

IPC HQ

Inspection report

Units 8-11 Orchard Industrial Estate,
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good.

This was the first time that this service had been inspected and rated.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Innovations in Primary Care Headquarters (IPC) as part of our inspection programme.

The registered services provided by IPC include extended access to GP and nurse appointments provided at 22 practices known as GP Access Hubs (GPAH) across the Coastal West Sussex Clinical Commissioning Group area. The GPAHs provide patients with access to appointments for minor illness with a GP, nurse or paramedic practitioner, outside of their usual practice opening hours at various practice locations within the locality. The service is provided seven days a week up until 8pm Monday to Friday and from 10am until 1pm on Saturday and Sundays. The GPAHs also provide nurse led clinics for asthma and diabetes reviews, family planning, cervical screening and sexual health advice.

IPC provides a no scalpel vasectomy (NSV) service. This includes initial consultations and appointments for the procedure. Appointments are scheduled on various weekdays in early evening clinics by a team of consultant surgeons, nurses and healthcare assistants. The service is provided from health centres in the Bognor Regis and Worthing localities.

We received feedback from 90 patients about the GPAH service. All but one was positive. Patients commented on how good it was to have such a service and that their

appointments were easy to book and ran to time. They described staff as friendly, helpful and professional. They commented that premises were clean and hygienic. The negative comment was about whether the service was suitable for older patients especially in the evenings if they had to travel to an unfamiliar location.

We received feedback from six patients about the vasectomy service. All the comments were positive. Patients commented that they received a great service. They said that staff were friendly and professional and made them feel comfortable and at ease.

Our key findings were:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Staff had the training and supervision they needed to carry out their roles effectively. They were given opportunities to develop.
- There was a strong focus on continuous learning, improvement and innovation at all levels of the organisation.

The areas where the provider should make improvements are:

- Review arrangements for the recording of checks completed for emergency medicines and equipment.

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 second CQC inspector, and two GP specialist advisers.

Background to IPC HQ

Innovations in Primary Care Headquarters (IPC) is a not for profit GP federation. The federation is set up to support independent general practices within the Coastal West Sussex Clinical Commissioning Group (CWSCCG) to provide high quality patient care. It covers 50 GP practices and over 500,000 patients. IPC has contracts with CWSCCG to provide extended access to GP services and a vasectomy service. During the winter months it also provides a GP home visiting service. These services are registered with CQC as they involve the provision of regulated activities. In addition, IPC provides a range of non-regulated activities, which include procurement, training, support for primary care networks, clinical pharmacists, support for vulnerable practices, facilitated mental health workers and first contact physiotherapists.

IPC run their services from their administrative headquarters at: -

Units 8-11 Orchard Industrial Estate,
8-10 Fitzalan Road,
Arundel,
West Sussex
BN18 9JS.

We visited the headquarters and three GPAH locations, reviewed documents and spoke with staff as part of our inspection. The address of the locations we visited were:

St Lawrence Surgery, 79 St Lawrence Ave, Worthing, BN14 7JL

New Pond Row Surgery, 35 South Street, Lancing, BN15 8AN

Maywood Surgery, 225 Hawthorn Rd, Bognor Regis PO21 2UW

The extended access service is provided from 22 GP practice locations across CWSCCG which any patient can access regardless of where they are registered. IPC rent the facilities from the GP practices through a service level agreement.

The vasectomy service includes a pre-counselling service and no scalpel procedure at health centres in both the Worthing and Bognor Regis areas of West Sussex. The facilities at each location are rented by IPC through a service level agreement. We did not visit these locations as part of this inspection. However, the health centres from which they are provided have all been inspected by the CQC as part of our GP inspection programme.

IPC is registered to provide the regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Surgical procedures

Are services safe?

Safety systems and processes

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

The provider conducted safety risk assessments. They had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. The policies 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. There were lead members of staff for safeguarding processes and procedures. Up to date policies were in place covering adult and child safeguarding. All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.

All staff employed by IPC permanently or on a sessional basis had been subject to appropriate pre-employment checks. This included Disclosure and Barring Service (DBS) checks, (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff who acted as chaperones were trained for the role and had received a DBS check.

The provider ensured that facilities and equipment were safe. There were systems to ensure that equipment was maintained and calibrated annually.

Service level agreements were in place for the rented premises that required those who let the premises to provide up to date policies and risk assessments of the health and safety of the building. In addition, IPC regularly conducted its own environmental assessments of the premises it rented.

There were systems to ensure infection prevention and control was managed appropriately in the premises that were rented as well as systems for safely managing healthcare waste. Up to date infection control policies and audits were required from the provider who let the premises. In addition, IPC staff followed their own procedures for infection control. All IPC staff had received up to date training on infection control.

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 an effective induction system for staff tailored to their role.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. All appropriate medicines were in stock and in date. However, we noted that most of the checks undertaken were visual and that no formal records were kept confirming they had taken place.
- Staff were suitably trained to deal with medical emergencies. They understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Information was readily available to them on how to identify and manage patients with severe infections, for example sepsis.
- Vasectomy patients were given written information about how to care for themselves post-procedure which included how to observe for signs of infection. Patients were advised to contact their GP if they had any problems post procedure.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The service had appropriate indemnity arrangements.

Information to deliver safe care and treatment

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

- For both the vasectomy service and the GPAHs, staff accessed patients' medical records, with their consent, directly through their Information Technology (IT) system. They had access to any individual care records that were already in patients' medical records and could add to those records where appropriate. They were written and managed in a way that kept patients safe. The records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- For the vasectomy service, patients were asked a series of questions in advance of their procedure to ensure the

Are services safe?

service was aware of their medical history, medications and any support or special needs requirements. This enabled the service to adapt to any specific needs and ensure staff were aware.

- The service had systems for sharing information with staff and other agencies to help enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. We saw that referrals were made under the two-week wait rule for suspected cancer and referrals for rapid treatments such as those for acute heart conditions. There were systems to check that these referrals had been actioned.

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 minimised risks. We saw that appropriate prescribing and medicines management policies were in place.
- The service kept prescription stationery securely and monitored its use.
- The service did not stock or administer vaccines.
- The service did not prescribe controlled drugs or high-risk medicines.
- The service did not authorise repeat prescriptions.
- IPC supplied appropriate emergency medicines for use in the GPAHs. Staff monitored the stock levels and expiry dates of emergency medicines.
- The service had carried out a medicines audits to help ensure prescribing was in line with best practice guidelines for safe prescribing. For example, an audit had been undertaken to ensure appropriate and safe antibiotic prescribing in the GPAHs for patients presenting with an acute sore throat. Another audit had been undertaken to identify that policies in relation to never prescribing controlled drugs and high-risk medicines were being adhered to.

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.

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. The provider encouraged a culture of openness and honesty.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, shared lessons, identified themes and acted to improve safety in the service. For example, for the GPAHs, processes and procedures were updated, and specific training was given to staff because of a two week wait referral being sent incorrectly. In the vasectomy service a significant event relating to a failed procedure, led to ongoing failure rates analysis. This resulted in the recording of additional clinical information about patients at the time of the procedure so that any future co-relation with clinical factors could be identified.
- When there were unexpected or unintended safety incidents the provider gave affected people reasonable support, truthful information and a verbal and/or written apology. It was aware of and complied with the requirements of the duty of candour.
- There were systems for knowing about notifiable safety incidents. The service had an effective mechanism to disseminate medicines and safety alerts to all members of the team including locum staff. Medicines and safety alerts were acted on appropriately.

Are services effective?

Effective needs assessment, care and treatment

The provider had systems to help 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. National and local guidelines were available via documents and links on the service's shared computer drive.
- 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. If further investigations were organised the results were sent to the patient's own GP.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. IPC undertook regular clinical audits.
- In the GPAHS clinical audits had been undertaken during the last two years on the prescribing of antibiotics and the prescribing of controlled drugs and high-risk medicines in the GPAHS. We saw that the results of audits were used as educational tools for individuals as well as the teams. Improvements had been made in response to the findings.
- For the GPAHS, we also saw that data from the Friends and Family test was broken down to individual GPs that worked for the service. This helped to inform their appraisal and highlight areas for improvements.
- The lead nurse for IPC undertook regular audits of record keeping in the GPAHS which were used to inform nurse appraisals. This had helped bring about improved clarity and structure to patient records.

- Coastal West Sussex Clinical Commissioning Group (CWSCCG) also carried out regular quality and safety reviews of the GPAHS and we saw from the information that there were no areas of concern.
- For the vasectomy service regular clinical audits were undertaken. For example, an annual audit was undertaken of failure to attend appointments for initial consultation and vasectomy procedures. Changes were made so that patients were contacted the day before or on the day of the appointment. Text message reminders were also sent. A second cycle audit showed that the failure to attend rate had reduced because of the changes.
- IPC was required to provide monitoring activity to CWSCCG to demonstrate that contractual obligations were being met for both the GPAHS and the vasectomy service. For the GPAHS, we saw contract monitoring information that showed that utilisation of available appointments (booked appointments) was consistent across the year. It ranged from a low, in April 2019, of 70% to a high, in October 2019, of 85%. The average across the year was 82%. The remaining appointments where either simply not used or represented patients who did not attend (DNAs). The records identified how much use each GP practice made of the appointments available to them. This data was shared with individual GP practices to help improve uptake of the service and increase patient access to the service.
- For the vasectomy service IPC produced monitoring activity for CWSCCG which measured the service against the contract's quality requirements. There was a range of indicators that included timescales for appointments, provision of patient information, failure rates, did not attends, cancellations, friends and family score and complaints. We saw from the data that contract requirements were being met.

Effective staffing

- All staff were appropriately qualified. There was a comprehensive induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council / Nursing and Midwifery Council and were up to date with revalidation.
- IPC understood the learning needs of staff and provided protected time and training to meet them. There was an up to date records of skills, qualifications and training.

Are services effective?

Staff were encouraged and given opportunities to develop. We looked at the training records of five individual staff and examined IPC corporate training record. The staff files matched the training record.

- We saw that IPC held its own educational events for all staff to attend. This provided an opportunity for staff to receive service specific training and to also to share knowledge. We saw that the last event provided staff with updates on the antibiotic prescribing audit, changes to local service provision and a presentation on the future direction of the service.
- Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.
- IPC had a system where staff, whether locum or employed were made “inactive” if mandatory training was not up to date or the staff had not worked any shifts over a three-month period.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. In the GPAHs clinicians were able to add to the patients own medical records so that the referring GP could see the outcome of the consultation. There were effective systems in place to communicate any action required by the patients own GP, for example non-urgent referral to secondary care and further diagnostic tests such as blood tests or x-rays.
- Before providing treatment, doctors at the both the GPAHs and the vasectomy service ensured they had adequate knowledge of the patient’s health, any relevant test results and their medicines history. In the GPAHs clinicians were able to, with consent, access the patient’s own medical records.
- Vasectomy patients were seen and given written information before the procedure. Post procedure information and advice was given to the patient before they were discharged. Patient samples were sent to an external (off site) laboratory for testing. Post procedure, patients were instructed how to send a sample to the laboratory for testing. The service ensured a result was received for every sample sent.

- For the vasectomy service the clinicians sent the patients GP a discharge letter notifying them that the patient had had the procedure and asking them to report any post-operative problems. The letter also provided advice on how to manage any post-operative pain or infection. GPs were also sent a letter notifying them of any vasectomy failures and recommending that the patient be referred for the procedure under general anaesthetic at the local hospital.
- IPC had developed clear criteria for referral to the service which was widely shared with GP practices, accident and emergency departments and out of hours services. This information ensured that patients received effective care and treatment from the service.

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.

- Where appropriate, clinicians gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal GP for additional support.
- We saw from records that clinical staff offered appropriate advice to patients when the opportunity arose.
- For the vasectomy service patients were asked to identify any health concerns or disabilities before the procedure so that the service could ensure there was suitable access. Patients were offered lifestyle advice, where necessary, and informed of activities to reduce or consider ceasing before the procedure.

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.
- For the vasectomy service patients attended a pre-counselling appointment, during which they were given verbal and written information about what the

Are services effective?

procedure involved and the issues they needed to consider before deciding. They were then given a four week 'cooling off' period to give them enough time to decide whether to go ahead. Patients confirmed their consent on the day to the surgeon and advised they

could stop the procedure at any time. The patient's partner, or spouse could stay with the patient during the procedure and the service encouraged them to be involved in the decision-making process.

- When we looked at a sample of patient records for both services we saw that clinicians followed the process for seeking consent appropriately.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- We saw from our comment cards and the IPC patient survey results that patients were positive about the way staff treated people in both the GPAHs and the vasectomy service.
- 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.

Involvement in decisions about care and treatment

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

- Telephone interpretation services were available for patients who did not have English as a first language. Information leaflets were available in different formats if required, to help patients be involved in decisions about their care.

- Feedback in the comment cards and the IPC patient surveys indicated that patients felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way 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. For patients undergoing a vasectomy staff told us about the specific measures they put in place to ensure this. For example, patients were accompanied by the nurse from the changing room to the procedure room and recovery room via a private corridor away from the waiting room.
- Staff in the GPAHs knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

Are services responsive to people's needs?

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

IPC understood the needs of their patients and had improved services in response to those needs. The establishment of the GPAHs was based on a needs analysis conducted in partnership with the local clinical commissioning group (CCG). It had determined that there was a need for between 30 and 45 minutes of clinical appointment time for each 1000 people. On that basis the service was built around the local GP practices, using that practice's population as a base. The principle was that the number of appointments taken up by each local practice should reflect the practice's population but there was no intention to impose this. It was recognised that different practices had different needs.

- We observed that the facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. There were 46 practices who were partner members of the organisation and there were 22 hubs at which patients could access services. The hub locations had been chosen to allow the greatest access to the widest range of patients.
- IPC used patient surveys to try and identify areas, that patients felt could be improved. There were surveys across all areas of activity, including the GPAHs and the vasectomy service.
- The surveys had driven change, for example, the criteria for appointment was initially limited to problems that had lasted for at least two weeks. This had been changed to four weeks following patients' comments.

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 diagnosis and treatment. Patients using the GPAH could

usually be seen on the same day. Appointments could be booked four days in advance for GP and paramedic practitioner appointments and up to three months in advance for nurse appointments.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use. Patients booked appointments directly via their own GP practice.
- Referrals and transfers to other services were undertaken in a timely way. IPC did not make non-urgent referrals to secondary care. These patients went back to their own GP for these facilities. Similarly, diagnostic results, such as blood tests, went directly to the patient's own GP for action.
- IPC did refer patients for two-week cancer referrals or access to rapid treatments such as those for acute heart conditions. We saw that there were systems to check that these referrals had been actioned.
- Waiting times for the vasectomy service were minimal and patients could usually book their procedure within four to six weeks after the 'cooling off' period.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was readily available at the hubs. IPC received complaints through a variety of sources including third parties such as NHS England or the local clinical commissioning groups (CCGs).
- The complaints policy stated that complaints were to be acknowledged within three days and answered within three weeks. If this could not be achieved, for example because the answer required information from another provider, such as the out of hours service, the complainant was sent a letter informing them of this. There had been ten complaints over the last calendar year and the policy had been met in each case.
- There were processes to help ensure that IPC learned lessons from individual concerns, complaints, and from analysis of trends, and there was strong evidence that lessons were learned. In one case the investigation identified that the GPs were unclear about IPC's complaints procedure. This had led to the introduction of a comprehensive briefing pack for GPs. Another complaint had identified that the need for staff to have face to face training on chaperone training in addition to e-learning. Staff we spoke with felt the provision of the face to face training had much improved their

Are services responsive to people's needs?

understanding of how to undertake the role and this in turn had led to an improved service for patients. We saw that a complaint about the vasectomy service had led to a change to the surgical attire for clinicians undertaking the procedure.

- We saw that for all complaints we looked at that, where appropriate, patients were given an apology, thorough details of the investigation and an explanation of what action had been taken to improve. IPC was aware of and had systems to help ensure compliance with the requirements of the duty of candour.

Are services well-led?

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges to the local health economy and were addressing them. For example, there was a clear understanding that a shortage of clinical staff was a key issue affecting the whole of the local health economy. To address this IPC's strategy was to make IPC an attractive option as part of a "portfolio" career for GPs, that supported them with training and development. We saw evidence that IPC were pro-actively recruiting GPs to portfolio roles.
- IPC had a clear corporate structure and there were regular board meetings at which operational and strategic issues were discussed. There were regular meetings with the commissioners, Coastal West Sussex Clinical Commissioning Group (CWSCCG), to discuss current performance and future plans.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There were effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. IPC had a clear plan for future development. We saw that leadership plans were shared with staff.

Vision and strategy

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

- IPC had a clear vision and set of values. Its mission was to ensure that every practice in West Sussex was supported and represented, providing every opportunity not just to survive but thrive in the NHS. This in turn would allow local general practice to provide safe, sustainable, quality care for its patients. They had a realistic strategy and supporting business plans to achieve priorities.
- IPC shared their vision, values and strategy with external partners, for example the CCG.

- Staff, we spoke with, were aware of and understood the vision, values and strategy and their role in achieving them. We saw that IPC had recently held and set up future educational events for all the staff where future developments were discussed and disseminated.
- IPC monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They told us that they were proud to work for the service. They told us that they felt IPC leaders genuinely cared about their health, well-being and working environment.
- There was a clear service focus on providing sustainable, quality of care for patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. IPC was aware of and had systems to help 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.
- There were processes for providing all staff with the development they needed. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. All staff were required to comply with mandatory training before working for the service. They were given access to online training and time to complete it where appropriate. Such staff were kept informed of updates on policy, guidance and findings from significant events through the clinical and administrative intranet system.
- There was a strong emphasis on the safety and well-being of all staff. For staff working outside of normal hours there was always a duty manager on call to provide support if required.
- 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 we spoke with felt they were treated equally.

Are services well-led?

- Line managers and team leaders held regular meetings with staff and there were positive relationships between staff and teams.

Governance arrangements

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

- There were effective processes and systems to support good governance and management. There were quarterly governance meetings where significant events, complaints, policies, risks and audits were regularly discussed.
- There was a clear management structure and staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to help ensure safety and assured themselves that they were operating as intended. All policies and procedures were readily available to all staff through the intranet system.

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. There was an up to date risk register that covered aspects of quality, finance, ethos, governance and staffing. There were clear mitigation plans in place for the risks identified. The risk register was regularly reviewed at board level.
- 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 for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to help ensure and improve performance. Performance information was discussed with CCG and other stakeholders.
- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. IPC was registered with the Information Commissioners Office.

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.

- IPC encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture. Patients visiting the GPAH and the vasectomy service were routinely asked to complete and return a feedback form. The results were analysed and used to inform improvements and developments to the service
- Managers had an open-door policy, regular meetings, and one to one discussions with staff. Managers and team leaders regularly visited staff in the GPAHs. Staff we spoke with told us they felt involved in shaping future developments.
- There were regular meetings with CWSCCG to discuss performance and future service developments.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

Are services well-led?

- There was a strong focus on learning, continuous improvement and innovation. IPC was a not for profit organisation which had been set up specifically to provide innovative ways to support local GP practices. In addition to the regulated activities we inspected, IPC provided a group purchasing function, training for all GP practice staff, federation and primary care network support (PCN) which included clinical pharmacists and PCN administrators and management support to vulnerable practices. Recently it had helped to facilitate the employment of mental health workers and first contact physiotherapists in general practice.
- IPC was continually developing and offering new services to meet patient need. For example, in conjunction with the local acute trust it had set up a GPAH in the local accident and emergency department. This was part of a pilot project to help ease pressure on the emergency services.
- IPC made use of internal and external reviews, clinical audit significant and complaints. Learning was shared and used to make improvements both internally and across the health economy where appropriate.