham Cross City CCG areas and 82% of patients in the Sandwell and West Birmingham CCG area said they had confidence and trust in the out-of-hours clinician they saw or spoke to compared with 87% nationally.

63% of patients in the Birmingham Cross City CCG area and 60% in the Sandwell and West Birmingham CCG area were positive about their overall experience of the GP out-of-hours service compared with 67% of patients nationally.

#### Involvement in decisions about care and treatment

We asked staff about how they helped patients be involved in decisions about their care and awareness 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. Talk type was also used where patients had hearing difficulties, although none of the staff we spoke with told us they had needed to use this.
- Feedback from patients through the CQC comment cards indicated that they felt listened to and supported by staff during consultations to make an informed decision about their care and treatment.
- Staff helped patients and their carers find further information and access community and advocacy services. Staff had told us about route2 wellbeing website which provided information for signposting patients to local support services. The provider also had a leaflet to support patients who had been bereaved in the out of hour period.

#### Privacy and dignity

The service respected and promoted patients' privacy and dignity.

## Are services caring?

- Evidence seen during the inspection indicated that staff understood the requirements of legislation when supporting patient to make decisions.
- Staff we spoke with recognised the importance of ensuring patients' were treated with dignity and respect.
- Systems were in place to protect patient information.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 28 and 29 March 2017 we rated the provider as requires improvement for providing effective services. There was a lack of effective systems to address issues relating to the timeliness in which patients received their care. There was also no specific analysis of complaint trends to support and improve the quality of the local service.**

**There had been some improvement in relation to timeliness in which patients received care, a walk in policy had been put in place when we undertook a follow up inspection on 17 and 18 January 2018. However, there was scope for further improvements in relation to timeliness particularly around less urgent home visits. We also saw no specific analysis of trends in complaints in place for the local service. The service continues to be rated as requires improvement 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 regularly met with the local CCGs as part of the contract monitoring arrangements which enabled them to look at performance and discuss local needs.
- The provider was also working closely with one of the CCGs in developing integrated urgent care provision. The CCG had set up the Integrated Urgent Care Alliance to support improvements across organisations and Primecare were part of this arrangement. From this a new clinical hub had been set up to ensure clinical cover and support was available when required.
- The facilities and premises used for carrying out of regulated activities were accessible for patients with mobility difficulties.
- For those attending with young children, baby changing facilities were available.
- There were accessible facilities, including translation services available and the use of type talk for those with hearing impairments.
- Patients who found it hard to access the service could be seen as a home visit or may receive a telephone consultation as appropriate.

- The service was responsive to the needs of people in vulnerable circumstances. These were usually highlighted through patient special notes or information picked up by the NHS 111 service.
- There was a failed home visit policy in place which set out the process to follow if patients could not be contacted by telephone, during a home visit or failed to attend their appointment at a primary care centre. The policy ensured a process was followed to ensure the patients safety and wellbeing
- Comfort calls were undertaken on patients awaiting home visits if there were likely to be delays. This enabled the clinician to check the patient was safe to wait.

### Timely access to the service

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

- The service operated from 6.30pm to 8am Monday to Friday and all weekends and bank holidays. The primary care centres were open between 7pm to 11.30pm Monday and Friday and 9am to 11pm on a Saturday and Sunday by appointment. Home visits or telephone consultations operated throughout the out-of-hours period.
- Patients could access the out of hours service via the NHS 111 telephone service. Some GPs directly contracted with Primecare – Primary Care - Birmingham in which case patient calls would come through directly to the service.
- Calls were prioritised according to their urgency and patients booked in for a face to face consultation at one of the primary care centres or as a home visit or for a telephone call with a clinician.
- The service did not see walk-in patients however, a 'Walk-in' policy had been put in place since our previous inspection in March 2017 which clearly outlined what approach staff should take 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. Reception staff advised us they would speak to the doctor.
- The provider was working with NHS 111 to support an integrated approach to working.
- We saw improvement in the National Quality Requirements for the provider meeting expected

# Are services responsive to people's needs?

(for example, to feedback?)

timescales for patients being seen. For example at our last inspection contract monitoring reports for Sandwell and West Birmingham CCG showed the provider was achieving between 57% and 75% for patients who were required to be seen at a primary care centre within 60 minutes (May to September 2016). At this inspection we found the provider was now achieving between 83% and 97% (April to November 2017).

- For patients that needed to be seen within two hours as a home visit the provider was achieving between 79% and 86% (May to October 2017). At this inspection we found the provider was now achieving between 80% and 100% (April to November 2017).
- We reviewed the timeliness overall of access to initial assessment, diagnosis and treatment from the most recent NQR results for the service (April 2017 to November 2017). This showed the provider achieved greater compliance in relation to the timeliness for calls and consultations at the primary care centres than for home visits. Full compliance is seen as achieving 95% or above, partial compliance between 90% and 95% and non-compliance is achieving less than 90%. For example, the Sandwell and West Birmingham CCG contract monitoring report showed full or partial compliance was met in only three out of the eight months for less urgent patients seen as home visits within six hours. Although for the Birmingham Cross City CCG contract full or partial compliance was achieved in six out of the eight months. The provider advised us that the size and number of practices were greater for the Sandwell and West Birmingham CCG contract.
- During the inspection staff advised us that there were weekly performance meetings held between the clinical services manager and contracts manager to discuss performance against NQRs however these were not formally documented to show what action had been taken. Following the inspection the provider told us that the team leaders investigated breaches on a daily basis and results were passed on to the operations team who identified trends or patterns. They shared with us an annual summary of causes and example of concerns shared with the NHS 111 provider.
- Data from the GP national patient survey published in July 2017 found: 57% of patients in the Birmingham Cross City CCG area and 50% of patients in the Sandwell and West Birmingham CCG area said they were satisfied with how quickly they received care from the

out-of-hours provider compared with 61% of patients nationally. However the national survey data should be used with caution as Primecare-Birmingham is not the sole provider of out-of-hours services within the CCG areas covered.

- The provider discussed with us action they were taking to try and improve performance. We were advised that since our previous inspection the contracts and clinical service managers were meeting weekly to discuss potential breaches. The provider told us that they had identified issues with GPs turning up late and cancelling at the last minute which was impacting on performance. A policy was now in place to support and empower local management to challenge this behaviour with support from the senior management team.

## 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 at all the primary care centres and it was easy to do. There was a complaints leaflet available for patients to take away and a system for staff to record and report any verbal complaints received.
- The complaints policy and procedures were in line with recognised guidance. We reviewed a recent complaint and found that it had been appropriately handled.
- We also saw evidence of action taken for example, a new protocol for confirming the death of a patient in the out-of-hours had been produced in response to a complaint received.
- Where appropriate, complaints were investigated across relevant providers for example, through regular meetings with the NHS 111 service.
- Complaints were discussed at governance meetings and at board level across all Primecare locations and any learning was shared via the clinical newsletter.
- However, no specific trends analysis had been undertaken to identify any themes arising from complaints about the service. The provider advised us that many of the complaints received had related to patients expectations about timeframes and as a result they were working with NHS 111 to try and alter their script to help manage these expectations.

# Are services well-led?

Requires improvement 

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

## Our findings

**At our previous inspection on 28 and 29 March 2017 we rated the provider as inadequate for providing services that were well led. There were weaknesses in the provider's governance systems and processes for managing risks and ensuring the quality of services provided locally.**

**These arrangements had improved when we undertook a follow up inspection on 17 and 18 January 2018. The provider is now rated as requires improvement as support for remote staff and greater use of information in identifying themes and opportunities for further service improvements needed to be improved.**

### Leadership capacity and capability

The leadership of the service was being developed to support the delivery of delivery of high-quality, sustainable care.

- During the inspection leaders (within the wider Primecare organisation and locally) demonstrated that they had the experience, capacity and skills to deliver the service strategy and address risks to it. Since our previous inspection in March 2017 we found support for the local management team in Birmingham had improved significantly. There was greater visibility and input from Primecare senior management into the service. A turnaround team had been put in place to support changes needed to improve the service. This was led by the managing director, medical director and director of nursing of the organisation. The turnaround team reported directly to the board on progress made. The turnaround team was not a permanent arrangement however, senior staff told us that it would be in place as long as required.
- The senior leadership team were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were seeking to address them. The leadership team spoke about how they had worked with staff to discuss the issues affecting the service that had led to their inadequate rating. Issues had been raised around the behaviour of some of the clinicians and as a result local staff had been empowered to challenge, escalate and address concerns raised. They were also working with

clinicians to try and ensure they were more engaged. To highlight and share key messages the provider was making use of the provider intranet system, clinical newsletters and clinical meetings.

- Local management personnel were accessible throughout the operational period. The service operated a duty manager system who staff could contact during the out-of-hours period if needed. There was an escalation policy in place so it was clear to staff where they should escalate any issues to.

### 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. As part of the presentation the provider shared with us their vision and values for the service. Awareness of the vision and values was shared with staff through their computers. They had also been displayed in some of the primary care centres.
- The provider was working closely with Sandwell and West Birmingham CCG to set out the future vision of the service and integrated care. Primecare was among a range of urgent care providers that regularly attended the CCG led integrated Urgent care alliance meetings. The provider also regularly met with the NHS 111 provider to improve the patient pathways and joint working in the provision of out-of-hours services.

### Culture

There had been improvements in the leadership of the service and greater focus on promoting a culture for high-quality sustainable care.

- Leaders and managers spoke about how they acted on behaviour and performance inconsistent with their vision and values in order to drive standards in the service.
- The majority of staff we spoke with said they felt respected, supported and valued. They spoke positively about the changes in the organisation. However, there were still a small number of both clinical and non-clinical staff who worked away from the main office that did not feel adequately supported or valued and felt isolated from the rest of the team.
- Clinicians we spoke with gave differing responses as to who they would go to for clinical support during the

# Are services well-led?

Requires improvement 

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

out-of-hours period. The medical director advised us that they were looking to encourage clinicians working at different sites to speak with each other for support and advice.

- We spoke to senior staff about how they were supporting the safety and well-being of all staff particularly those working late and in isolated areas. The provider had a lone worker policy and had made some adjustments to staff working arrangements at one of the primary care centres.
- 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 through a system of daily handover. Any issues arising during a shift were emailed to local managers who reviewed and acted on them.
- At this inspection we saw action had been taken to improve the relationships and engagement between staff and teams. Team meetings were now in place to help share key messages. These included shift manager meetings and clinical meetings. However, not all staff were involved. The provider advised us that minutes of meetings were shared with all staff via the provider IT system.
- There was a whistle blowing policy in place for staff to raise concerns.

## Governance arrangements

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

- Staff told us that the leadership structure was much clearer now than it had been and that they knew who to escalate concerns to.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. This was an improvement on our previous inspection.
- Systems and processes to support good governance and management were clearly set out as standard operating procedures. These were accessible to staff through their intranet system, along with other guidance.
- The governance and management of partnerships, joint working arrangements and shared services supported co-ordinated person-centred care.

## Managing risks, issues and performance

Processes for managing risks, issues and performance had significantly improved since our previous inspection in March 2017.

- Systems and processes to identify, understand, monitor and address current and future risks including risks to patient safety had been reviewed and strengthened. The provider had developed an action plan in response to concerns raised from the March 2017 inspection. This had been overseen by the provider's head of governance and progress shared with the contracting CCGs and CQC on a monthly basis.
- The provider had processes to manage current and future performance of the service. Performance of clinical staff was demonstrated through audit of their consultations, prescribing and referral decisions. Staff at all levels were clearer in relation to their roles in managing safety alerts, incidents and complaints.
- Governance meetings were held at a provider level, these were attended by the clinical service and contract managers from each of the Primecare services and chaired by the Medical Director. From the minutes seen issues discussed included audits, and an overview of incidents and complaints. However there was little detail regarding the incidents, and complaints, an analysis of trends and themes had not been identified to support further improvements. Most clinical audits seen had yet to complete full cycle in order to demonstrate action taken had led to improvements in the service. One full cycle clinical audit seen showed little evidence of improvement and in many areas assessed there was a deterioration.
- Leaders demonstrated an understanding of service performance against the national and local key performance indicators. Reports were produced monthly for the relevant CCGs as part of the contract monitoring arrangements. The also met with the CCGs on a quarterly basis to discuss performance against the contract.
- Staff told us performance in relation to the National Quality Requirements (NQR) was discussed weekly by the local management team with oversight from the managing director for Primecare. Local management advised us of staff shortages that had caused some

# Are services well-led?

Requires improvement 

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

breaches in NQR performance however there was no specific evidence to demonstrate how breaches were investigated. Weekly performance meetings were not minuted.

- The providers had plans in place and had trained staff for major incidents. There was a comprehensive business continuity plan in place in the event of a major incident such as power failure, telephone loss or building damage.

## Appropriate and accurate information

There had been improvements in the quality of information since our previous inspection in March 2017, although this was not always used effectively to drive improvements in the service.

- Since our previous inspection in March 2018 we saw improvements in the quality of information used to improve performance. In particular those relating to the National Quality Requirements.
- The provider was working with external partners to improve information collected to support the delivery of care. For example, in relation to vulnerable people.
- The service submitted data or notifications to external organisations as required, for example CQC notifications.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Encrypted laptops were used for the purposes of home visits. Staff received data protection training.
- However, while the provider had systems to collect and act on incidents and complaints. Detailed information relating to number, trends and themes were not routinely reported and reviewed by the service at a local level to drive service improvements.

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

The service involved patients, the public, staff and external partners to support service delivery.

- The provider obtained feedback from patients on an ongoing basis through patient questionnaires. There had been no changes made to the questions asked but we were told they would be reviewed if needed. Any concerns identified were recorded as incidents for investigation. The Clinical Services manager advised us that they attended meetings with Healthwatch but there was nothing specific that had come out of these meetings for them to act on.
- The provider also met with external partners through regular meetings where they were able to discuss and take action in response to issues arising to improve the patient experience. However, not all meetings were documented for reference for example, to reflect decisions made or action needed.
- Staff engagement was improving through regular meetings. We saw evidence of action taken where issues had been raised by staff. However, some members of staff were not part of those meetings.

## Continuous improvement and innovation

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

- The provider was working with the NHS 111 and CCG to continually improve the services provided. A hub arrangement had been developed in which calls with clinicians were now made to ensure enough cover was available.
- As a result of the previous CQC inspection staff had been involved in providing feedback about the service which had led to changes and improvements. This included strengthened governance arrangements, challenging poor performance in staff and empowering the local team to address and escalate issues arising during shifts with support from the senior management team.

## 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
Transport services, triage and medical advice provided remotely  Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>How the regulation was not being met:</b></p> <p>Systems and processes in place were not consistently effective in enabling the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>• Not all staff working in primary care centres were aware of the fire procedures in place for the premises including the evacuation of patients.</li><li>• Reception staff working in primary care centres were not aware of any specific guidance in recognising 'red flag' symptoms and action they should take if alerted to those symptoms.</li><li>• Quality improvement activity was not yet fully effective in demonstrating service improvement for example, audits seen were either not full cycle or showed little evidence of improvement. Incidents or complaints had not been reviewed to identify local themes or trends for further improvement.</li><li>• Risk assessments to ensure the safety and wellbeing of staff working in isolated areas during the out-of-hours period had not been undertaken.</li></ul> <p><b>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>