

Southampton Primary Care Ltd

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Outstanding 

Are services safe?	Good 
Are services effective?	Outstanding 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Outstanding 

Overall summary

This service is rated as Outstanding overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Southampton Primary Care Ltd on 10 October 2019 as part of our inspection programme.

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

The chief executive officer is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We rated the practice as good for providing safe services because:

- There were clear systems and processes in place to keep people safe and safeguarded from abuse.
- Staff had the information they required in order to deliver safe holistic care to patients even when the clinician had not seen the patient previously.
- There were clear documented processes in place to record significant events and share learning from these.

We rated the practice as **outstanding** for providing effective services because:

- The provider (Southampton Primary Care Limited – SPCL) had engaged in a variety of innovative pilot programmes and undertaken quality reviews of the

impact these had on the wider healthcare system. Impact to patients as a result of these projects included providing enhanced health care in patient homes, reducing the demand of home visits undertaken by GP practices, and a reduction in emergency admissions to hospital. The provider has expanded on this improvement since the pilots were undertaken.

- SPCL maintained strong links with other healthcare organisations and was able to provide additional support when other organisations were at capacity in order to ensure patients were able to get their healthcare needs met.

We rated the practice as **good** for providing caring services because:

- Staff helped patients to be involved in decisions about care and treatment particularly when undertaking the enhanced health in care homes services.
- Patients needs were taken into account and information was available in languages other than English when required.

We rated the practice as **good** for providing responsive services because:

- The provider had been commissioned to deliver enhanced access to primary care services across the geographical area of Southampton City serving a patient population of over 350,000.
- Hub working arrangements delivered by Southampton Primary Care Limited meant that patients had access to a range of services including home visiting when appropriate in order to meet the needs. All calls to book appointments came through a central booking system operating from head office location.

We rated the practice as **outstanding** for providing well-led services because:

- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

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 practice manager specialist adviser, GP Specialist adviser and a patient call handler specialist advisor.

Background to Southampton Primary Care Ltd

Southampton Primary Care Ltd is one of eight registered locations of the provider Southampton Primary Care Limited (SPCL). SPCL is a GP federation delivering primary healthcare services to approximately 350,000 patients across the city of Southampton. Of the 26 GP practices in Southampton, 24 are member practices and are shareholders in the federation. The member practices are:

- Aldermoor Surgery
- Alma Medical Centre
- Atherley House Surgery
- Bath Lodge Surgery
- Brook House Surgery
- Cheviot Road Surgery
- Highfield Health
- Hill Lane Surgery
- Living Well Partnership
- Lordshill Health Centre
- Mulberry Surgery
- Old Fire Station Surgery
- Raymond Road Surgery
- Shirley Health Partnership
- St Mary's Surgery
- St Peters Surgery
- Stoneham Lane Surgery
- Townhill Surgery
- University Health Service
- Victor Street Surgery
- Walnut Tree Surgery
- West End Road Surgery
- Woolston Lodge Surgery

Patients from any of these member practices can have access to any of the services provided by SPCL.

SPCL has eight registered locations which act as hub sites for patients to access the services it delivers.

The registered hub sites are:

- Aldermoor Surgery
- Chessel Branch Surgery
- Lordshill Health Centre
- Nicholstown Surgery
- Shirley Health Centre

- Southampton Primary Care Ltd
- St Mary's Surgery
- Woolston Lodge.

Locations have been chosen to provide the best spread of access for patients across the city. There are three hub sites open across the city at any one time.

This inspection focused on the registered location Southampton Primary Care Ltd which acted as the head office for the provider and the central base for call handling and the acute visiting service and enhanced health in care homes.

Enhanced access central booking service (call centre/central reception)

Patients are currently unable to book directly for appointments with SPCL to access enhanced access services. Patients contact their GP practice who can request an enhanced access appointment through SPCL and then relay this information to the patient directly. The head office location (Southampton Primary Care Ltd) staffed the central reception/call centre area whereby staff were taking calls from GP member practices and 111 to book patients into appointment slots.

Acute visiting service

This service is available for all patients registered with GPs in Southampton and covers those who are unable to attend GP practices for appointments. The acute visiting service operates in addition to the home visits undertaken by GP practices. Home visits through this service are booked in the same way as through the enhanced access route. GPs attending home visits use the location Southampton Primary Care Ltd as a base for when undertaking visits.

Enhanced health in care homes

This service is a multi-disciplinary team approach to providing enhanced care in care homes across Southampton City. The team work closely with the residents usual GP to provide additional support and services.

The registered location Southampton Primary Care Ltd operates from the following address:

Sovereign Place,
Upper Northam Road
Hedge End
Southampton
Hampshire
SO30 4BZ

The service is registered to provide the following regulated activities:

Diagnostic and screening services

Family Planning

Surgical Procedures

Treatment of disease disorder and injury

Southampton Primary Care Limited provides the following services to the public:

- Enhanced access
- Physiotherapy
- Long Acting Reversible Contraception
- Acute Visiting Service
- Care Homes
- Training

We only inspected some services provided to the public as not all services offered were in scope for CQC registration for regulated activities. We did not inspect the Physiotherapy services as currently this is out of scope. We did not inspect the Long Acting Reversible Contraception (LARC) service as no clinical treatments were operating from this registered location. LARC services were undertaken at the hub sites which had separate inspections and reports.

How we inspected this service

During our visit we:

- Reviewed information held about this service.
- Spoke with the registered manager, board level directors, service level managers and a range of employees of the provider.
- Reviewed provider documents and policies
- Reviewed feedback from staff and patients as obtained from survey results and public data.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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 Southampton Primary Care Limited (SPCL) were undertaking an audit of contact with one of the care homes to look specifically at hospital admissions as they had identified some medicines errors from the care home. SPCL had undertaken several safeguarding referrals and were working with the clinical commissioning group, local authority and care home to ensure further training was provided for care home staff to ensure patient safety.
- Staff working remotely (such as through the acute home visiting service) carried a laptop which had remote access to clinical notes systems which allowed clinicians to see any patient alerts which were on their records even if the clinician was not from the patients registered GP practice.
- 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 for all staff regardless of role. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a

DBS check. All staff were trained up to the relevant level for their role as determined by the most recent intercollegiate guidance (January 2019) for safeguarding.

- There was an effective system to manage infection prevention and control. No direct treatments were undertaken at this service, but we saw evidence of the systems and processes for maintaining infection control including audits such as handwashing and an overarching infection control audit undertaken at provider level which incorporated every registered location. Action plans were in place for any areas needing action following six monthly audits. Legionella risk assessments and water testing was undertaken by the landlord of the building and documentation maintained by the site manager. The leadership team had assurances these were being undertaken through regular meetings with the site manager.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. This registered location (Southampton Primary Care Ltd) acted as head office and a base for call handlers and for the home visiting service. As such no patients were seen at this location. The premises were a set of rooms leased from the local church. The leadership team liaised with the site manager from the church and the landlord to ensure any arising issues were addressed. The location acted as a central store for stock and equipment to be taken to the hub sites when required and for utilising on home visits. As such there were processes in place to monitor the security, safety and storage of these items.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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. SPCL maintained 100% rota fill across all their services through embedded governance review systems and by adopting a flexible approach to staffing across all registered locations including the head office location Staff were

Are services safe?

employed on a sessional basis by SPCL. Staff were employed directly through SPCLs recruitment procedures. Some staff worked both for member practices and SPCL and others worked just for SPCL.

- There was an effective induction system for agency staff tailored to their role. There were no locums used when we inspected this location.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff based at head office knew how to identify and manage patients with severe infections, for example sepsis. This included clinicians undertaking the acute home visiting service and enhanced health in care homes work.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. The provider, Southampton Primary Care Limited, had a corporate indemnity solutions document outlining the indemnity arrangements in place for clinicians.
- Call handlers were clear on arrangements in place to identify patients with the most urgent needs. There was also an updated call handler information pack detailing workflow processes and types of appointments in order to effectively categorise patients need. There was a system in place to monitor volume of appointment use by member practices. Clinicians would speak to the member practices to provide education about the services offered and ways to best utilise the services available.

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. Staff had access to both types of electronic clinical records systems in use by GP practices across the city as well as access to some elements of hospital systems (for example x-ray and blood test notes). This meant clinicians working for the provider SPCL were able to see a full patient history when treating a patient regardless of what practice they were registered with. As such, staff had a thorough understanding of the patient in order to make an informed judgement. It also meant that discharge summary information and consultation notes were readily available to all clinicians working with the patient.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. No vaccines were stored at this location. There was a central store cupboard for medicines and equipment where stock control was monitored. Stock was received centrally and then refilled at each hub site whenever required. Medicines stored in GP bags for home visits were reviewed and monitored on a regular basis.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

Track record on safety and incidents

The service had a good safety record.

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

Are services safe?

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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, a significant event form was created following a difficult acute home visiting appointment. Review of the documentation clearly demonstrated that the clinician acted appropriately and undertook a period of reflection for learning post event. The review identified that the patient should not have been booked into a home visiting slot and the impact that this had on the wider system. Actions were identified, implemented and reviewed; no further similar incidents occurred. We also reviewed a patient complaint who was unhappy with a consultation and lack of knowledge by a clinician in prescribing treatment. The clinician followed the correct

process in identifying evidence-based guidance for prescribing the medicine but the medicine in question was newer than current guidance and so the clinician requested further specialist advice before treating the patient. The review concluded the clinician acted appropriately.

- Staff spoken to were aware of their duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. The leadership team had signed up to access patient and drug safety alerts through the CAS website.

Are services effective?

We rated effective as Outstanding because:

- **There was a holistic approach to assessing, planning and delivering care and treatment to all people who used the services.**
- **All staff were actively engaged in activities to monitor and improve quality and outcomes across services including areas such as a reduction in accident and emergency admissions rates. There was a strong ethos of training and development with staff encouraged to share best practice and engage in acquiring further skills.**
- **There was an effective system in place to plan and monitor patients discharge and transfer across services.**

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence - based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- **All staff were actively engaged in activities to monitor and improve quality and patient outcomes. Opportunities to participate in benchmarking and peer review were proactively pursued.** The service used information about care and treatment to make improvements. The service made

improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

- The provider had undertaken a review of emergency admission data for patients utilising the acute visiting service and through enhanced health in care homes. Outcome data showed that 25% of admissions were from care homes. The practice identified a way to further reduce admissions from care homes by providing a direct dial number to care home staff in order for them to contact a GP for advice prior to admitting.
- Southampton Primary Care Limited were commissioned to undertake a pilot to test the impact of a new service (acute home visiting service) on the wider health system. The pilot evaluation period was from October 2017 to July 2018. The home visiting service was developed as one of several streams to reduce hospital admissions. During the evaluation period 3,531 home visits were provided equating to 2,231 hours of GP time. As the pilot developed the uptake of available appointments steadily increased as the pilot became more established and recognised by member practices across the city. In July 2018 there was 95% uptake of available appointments. The majority of the patients visited were elderly and although the appointment was for an acute problem some of these patients also had underlying chronic conditions. During the pilot only 2.6% of home visits resulted in an admission to hospital. SPCL undertook a full review and breakdown of the service including volume of uptake by each member practice and type of issue presented by the patient. The top six GP practices referring to the service showed a 34% reduction in accident and emergency admissions. The registered location Southampton Primary Care Ltd. acted as the hub site which the acute home visiting service operated from. The pilot identified many further benefits from this system that have since been implemented such as full access to patient medical records (through streamlined systems), long term conditions analysis and review from remote locations and a direct line to the care homes. The service has subsequently been commissioned beyond the pilot phase.
- Whilst the provider SPCL has eight registered location and several commissioned services, the acute home visiting service and enhanced health in care homes is

Are services effective?

unique to this location – Southampton Primary Care Ltd. The system was designed to run alongside routine home visits that are undertaken by a patients GP practice with the hope of taking away some of burden of these and thus releasing back time to the GPs to undertake further appointments at their practice. Patients across the city had access to this service by requesting a home visit which would then be booked via their normal GP practice and through SPCL appointment system. Clinicians undertaking the acute home visiting service were clinicians employed by SPCL. Clinicians undertaking the consultations and treatment pick up their doctors bags and relevant medicines from the head office location (Southampton Primary Care Ltd) as well as their laptop for remote access to patient records and then return to this location once the home visits have been undertaken.

- The Enhanced Health in Care Homes service run from this location is split into three localities (east, west and central) in line with the emerging primary care networks. To engage with the developing networks the leadership team attend locality meetings, ward rounds and case manager meetings. The lead nurse has presented findings from their service at a patient safety conference; CQRM meeting and quality review meetings in order to share initiatives and learning.
- All clinicians working for Southampton Primary Care Limited had a clinical notes review meeting every six months whereby five of their clinical notes were reviewed as an audit to ensure these were in line with best practice and for ongoing learning and development. There was a standardised records review template in place.

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. SPCL has a training college programme operating from the head office location whereby staff employed by SPCL have access to a weeklong programme of training and development opportunities which included clinical and operational sessions. Training included role specific training such as safeguarding and basic life support but also additional training not considered role specific. Staff could book onto as many or as little as they

wished. This service has steadily expanded since inception in 2016 with SPCL recently acquiring further training packages in order to continue to enhance opportunities for staff to maintain up to date with good practice.

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff, teams and services were committed to working collaboratively and used innovative and efficient ways to deliver more joined-up care to people who use services.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. All clinicians had access to a variety of operational systems used by organisations across the city (such as elements of hospital data and the two GP clinical notes systems used) this meant that clinicians had access to a full patient history in order to provide joined up care with all services involved in that patients care. Discharge summary documents were then able to be sent directly to the patients registered GP. SPCL staff had strong working relationships with all local organisations including care homes and secondary care services.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of longterm conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- Southampton Primary Care Limited had been awarded a contract to pilot enhanced health in care homes (EHCH). The pilot was run in 14 care homes across the city. Data showed that accident and emergency department attendance for the pilot homes had decreased by 14% when comparing May 19/20 (37 attendances) to May 18/19 (43 attendances) with the main referral source now being self-referral. Non-elective admissions from homes involved in the pilot decreased by 23% compared to the same time period the year previously.
- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Call handlers took the calls directly from member practices with regards to booking patient appointments for patients through SPCLs enhanced access service. Call handlers had a clear set of protocols broken down by illness type to determine which clinician was best placed to deliver that appointment or to signpost to other services if appropriate. For example, if a patient had tooth pain there was a prompt to refer to a dentist in the first instance.
- We saw examples of completed anticipatory care plans and consultation records for care home patients that had had a review with the advanced nurse practitioner. Records showed that discussions had been clearly documented and advice had been given to help self-care and additional support if required.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. We saw examples of completed anticipatory care plans for patients in care homes which clearly documented when a review of patients' capacity had been undertaken which included evidence of potential lack of understanding.
- The service monitored the process for seeking consent appropriately.

Supporting 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.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Southampton Primary Care Limited as an organisation collected feedback via the friends and family test and analysed this data centrally. Feedback from this was published on their website showing that over 96% of patients in September 2019 responded they would be extremely likely or likely to recommend this service (181 respondents). The leadership team at the provider were able to extract data to look at location specific information. We observed feedback collected from staff and patients using the home visiting and enhanced health in care homes services which run out of the head office location which formed part of this inspection. Feedback was positive with all patients and staff working at the care homes feeling that patients were treated with care and compassion. We saw feedback from August 2018, July 2019 and October 2019. Feedback included that staff were good mannered, thoughtful and prescribed the required antibiotics quickly. Other comments included that patients felt included in discussions and appropriate support and advice given.
- 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.
- At the time of our inspection there was no patient feedback on NHS choices website.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- No patients were directly seen at the head office location however, this location acted as the base for clinicians who were undertaking home visits through the acute home visiting service or the enhanced health in care homes work.
- We observed examples of how call handlers had a good knowledge of what was required in order to provide the best care for the patient. For example, a call handler

noticed that a patient had an appointment booked in for the next day for a review of their chronic condition but had only been given a single appointment slot when a double appointment was required. The single appointment would not have been sufficient to allow for patients to discuss concerns and be involved in the review of their care. The call handler contacted the patient back to check that the patient would be attending the appointment the next day. Once this had been confirmed the call handler spoke to the GP practice and amended the booking to be the correct length of time. This showed good understanding of clinical needs of the patient but also involving patients in checking they were attending and amending the appointment as required.

- Feedback collected from staff working at the care homes that were part of the enhanced health in care homes service run out of Southampton Primary Care Limited head office location demonstrated strong working relationships and responsive to meet patients needs. We saw an example of an email shared thanking staff for acting upon a patient they were worried about and prescribing some medication. The relationship between staff undertaking reviews through this service and the care home staff ensured that the patient had their needs fully met and the care home staff had time to liaise with the family before the patient passed away.
- Interpretation services were available for patients should they require this. The website for Southampton Primary Care Limited had lots of information about the services provided. Information about how to access services was available on the website to download and options for the leaflet to be downloaded in Punjabi, Polish, English and Chinese.
- 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Are services caring?

- We observed the call handlers taking calls to book in patient appointments. Through our observations and hearing elements of the call process we heard staff respected patients' privacy and dignity.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. The provider, Southampton Primary Care Limited, had been commissioned to provide additional primary care services to take place within the local community. Southampton Primary Care Limited had identified seven hub sites across the city to operate their services from, to best support patient accessibility. Hubs were located in the east, west and central parts of the city. Rotas for all commissioned services were organised centrally by the leadership team of SPCL and included staffing the head office location with administrative and reception staff as well as the leadership team, clinicians undertaking the acute home visiting service and enhance health in care homes. Staff worked flexibly across all registered locations. Staff working in the call centre had a clear workflow process to identify what clinicians were working in which hub sites in order to best place patients' appointments. Hub sites operated on a rotational basis to allow best possible access for patients minimising travel from their home to access care and treatment. All rotas and operational monitoring were completed from the head office location.
- Patients had access to the acute home visiting service delivered from this registered location (Southampton Primary Care Ltd). Access to this service meant patients were better able to have their needs met at home without having to resort to attend hospital for treatment.
- The facilities and premises were appropriate for the services delivered. No patients were seen directly at this registered location. However, a core hours acute home visiting service and nursing home support service operated from this location as well as a call centre/central reception service for booking of patient appointments. There was an organised storage space for all medicines and equipment that would be required when undertaking home visits such as GPs bag storage space.

- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The hub working arrangement was that a minimum of three hub sites were open at any one time which meant vulnerable patients had access to several locations where reasonable adjustments could be made.
- SPCL had capacity to support existing services in order to meet patient demand for example staffing an additional hub site during winter pressures season or supporting the accident and emergency department at the hospital during busy periods. SPCL maintained open communication with these organisations in order to effectively deliver services to patients at a time of high demand.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients could book an appointment through SPCL by contacting their GP or the NHS 111 service and requesting a 'hub appointment'.
- Patient feedback from SPCL website was positive about accessing appointments and comments included how quick the service was.
- Referrals and transfers to other services were undertaken in a timely way.

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. Staff treated patients who made complaints compassionately. We saw a copy of a completed complaints review including response letter to the patient which included providing further links to Health Service Ombudsman in the event the patient was unsatisfied with the response.

Are services responsive to people's needs?

- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- There had been 13 complaints recorded since the beginning of 2019. Complaint themes included staff attitude and communication issues between SPCL and other services and the impact this had had on patients (for example, withdrawal of medicine but not

communicated to all organisations working with the patient). We reviewed a completed complaint process and saw that this was clearly documented. We also reviewed sample meeting minutes and saw that complaints were a standing item on the agenda. From the minutes we reviewed, complaints had been discussed and learning identified, for example, strengthening working relationships with the older persons mental health team to ensure all patient clinical notes were available to clinicians at SPCL for when reviews were being undertaken.

Are services well-led?

We rated well-led as Outstanding because:

- **Leaders at all levels demonstrated the high levels of experience capacity and capability needed to deliver excellent and sustainable care.**
- **The strategy and supporting objective and plans were innovative yet achievable. Strategies were fully aligned with plans in the wider health economy and there was a demonstrated commitment to system-wide collaboration and leadership.**
- **Governance arrangements were proactively reviewed and a systematic approach was taken to working with other organisations to improve care outcomes.**

The provider Southampton Primary Care Limited (SPCL) has eight registered locations. This inspection was of the head office location Southampton Primary Care Ltd. This location acted both as head office where the leadership and executive team worked from and as a base for some of the services to operate from including the acute home visiting service and enhanced health in care homes. This location also acted as the central call centre for booking of appointments which included the enhanced access services in operation from the other registered locations. The organisational structure of SPCL was that there was a single overarching governance and leadership structure spanning across the organisation. This covered policies and procedures; recruitment; training and development and infection control amongst others. There was only one member of the executive leadership team directly employed on a full time basis, all other clinical members of the leadership team were employed on a sessional contractual basis which allowed for flexibility in the operational model. This was similar for all other staff working for SPCL regardless of role.

Leadership capacity and capability;

Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The leadership team of SPCL were predominantly based at the head office location but maintained a presence across the organisation. The two medical directors were GP partners at two of the member practices and both practices also acted as hub sites. Their role was to act as a pivotal link between decisions made at board level and the voice of member practices. The leadership team at board level had a strong understanding of local challenges faced by practices and the differences in geographical area across the city. The directors created a newsletter as a way of communicating information easily to member practices.

- During this inspection of the head office location we observed that there was a clear and strong chain of command in terms of reporting processes which was visible to all staff. Although set out in hierarchical structure for reporting purposes, leaders told us that they often had hands on experience delivering care and treatment either at member practices or hub sites.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. All staff spoken to on this inspection were positive about their immediate managers and the overarching leadership team which included executive and board members of staff. We observed examples of when senior managers and members of the board were sharing office space with junior members of staff.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The provider, Southampton Primary Care Limited (SPCL) had a current vacancy for clinical director. The medical directors were working with the board to identify suitable candidates for the role in order to continue to shape and develop the vision set out by SPCL.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The vision and strategy was an overarching one set out at provider level and encompassed all services offered to the public.

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- There was a demonstrable commitment to system-wide and collaborative leadership. The service developed its vision, values and strategy jointly with staff and external partners. All 24 member GP practices were shareholders in SPCL and as such had voting rights towards changes and developments. Voting rights were linked to practice population size. This included consultation and discussions around development of future services in order to meet the needs of the population of Southampton. Key examples included collaborative working with the primary care networks being developed across the city particularly in delivering the enhanced health in care homes initiatives.
- The aims of SPCL included to strengthen the capacity of practices, tender for new services and to strengthen clinical governance across member practices in order to enhance quality improvements. The vision was to offer centralised training and development to all member practices in order to share the vision and deliver high quality care across the city to benefit the 350,000 patient population of residents in Southampton. All staff from member practices had access to a suite of training resources beyond those typically utilised by GP practices and SPCL had recently purchased a new training package to further enhance the training opportunities available. They had access to all Wessex LMC approved training. Training courses were undertaken from the head office location.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.
- 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.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Data collected from the SPCL 2019 staff survey, indicated that 94% of respondents agreed they were encouraged to report errors, near misses and incidents with 70% feeling that SPCL took action to ensure that incidents were not repeated. 85% reported feeling secure in reporting concerns about unsafe clinical practice.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. 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 a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Culture

The service had a culture of high-quality sustainable care. There were high levels of satisfaction across all staff.

- Staff felt respected, supported and valued. They were proud to work for the service. The 2019 staff survey results (completed by 33 out of 42 employees, therefore a response rate of 79%) showed that 85% of colleagues felt they received the respect they deserved from colleagues at work. The results also highlighted, 88% were satisfied with the quality of care they gave to patients with the remainder answering 'not applicable'.
- The service focused on the needs of the patient population across the health system..

Governance arrangements

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

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

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and clearly identified to all staff organisational structures for these processes. The chief executive held overall accountability for the board to delivery clinical governance responsibilities. This was clearly documented in the policy.

- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a dedicated infection control lead in place to oversee the systems and processes across all the hub sites. Documentation was stored centrally at this location and also available to staff via the intranet. This location was the delivery site for any ordered stock of medicines or equipment that would be used at other hub locations. There was a central system in place to monitor stock control and flow between this location and other registered locations (hub sites), The leadership team were in the process of improving the current system of paper-based processes to a central electronic monitoring system accessed across locations. This would allow for more efficient reviewing of information and stock ordering processes.
- There were service level agreements in place between SPCL and each of the hub sites. At the time of inspection these standard letting agreements were in the process of being revised in line with service and contractual changes.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents and there was capacity for cross hub working. For example, when one hub premises was out of action due to a water leak another hub opened up to

ensure the provider could deliver the number of planned appointments and patients could continue to access care and treatment. The IT system designed for the provider allowed staff to easily move from premises to premises and remote working in the event of adverse incidents. Operational monitoring of systems and processes were undertaken from the head office location which forms this inspection report.

- The provider had a provider level business continuity plan and service level agreements with each hub site which covered potential risks.
- There was an embedded IT system in place which was under constant development. The system was multi-faceted with access levels depending upon managerial or staffing role. All staff could access performance data required for their role including access to training records.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service 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.

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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and

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acted on them to shape services and culture. For example, the leadership team created an action plan following the staff survey results to address feedback raised by staff. This included establishing more routine meetings and regular 1:1s for administrative staff.

- Southampton Primary Care Limited had strong working relationships with the local hospitals for information sharing around demand and capacity. We were told of instances where the hospital had contacted the leadership team to inform them that the accident and emergency department were experiencing a high volume of patients and SPCL had opened up an extra hub for patients to access appointments in the hope of reducing demand upon the hospital.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings. Internal staff survey results from 2019, showed that 48% agreed that communication with senior management and staff was effective and that feedback was acted on by managers. This is contrary to the feedback received from staff spoken to at the head office location who were all positive about having input. We spoke to a range of staff including call handlers, managers and members of the board, suggesting that SPCL had acted upon feedback and made improvements since the survey was undertaken.
- The service was transparent, collaborative and open with stakeholders about performance. Routine data on performance was submitted to various stakeholders and SPCL routinely liaised with local commissioners to learn and develop.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement both for clinical and non-clinical matters. For example, there was an established and embedded system for monitoring governance related processes such as training and HR. Despite the system working efficiently, the leadership team were keen to continue to search for ways to improve and were working on trialling new dashboards to support ongoing developments.

- The leadership team had created products from scratch to support with key operational processes and allow for systems to interact with each other. The leadership team had invested in developing these tools and were hoping in the future to potentially share these with other organisations as continuing innovation and development.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The leadership team had identified that their organisation was best placed to offer support to member practices in order to make improvements to how information is delivered across organisations and to patients. For example, through routine discussions and reviews with member practices they had identified that information governance and data protection following the new GDPR legislation implementation was not implemented by practices to the best it could be. The board at SPCL purchased software to be installed at every member practice that helped identify places where redaction of data was required. This had proven to be helpful when reports were required for insurance or legal companies and reduced the aspect of human error. SPCL were able to deliver this at discount by central purchase and offer to all practices when some smaller practices may not have been in a position to finance this software.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work
- Southampton Primary Care Limited are an approved training college. The registered location Southampton Primary Care Ltd acts as a base for staff training. Although hosted for SPCL staff, training sessions are open to the wider staffing network of member GP practices. For example, training has recently been opened to Wessex wide and covers LMC elements. The training programme has recently expanded through the purchasing of additional training tools and packages. A variety of training is offered which included running face to face sessions such as for safeguarding and basic life support but also access to additional online training tools.