

WF Federated GP Network Ltd

Inspection report

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Date of inspection visit: 3 April 2019

Date of publication: 31/05/2019

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 overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at WF Federated GP Network Ltd on 19 February 2019 as part of our inspection programme. For reasons outside the control of the Provider, that inspection had to be terminated due to the activation of the fire alarm and subsequent advice from the fire brigade not to re-enter the property. This inspection was carried out on 3 April 2019.

This was a first rated inspection for the service that was registered with CQC in October 2017. Our inspection included a visit to the service's headquarters and to one of its operational locations.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The provider routinely reviewed the effectiveness and appropriateness of the care provided.

- Care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect. The service was acutely aware of the sensitivities around patient confidentiality, and this was taken seriously, with associated policies in place.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. There was strong collaboration, team-working, and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- Feedback from patients was positive. There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure at local and organisational level and staff told us they felt supported by management.

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, accompanied by a GP specialist adviser.

Background to WF Federated GP Network Ltd

Waltham Forest Federated GP Network was formed in July 2014, after GPs in Waltham Forest made the decision to 'federate' (work together more closely and share resources) so they could provide more services for local people.

Although people stay registered with their own GP practice, they can access enhanced services – such as weekend and evening GP appointments, through other GP practices who are also part of Waltham Forest Federated GP Network.

The remit of the federation was to share responsibility for delivering high quality, patient-focussed services for the local community as an organisational entity, working together within the local health economy. This could include developing services specifically to suit local needs and submitting bids to deliver services which are already part of primary care services, or which may be delivered in the future. It was also to meet the challenges of the wider health and care economy and more specifically the challenge being faced by local general practices.

Waltham Forest is home to an estimated 271,000 residents and 104,000 households. In January 2019 the registered list size was 314,639. There are proportionately fewer people aged over 50 living in Waltham Forest (25 per cent) compared to the UK average (36 per cent) and the borough is one of the most diverse areas in the country. Forty Eight percent of residents are from a minority ethnic background.

Waltham Forest Federated GP Network provides pre-bookable weekend and evening services at a time that's convenient to all residents in the borough, via the General Practice Enhanced Service (GPES). Appointments have also been made available on bank holidays. This allows patients to see a GP or a nurse for routine GP appointments, health checks and treatments. People with long term health conditions such as asthma and diabetes can also access these appointments. Because the GPs can see and update patient records during the appointment, it is no different to seeing a doctor at the patient's registered practice.

The service operates from five GP hubs, all of which offer weekend and evening services via GPES. These hubs are located at:

- Allum Medical Centre, Fairlop Road, Leytonstone, E11 1BN,
- Handsworth Medical Centre, Handsworth Avenue, Highams Park, Chingford, E4 9PD,
- Higham Hill Medical Centre, 260 Higham Hill Road, Walthamstow, E17 5RQ,
- The Grove Medical Centre, 103-105 Grove Road, Walthamstow, E17 9BU and
- Triangle House Health Centre, 2-8 Harrow Road, Leytonstone, E11 3QF

Also operating from the above locations is a nurse-led anti-coagulation service which provides advice and dose recommendation for patients taking oral anticoagulants (e.g. warfarin). Nurses provide dosing advice to patients based on the results of the latest blood test (called INR). The service includes domiciliary visits to housebound patients for testing and management of their warfarin. Referrals to the service are made via the Whipps Cross Anti-coagulation Team.

In addition to the above, Waltham Forest Federated GP Network also provides a bank of clinical staff to work in the urgent care centre (UCC) at Whipps Cross Hospital. The service itself is run by North East London NHS Foundation Trust (NELFT), including clinical supervision and monitoring of service quality. This part of the service provision was not inspected on this inspection.

The service was launched in October 2017. The extended access clinics support primary care services by enabling patients to obtain a pre-booked appointment outside of their own practice's core opening hours. Appointments can be booked through a patient's GP practice or the NHS 111 service.

To help people who need to be seen urgently by a local doctor, same day appointments are available every weekday evening between 6:30pm and 9:30pm and between 8am and 8pm at the weekend. The service can also be accessed between 12pm and 8pm on weekdays and between 8am and 6pm on Saturdays and Sundays for pre-bookable appointments. The service does not

accommodate walk-in patients. The extended access clinic is registered to provide treatment of disease, disorder or injury and sees approximately 500 patients per week.

The service is located at 500 Larkshall Road, London, E4 9HH and the team comprises four Board Directors supported by a clinical team of four clinical leads and a

bank team of approximately 50 GPs, Advanced Nurse Practitioners, Practice Nurses, Health Care Assistants and pharmacists sourced from local practices. There is also an Operational Team comprising two Service Managers supported by one Service Supervisor, four administrators, 24 call handlers and five other administrative staff.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had policies, including Control of Substances Hazardous to Health (CoSHH) and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse.
- 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 carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. All staff had received a Disclosure and Barring Service (DBS) check (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.
- Although the service was operating from rooms within the five hubs, we saw evidence of effective systems to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. As patients were seen by staff at an external location, which was run by other (CQC registered) healthcare providers, the service developed a system of checks in order that they could be more formally assured that premises and equipment were safe.
- The provider had developed a risk rating system for significant events, which included dates for review and actions completed.

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 system in place for dealing with surges in demand. We reviewed the service rota and saw that there were no gaps.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example, sepsis.
- In line with available guidance, patients were prioritised appropriately for care and treatment in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if they required urgent treatment, or if they felt that they were at immediate risk to themselves or others.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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, including liaising with regulators.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.

Appropriate and safe use of medicines

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

Are services safe?

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. Decisions not to keep certain emergency medicines had been risk assessed.
- The service kept prescription stationery securely, kept logs of where and when it was used and removed it from printers when not in use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines. The service developed a protocol to check that the practice where they delivered the service had appropriate emergency medicines and equipment available.

Track record on safety

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.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was an incident management policy and procedure which detailed the process for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety in the service. Safeguarding incidents were detailed on the service's safeguarding incident log, which included actions taken and learning outcomes.
- The provider was aware of and complied with the requirements of the Duty of Candour. They 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.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. This included back to their own GP or to the local Accident & Emergency Department.
- Clinicians had enough information to make or confirm a diagnosis and we saw that care and treatment was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- 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. The service made improvements using completed audits which 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 service had systems in place to meet the national quality requirements for auditing at least 1% of clinical patient contacts.

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.
- 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.
- Weekly service meetings, Lunch and Learn sessions (e.g. to support implementation of GDPR and other compliance requirements), performance reviews, annual appraisals and protected learning time were all visibly present.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. This included when they moved between services when they were referred, or after they were discharged from a hospital. Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- 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.
- The provider ensured that details of any treatment provided to patients was recorded electronically in the patient's own medical record via the shared electronic medical record software, to ensure continuity of care.

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 long-term 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.

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.

- The service was part of an overarching healthcare federation with multi-agency support to improve the health outcomes for patients and included integrated working between practices and stakeholders within the borough.
- Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence. As a GP

extended access centre the service did not have the continuity of care to support patients to live healthier lives in the way that a GP practice would. Patients typically attended the service with non-life threatening health conditions, injuries and illnesses. However, staff told us they were committed to the promotion of good health and patient education. Healthcare promotion advice was available in the waiting rooms of the various hubs and staff told us that patients were referred to appropriate specialists, for example for smoking cessation guidance and treatment.

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- 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.

Are services caring?

We rated the service as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- 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.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception area of one of the hubs, in languages other than English, informing patients this service was available. We were informed of the availability of similar notices in the other hubs. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- The management team were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given) and we saw evidence of a suitable policy.
- Patients told us through comment cards, that they 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.
- 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.
- Staff always respected confidentiality.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and improved services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified. For example, the provider was developing and delivering the GPES model of care to reduce use of urgent care services by supporting IT systems to streamline rota management and the provision of consultation information to registered practices via secure methods (utilising functions on clinical system).
- The service had systems in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, alerts were in place on the clinical system to identify patients at risk or on any safeguarding registers.
- The service had a monitoring system that enabled them to determine which practices were booking in patients to be seen at the services. This allowed the service to ensure that there was a fair distribution of appointments per location and that GP practices were complying with booking rules.
- The facilities and premises were appropriate for the services delivered. The waiting area(s) were large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. There was enough seating for the number of patients who attended on the day of inspection. Toilets were available for patients attending the service including accessible facilities. Baby changing, and breast-feeding facilities were available.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

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.
- The appointment system was easy to use. Patients could access the service through their GP practice or the NHS 111 service. Information about how patients could access help out-of-hours was available on their website.
- The service did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example, patients were told to call NHS 111 or referred locally if they needed urgent care. The staff we spoke to were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where a patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- 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.
- 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. We reviewed seven complaints received within the last 12 months all were managed appropriately. For example, we reviewed a complaint from a patient who was unhappy with an entry made in their medical record during a consultation. The Service Manager met with the patient who confirmed which parts they would like removed. It was agreed that the disputed entry would be removed and that a new Discharge Summary would

Are services responsive to people's needs?

be created and sent to patients own GP with instructions to remove previous version. A reminder was issued to all staff to ensure the accuracy of entries made in the clinical record.

Are services well-led?

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

Leadership capacity and capability;

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

- Leaders had a comprehensive understanding of the challenges to quality and sustainability, as well as of the context of the local population's needs and were addressing them.
- They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future of the service. For example, they encouraged staff development by providing protected learning time so that clinical pharmacists could become Independent Prescribers and admin staff could be trained on the rota scheduling software.

Vision and strategy

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

- WF Federated GP Network Ltd had a vision "to improve the health, well-being and lives of the population we serve through sustainable GP led partnerships".
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- As well as a clear vision and set of values, the service also had a realistic strategy and supporting business plans to achieve priorities.
- The strategy was in line with the CCG Commissioning strategy and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked in the hubs and away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

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

- The culture within the federation was one of collaboration and learning to improve. Staff told us that they viewed the strength of the service as stemming from their close working relationships.
- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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 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. All clinical staff, including advanced nurse practitioners, nurses and health care assistants, 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.

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 at both a local and organisational level.

Are services well-led?

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The service devised a clinical governance framework that incorporated internal and external drivers. For example, internal drivers included significant event reporting, patient feedback, risk management, and system pressures. External drivers included national and local guidance and standards and national legislation.
- The provider held regular meetings, which included team/staff meetings, clinical meetings, management meetings, organisational Board meetings and contract review meetings with commissioners and stakeholders.
- Minutes of internal staff meetings were available and accessible to staff.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Staff had lead roles, for example complaints, significant events, safeguarding, clinical governance, infection prevention and control and health & safety.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective clarity around 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.
- Leaders also had a good understanding of service performance against the national and local key performance indicators. The service's performance was regularly discussed at senior management and board level meetings, as well as with staff and the local CCG, as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. 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. Where necessary, the service developed its own systems for monitoring its performance, this included the collection of data (for example, daily hub activity).
- The service used information technology systems to monitor and improve the quality of care. We saw that the provider was attempting to improve service delivery by developing IT systems and networks to enable outcomes to be benchmarked to ensure effectiveness and value for money. The provider was also working on ways to measure services delivered by the extended access clinic staff against the same services delivered by a GP practice. This would allow them to monitor the impact of the service delivery.
- 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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service had an ongoing programme of frequent team meetings.

Are services well-led?

- Patients were encouraged to provide feedback about the service.
- 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.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, the provider was looking to introduce multi-disciplinary visits from GP and clinical pharmacists to support care homes and reduce the number of ambulance call outs and admissions to hospital.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The provider could demonstrate that they considered risk, patient safety, and confidentiality as fundamental; we also saw evidence that the service was highly self-reflective, and arrangements to review, measure effectiveness and make improvements were embedded as part of the culture of the organisation.