

GP Support Team

Quality Report

BrisDoc Healthcare Services Limited
GP Support Team
Southmead Hospital
Southmead Road
Westbury-on-Trym
Bristol
BS10 5NB
Tel: 01179370900
Website: www.brisdoc.co.uk

Date of inspection visit: 8 December 2016
Date of publication: 22/03/2017

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 service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to GP Support Team	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the BrisDoc Healthcare Services Limited GP Support Team (GPST) on 8 December 2016.

Overall the service is rated as good.

Our key findings across all the areas we inspected were as follows

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant incidents.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and care delivered in a timely way according to need.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- There was a system in place that enabled staff access to patient's own GP records, and the staff provided other services, for example the referring GP, with information following contact with patients.
- Patients' feedback indicated they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a GPST taxi service for patients who had difficulty in attending the service, which was funded by the Clinical Commissioning Group.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvement are:

- The provider should develop the patient information leaflet, which includes information about chaperones, so that it provides clear guidance about the service provider and type of service patients can expect.

We saw an area of outstanding practice:

- The provider had developed its governance systems to ensure that quality was systematically embedded across the organisation. The Clinical Guardian system was a key mechanism by which clinical practice and standards were reviewed, monitored and maintained in the GPST. We saw working examples of how 'Clinical Guardian' was used to monitor performance and supervise clinicians. The provider had invested in GP time to conduct the Clinical Guardian reviews. Where potential concerns were identified on a call or patient record, then the case was subject to additional scrutiny by a peer panel review. Following the Francis Inquiry report (2013) audits had included patient safety, risk and clinician performance in relation to the patient disposition and outcome.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good



- There was an effective system in place for reporting and recording significant incidents. All of these were reported to the service commissioner. In addition to this reporting and monitoring system the BrisDoc staff held honorary contracts with the North Bristol Trust and had a responsibility to share information about any incidents under their governance protocols.
- Lessons were shared to make sure action was taken to improve safety in the service; we saw evidence that lessons were shared and action was taken to improve safety in the service through team meetings, training and newsletters.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, for example, the arrangements for managing medicines in the service kept patients safe.
- We found the provider specifically recruited GPs with recent experience in acute medicine or an emergency department placement. Locums were not used unless already experienced in BrisDoc GPST.
- The service used the National Early Warning Score (NEWS) report, which was a standardised assessment tool used in prehospital assessments and when patients presented at the service.
- The service had access to emergency equipment and medicines which was maintained and checked by hospital staff the BrisDoc GPST GPs were required to do additional hospital based resuscitation training which familiarized them with hospital equipment.
- There was an effective system in place to share final dispositions and use the electronic patient records systems which were accessible by practice based GPs and the hospital.

Summary of findings

Are services effective?

Good



- Clinical audits demonstrated quality improvement. The service monitored the competence of staff through peer sampling of patient records using the Clinical Guardian audit tool a computer programme which interrogated electronic patient records and produced reports of records completed by a clinician. These were then subjected to a review process to monitor the quality of information recorded and the diagnosis and treatment pathway used.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The service had an induction programme for all newly appointed staff. Clinical staff were required to attend a minimum of two shadow shifts as part of their induction before they were included on the rota. Subsequent to this, new clinicians had 100% of clinical advice calls and patient assessments reviewed and audited through the Clinical Guardian system for one month, so they could demonstrate competence and highlight any areas for learning.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.
- There was evidence of appraisals and personal development plans for all staff. There were established arrangements in place for annual performance and development reviews for the GPs with their clinical leads.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Patients' test results were requested and reported electronically to prevent delays. Where possible, all of the results were reviewed prior to patients being discharged to minimise any risks to them and so that any necessary actions were taken.
- The service shared relevant information with other services in a timely way, for example, when referring patients to other services. We were told patient information was scanned into patient records. This ensured the patient records were current and held electronically to be accessible should they be needed for further reference.

Are services caring?

Good



- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive. Patients commented on the thoroughness of examination and the length of time of appointments (45 minutes).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit.

Are services responsive to people's needs?

Good



- The provider reviewed the needs of its local population and engaged with the NHS England area team and local clinical commissioning groups to secure improvements to services where these were identified. Urgent appointments were available the same day, patients could access the service via a referring clinician.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- This was carried out by telephone triage when GPs first contacted the service, the administration staff had a process of assessing each patients need and usually 'hot transferred' the call to a GP or took details so that the GP could call the referring clinician. In cases where the urgency of need was so great that it would be inappropriate for the patient to visit, alternative emergency care arrangements were made.
- The NEWS system assessed the degree of illness of a patient and thereby helped define where the patient needed to be seen. There were some patients in whom the presenting symptoms suggested a BrisDoc GPST review though the NEWS score itself might be low.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, we observed that staff asked the referring clinician if there were any special access needs such as a translator, and ensured that patients were able to travel to the unit.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- We observed the communication systems between BrisDoc GPST and the GP practices and the Trust ensured effective exchange of information.

Are services well-led?

Good



- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- There was a strong focus on continuous learning and improvement at all levels. The provider used a tool 'Clinical Guardian' which allowed for continuous monitoring of the quality of the service. Staff training was a priority and was built into staff rotas.
- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The service proactively sought feedback from staff and patients, which it acted on.

Summary of findings

What people who use the service say

This service was not included in the National NHS Patient Survey. We looked at feedback received from patients about the GP Support Team and the service they received.

Patient feedback was obtained by the provider on an on-going basis and included in their contract monitoring reports. Patient experience surveys were sent to 100% of patients who attended this service. Data from the provider for the period of April 2015 and March 2016 showed respondents to the surveys consistently rated the service as good with individual question responses ranging from 82%-99%.

In response to the question 'Overall how satisfied were you with the service you received?' 97% of respondents said they were satisfied and 2% dissatisfied.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received twenty comment cards which were all positive about the standard of care received. Respondents commented that they had received excellent attention and were listened to by the team.

We also read the Healthwatch report produced for the South West Commissioning Support Unit Urgent Care Focus Group. The Care Forum was commissioned by the South West Commissioning Support Unit to conduct two focus groups in September 2016. Participants commented that they felt the BrisDoc service was good.

GP Support Team

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to GP Support Team

The GP Support Team (GPST) is part of BrisDoc Healthcare Services Limited. BrisDoc is a limited company whose shareholders are the current employees.

This service was commissioned by Bristol and South Gloucestershire Clinical Commissioning Groups to primarily support the GP services in the Bristol and South Gloucestershire areas. Only patients who are registered with these GP practices can be referred by their GP, or community based clinicians working in these areas, to this service.

North and West Bristol has around 187,000 residents served by 17 GP practices. The locality covers some of the most affluent parts of Bristol where many benefit from longer life expectancy and better health. However, there is significant deprivation in some communities where people are more likely to die younger from cancer, heart disease and stroke. There is a difference in life expectancy of 9.6 years between the most deprived and the most affluent areas of this locality.

About 272,000 people live in South Gloucestershire and residents are among the healthiest in the country. Life expectancy is higher than the national average and mortality rates for most diseases are lower than average. The health of children and young people in South

Gloucestershire is good and has been improving, with infant mortality rates among the lowest in the South West. However, mortality among those aged between 1 to 19 years is worse than the national average, as are hospital admissions for self-harm and mental health. Health outcomes vary considerably across the different areas of South Gloucestershire. Premature mortality and lung cancer rates are almost twice as high in the least affluent areas as they are in the most affluent areas.

The BrisDoc GPST was established in 2015 with the North Bristol Trust at Southmead Hospital and the aims of the service are to provide a primary care interface with secondary care; to identify patients who would be suitable to be seen by the service's GPs in an ambulatory care setting and who did not necessarily need to be seen by the consultant-led hospital medical team, such as an acute exacerbation of a long term condition. The service supports the community GPs workload by giving them access to other medical expertise and hospital diagnostic services to potentially reduce hospital admissions. The impact for patients is a continuity of care provided by GPs, and priority access to diagnostic services and treatment which often negates the need to be admitted to hospital.

The service also provides a single telephone support line ('The Professional Line') which GPs, advanced nurse practitioners and paramedics could call between 8am and 6.30pm (outside these times calls are directed to the Out Of Hours service). Clinicians use this line to discuss treatment of patients at risk of admission to hospital.

Based on these discussions the BrisDoc GPST could:

a. Give clinical advice based on accepted guidance and pathways. For example, NICE or local guidelines.

Detailed findings

b. Advise on suitable alternative care pathways such as a hot clinic (where patients can be seen urgently without going through the routine referral process) or community services.

c. Arrange to review the patient face to face at the hospital by the GP Support Team.

d. Arrange for the patient to be admitted to the hospital under the medical team.

The BrisDoc GPST has access to hospital consultants for advice as needed.

The BrisDoc GPST operated five days a week from Monday to Friday between 10.30am and 8pm. It employed three GPs daily. Telephone calls for the service from 8am until 10.30am were handled by the GP Support Unit at the Bristol Royal Infirmary (BRI). On average the service sees around six patients a day and handles between 30-40 calls a day. In addition to the GP led service there is also an advanced nurse practitioner (ANP) based in the Emergency Department. The ANP was tasked with identifying primary care patients and seeing them within the Emergency Department (ED). Currently it runs 12 noon to 8pm Friday to Monday.

There is a headquarters at Osprey Court, Hawkfield Way, Hawkfield Business Park, Whitchurch, Bristol where the majority of the administration and human resources tasks are coordinated from. During our inspection we visited the Osprey Court and the Southmead sites.

In respect of external governance BrisDoc were members of Urgent Health UK, the federation of Social Enterprise Unscheduled and Community Care Providers. They have a contract with Audit Southwest for support.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations such as Healthwatch, to share what they knew. We carried out an announced visit on 8 December 2016.

We visited the BrisDoc headquarters where we:

- Spoke with a range of staff including headquarters based staff who managed the organisation tasks such as human resources, met the GP lead and the management team for the unit, and reviewed organisational records and systems.

We carried out a site visit to the GP Support Team (GPST) based at the Southmead Hospital, where we:

- Spoke with the Medical Director, clinical manager, one GP and a call handler based at the GPST.
- Observed call handling.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- At the time of our visit there was only one patient on the unit.

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?

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant incidents.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions taken to improve processes to prevent the same thing happening again. BrisDoc GPST had a 'Being Open' policy which was being revised. An example was provided in respect of a patient seen and discharged at the BrisDoc GPST who may have received better outcomes by having a hospital follow up appointment.
- The service carried out a thorough analysis of significant incidents.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service through team meetings, training and newsletters. For example, we were able to see how informal complaints and incidents had been alerted to the management team. A summary record indicated five near miss incidents, fifteen significant incidents, and one serious incident which was not categorised as significant.

There was a clearly defined accountable lead (at the time of our visit this was the Medical Director) who was responsible for serious and significant incidents. These were discussed at service level; including numbers and trends being looked at in a quality meeting chaired by the Medical Director who was also a member of BrisDoc's executive board. The service categorised incidents where there was more 'clinical impact' as significant incidents. All of these were reported to the service commissioner. Any

new significant incidents and the progress of existing significant incidents were reported on monthly. These were detailed in the quality performance report. An example of a significant incident reported by the service was of a patient who had been seen by the service and four days later required an emergency admission due to deterioration in their condition. We found the service had investigated the case, the outcome of which and learning was shared with all the people involved.

In addition to this reporting and monitoring system the BrisDoc staff held honorary contracts with the North Bristol Trust and had a responsibility to share information about any incidents under their governance protocols.

Incidents were received at Head Office and recorded on their system (called the DAC). They were then reviewed by the appropriate manager, who investigated what happened and what improvements needed to be made. We saw clear actions were identified and completed before the incident was closed on the system.

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The staff we spoke with indicated they understood about how to raise a concern should they have need to; cases of potential safeguarding concern were handed over verbally (to the patient's own GP). Evidence of safeguarding training is required for new GPs joining, employed GPs had their training status tracked and required updates alerted to staff three months in advance. Administrative staff and the call handlers who worked at the service had attended safeguarding training as part of their induction programme.

Are services safe?

- BrisDoc were hosted by the hospital North Bristol NHS Trust and as a result were limited in being able to display posters about the availability of chaperones. However, we were told that staff informed patients that chaperones were available if required. The Trust nursing staff were available for chaperone duties; discussions with staff indicated they knew what to do, where to stand and how to support patients when acting as a chaperone. Staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check.
 - We observed the premises to be clean and tidy; with standards of cleanliness and hygiene appropriate to a hospital. The Acute Medical Unit (AMU) lead nurse liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place from the hospital and staff had received up to date training. Regular infection control audits were undertaken by the hospital, and staff who worked as part of the BrisDoc GPST were assessed on their hand hygiene practices by the hospital infection control team. BrisDoc also maintained their own weekly health and safety audit which included a review of the infection prevention measures in place on the unit.
 - The arrangements for managing medicines in the service kept patients safe, including obtaining, prescribing, recording, handling, storing, security and disposal. We saw the BrisDoc staff had access to medicines, including controlled drugs, via the Acute Medical Unit (AMU) nurse team. The GPs could prescribe medicines to be administered for patients on site such as antibiotics using in-patient medicine charts. They had a supply of prescription forms if patients required medicines on discharge. Blank prescription forms were securely stored and there were systems in place to monitor their use.
 - We reviewed six personnel files and found locums, unless already experienced in BrisDoc GPST were not used and preference is for staff to do an extra shift. If a locum GP had not worked in the service for six months then they were required to undergo retraining and induction.
- hospital medical team for an assessment for admission. The introduction of NEWS scoring preadmission assessments was used to support the decision to admit patients.
- The GPs were able to view previous GP Out Of Hours contacts and can view patients own GP records for the majority of patients they see.
 - Depending on final disposition an Integrated Clinical Environment electronic discharge summary may be sent as well as the Adastra electronic record being completed. GPs in the service were encouraged to phone the practice based GP especially where a significant diagnosis or new cancer has been found. If a cancer diagnosis was suspected the GP in BrisDoc GPST completed the referral into the 'two week wait' pathway and this may include the patient seeing the cancer specialist nurse at the time of attendance at the unit. The patient was also provided with an explanatory letter.
 - There were procedures in place for monitoring and managing risks to patient and staff safety. The BrisDoc GPST staff held honorary contracts with the North Bristol NHSTrust and had a responsibility to be compliant with the health and safety guidance issued by the Trust. The team had access to the Trust health and safety policies and information. In addition the team had received health and safety awareness training through BrisDoc; the organisation had its own health and safety representatives who undertook regular assessments of the site. The service had up to date fire risk assessments and had participated in regular fire drills held on-site.
 - All onsite electrical equipment was owned, checked and maintained by the North Bristol Trust. We observed that equipment was labelled and coded to indicate it was safe to use. BrisDoc GPST staff used their own stethoscopes onsite; they had an agreement with the North Bristol Trust for reporting any broken equipment. However, we found a 'black box' of equipment in the room allocated to the advanced nurse practitioner which contained equipment provided by BrisDoc. The clinical lead removed the box from the premises as the equipment was not included in routine checks and use of it did not follow their standard operating procedure.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- If the referring GP declines BrisDoc GPST assessment, the BrisDoc GPST GP will liaise on their behalf with the

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers and an emergency call system in all the consultation rooms and treatment areas which alerted staff to any emergency.

- All staff received annual basic life support training and we saw there were emergency medicines and equipment available on the acute medical unit. The BrisDoc GPST GPs were required to do additional hospital based resuscitation training which familiarized them with hospital equipment.
- The service had access to emergency equipment and medicines which was maintained and checked by hospital staff; all staff knew of their location. A first aid kit and accident book were available for staff on site.

The provider had a business continuity plan in place to ensure continued function of the service; the BrisDoc GPST onsite staff were included in the hospital major incident plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, the recent Sepsis 6 guidance, to improve outcomes for patients, was presented at a BrisDoc GP Support Team (GPST) meeting and was available for reference on site. (Sepsis is a life threatening condition caused by the way the body responds to infections in the body).

- BrisDoc monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The service monitored that these guidelines were implemented through peer sampling of patient records using the Clinical Guardian audit tool a computer programme which interrogated electronic patient records and produced reports of records completed by a clinician. These were then subjected to a review process to monitor the quality of information recorded and the diagnosis and treatment pathway used. The service also used root cause analysis of significant incidents and complaints.

Management, monitoring and improving outcomes for people

The service used the information collected for their contract performance reporting to monitor outcomes for patients.

The key performance indicators for the BrisDoc GPST were reported on monthly to the commissioners. At Southmead Hospital they reported on the following areas:-

- The total activity of the service
- The number of referrals to Acute Medical Unit following GP advice
- The number of referrals to Hot Clinics following advice
- The number of people admitted to the hospital

- The number of people managed and discharged from the stream 3a and 3b clinicians
- The number of people seen by the Advanced Nurse Practitioner in the Emergency Department.

We saw the monthly reporting data for September 2016 and noted that the figures were affected by seasonal factors; however, the provider had identified action points such as to increase the number of people seen by the advanced nurse practitioner in the Emergency Department.

There was evidence of quality improvement including clinical audit.

- We were told about an audit which looked at the use of Wells scores (clinical prediction rules for probability scoring for thromboembolic disease). This audit was waiting for a second cycle to evaluate actions and impact on patient care.
- We reviewed working examples of how 'Clinical Guardian' (a tool for peer sampling of patient records) was used to monitor performance and supervise clinicians. The provider had invested in GP time to conduct the Clinical Guardian reviews. Where potential concerns were identified on a call or patient record, then the case was subject to additional scrutiny by a peer panel review. Following the Francis Inquiry report (2013) audits had included patient safety, risk and clinician performance in relation to the patient disposition and outcome. We were told by staff that they received feedback following clinical guardian reviews, and frequent emails detailing learning from other cases (in the service) as well as an overall monthly summary.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Clinical staff were required to attend a minimum of two shadow shifts as part of their induction before they were included on the rota. Subsequent to this, new clinicians had 100% of clinical advice calls and patient assessments reviewed and audited through the Clinical

Are services effective?

(for example, treatment is effective)

Guardian system for one month, so they could demonstrate competence and highlight any areas for learning, for example, awareness of other local based services patients may be able to access.

- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the Medical Director was seeking to promote the development of the clinical leadership within BrisDoc through workshops which included topics about leadership and communication.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. We saw the appraisal system and completed examples of appraisals for staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. There were established arrangements in place for annual performance and development reviews for the GPs with their clinical leads who in turn have these with the Medical Director. All staff had received an appraisal within the last 12 months; the staff we spoke with found this to be a useful exercise and a tool for career progression.
- Staff received yearly training that included: safeguarding, fire safety awareness, basic life support and information governance. We saw evidence of completed mandatory training records which were closely monitored. We noted that the staff working in this service had all completed their mandatory training. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the linked patient record systems of the patient's own GP record system, and the North Bristol Trust's patient information systems. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

on-going care and treatment. We observed appropriate information sharing when patients moved between services, including when they were referred on, and after they were discharged from the service.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The service shared relevant information with other services in a timely way, for example, when referring patients to other services. We were told any paper based patient information was scanned into patient records. This ensured the patient records were current and held electronically to be accessible should they be needed for further reference.
- Patients' test results were requested and reported electronically to prevent delays. Where possible, all of the results were reviewed prior to patients being discharged to minimise any risks to them and so that any necessary actions were taken. The radiologists were providing 'hot reporting' and access to their viewing screen to support improved diagnostic accuracy. Cold reports were usually received within 24 hours. There was a 'first thing in the morning' GP task to look at any results that may be on the screen from late on the previous day. Results were made available through the Integrated Clinical Environment (ICE) system which was also accessible to patient's practice based GP.
- GPs explained how they kept patient information secure in line with Information Governance training and North Bristol Trust policies.
- The Medical Director had good knowledge of relevant developments at Trust level by being informed of the appointment of acute physicians at Southmead Hospital as well as seeking meetings with commissioners who were seeking to inform urgent care provision across the commissioning area.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The service did not routinely see children as they were referred directly to the children's hospital.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The service ensured patients were provided with additional information about how to manage their condition. The service accessed and printed guidance from appropriate websites to aid patients' understanding and self-care.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- To maintain patients' privacy and dignity during examinations, investigations and treatments there was access to individual treatment rooms.
- Staff knew they could offer patients a private room to discuss sensitive issues or if patients appeared distressed.
- Same gender clinicians were offered where appropriate.
- Patients commented on the thoroughness of examination and the length of time of appointments (45 minutes).

All of the twenty patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided explanations about treatment.

Results from the BrisDoc GP Support Team (GPST) patient survey showed patients felt they were treated with compassion, dignity and respect. For example, patients who responded to the survey in November 2016 commented that staff were extremely caring, they never felt rushed, and it was a very friendly and competent service.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards told us they felt involved in the care and treatment they received. They told us they were seen promptly and updated regularly, being informed at every stage what tests were needed and why they were necessary. They wrote that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the GPST patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

There was a 'BrisDoc GPST Taxi' service available for patients who had difficulty in attending the service, which was funded by the clinical commissioning group.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The ambulatory care service was comfortably furnished by the Trust who made hot and cold drinks and snacks available for patients throughout their visit.

BrisDoc had an end of life clinical lead, a GP working within the service, who advised on various governance issues that arose in this area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning groups (CCG) to secure improvements to services where these were identified.

Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, we observed that staff asked the referring clinician if there were any special access needs such as a translator, and ensured that patients were able to travel to the unit. We also observed that staff requested that the referring clinician print off the directions for the unit, and that all staff knew who was due to arrive at the unit.

Access to the service

Patients could access the service via a referring clinician. The service did not see 'walk in' patients except for a small number referred by the Emergency Department.

The BrisDoc GPST operated five days a week from Monday to Friday from 10.30am to 8pm. It employed three GPs daily. Telephone calls for the service from 8am until 10.30am were handled by the GP Support Unit at the Bristol Royal Infirmary. On average the service saw around six patients a day and handled between 30-40 calls a day. In addition to the GP led service there was also an advanced nurse practitioner (ANP) based in the Emergency Department. The ANP was tasked with identifying primary care patients and seeing them within the Emergency Department. Currently this service ran from 12 noon to 8pm Friday to Monday.

Call handlers supported the BrisDoc GPST GPs by taking the calls for the referrals to the unit. They were based at the hospital, working Monday to Friday 10.30am to 6.30pm. Call handlers answered the professional line and recorded observations that a clinician may have which was then used to calculate the National Early Warning Score (NEWS).

The NEWS system assessed the degree of illness of a patient and thereby helped define where the patient needed to be seen. There were some patients in whom the presenting symptoms suggested a BrisDoc GPST review though the NEWS score itself might be low.

This was carried out by telephone triage when GPs first contacted the service, the administration staff had a process of assessing each patient's need and usually 'hot transferred' the call to a GP or took details so that the GP could call the referring clinician. In cases where the urgency of need was so great that it would be inappropriate for the patient to visit, alternative emergency care arrangements were made.

We observed the communication systems between BrisDoc GPST and the GP practices and the Trust ensured effective exchange of information. The BrisDoc GPST could access the GP held electronic patient records for patients, and they completed patient records on Adastra which were accessible by community GPs. The team also ensured the patient assessment and treatment plans were recorded on the Trust's patient record system so that if the patient was admitted at a later date all information would be available.

The GPs worked between one and three shifts per week (an 8 hour shift) on a rolling rota between 10.30am and 8pm. The majority of the GPs worked locally in general practice.

Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

- Its complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the service. Complaint investigations were led by the site clinical lead, the BrisDoc Medical Director had oversight. We were given an example where they took a very 'hands on' approach liaising directly with the hospital Medical Director and involved GP before helping the lead GP author the complaint response.
- We saw that information was available to help patients understand the complaint system on the website and a service leaflet.

The service had received two complaints in the last 12 months. The governance systems in place indicated that lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Learning points from complaints were recorded and communicated to the team via newsletters, team meetings or 1:1 sessions. For example, a complaint by a patient

Are services responsive to people's needs?

(for example, to feedback?)

about a consultation was followed up with the clinician involved and a review through the clinical guardian audit process. This was also included as part of the overall review of the governance of the service.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The GP Support Team (GPST) was part of BrisDoc Healthcare Services Limited. The service had a clear vision to deliver high quality care and promote good outcomes for patients.

The provider vision was to be advocates of the NHS 6c's (commitment, care, compassion, courage, communication and competence) and enable all staff to contribute and commit to a caring healthcare culture.

Their mission statement was: - 'Patient care by people who care'.

The GPST and BrisDoc vision was:

- To promote the delivery of ambulatory care within the context of urgent care.
- To optimise the safe and effective management of patients through the combined expertise of primary and secondary care clinicians.
- To offer an accessible and responsive service to referrers to support same-day assessment, diagnosis and decision making.
- The service had a mission statement which staff knew and understood its values.
- The service had a robust strategy and supporting business plans which reflected the vision and values which were regularly monitored.

Governance arrangements

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Four GPs on the BrisDoc board were non-executive directors and helped provide clinical oversight.
- Provider specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the service was maintained.

- There was a formal schedule of meetings to plan and review the running of the service. Representatives from all areas of the business participated in the leadership boards meetings which were held bi-monthly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The provider had developed its governance systems to ensure that quality was systematically embedded across the organisation. The Clinical Guardian system was a key mechanism by which clinical practice and standards were reviewed, monitored and maintained in the BrisDoc GPST.
- The BrisDoc staff held honorary contracts with North Bristol NHS Trust and there was a governance framework which set out the arrangements which underpinned the operation of the BrisDoc GPST which was co-located with the Acute Medical Unit within Southmead Hospital.
- BrisDoc operated Quality Management and Environmental Management systems which meet the requirements of the ISO 9001 quality management system and ISO 14001 environmental management system respectively, which were subject to annual review and reaccreditation.
- BrisDoc provide a monthly clinical forum where topics such as tips on record keeping, public health, communicable disease and sepsis were discussed with a digest sent to all GPs, this would also include relevant safety alerts.

Leadership and culture

BrisDoc is a limited company whose shareholders were the current employees. The leadership for the organisation was from an executive board whose membership was made up from representatives from all areas of operation. On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the service and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the management were

Are services well-led?

Good 

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

approachable and always took the time to listen to all members of staff. The provider had a staff handbook and each service area had a specific handbook. The staff team members who spoke with us had a good understanding of the values and culture of the service; we saw there was a regular staff news bulletin and there were staff benefits and social events which promoted the inclusive culture of the organisation.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty.

The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the service held regular team meetings where staff received updates and educational sessions. For example, they had a presentation on treatment of venous thromboembolism. We saw minutes from the meeting and slides from presentation were available to all staff on the internal computer system. This linked to the latest agreed management guidance for deep vein thrombosis and pulmonary embolism in pregnancy.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. For example, we heard that if required, minor service 'grumbles' were addressed through 'colleague' email from the local clinical lead. An example of this was provided where a GP doing a BrisDoc Out Of Hours (OOH) shift had booked a patient into the BrisDoc GPST inappropriately on the basis of their clinical presentation. The incident was debated at a BrisDoc

lead GP meeting attended by OOH GP leads as well as other clinical leads within the organisation. (This also facilitated the education of GPs working outside of this service).

- Minutes were comprehensive and were available for service staff to view.
- Staff said they felt respected, valued and supported, particularly by the management team in the service. All staff were involved in discussions about how to run and develop the service, and the management team encouraged all members of staff to identify opportunities to improve the delivery of the service. The BrisDoc GPST had monthly e-bulletins which contained information about a wide range of topics, for example, performance data, communicable disease alerts, leadership changes, significant incidents, and audit. We saw evidence of team working, such as with information about the shared online Clinical Support Toolkit.

Seeking and acting on feedback from patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The service had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the service was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The provider is currently in the process of rebranding the GP support services to be the "Acute GP Team" (AGPT) in order to emphasise the concepts of providing peer level support to community based GPs around the management of patients who may need hospital admission, and to provide GP support to secondary care in the form of GP decision making, and shared understanding of the availability of community services and how to access them. Within their position with the hospitals Trust, the AGPT provided a

Are services well-led?

Good 

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

degree of 'Hospital Support' by providing primary care expertise to assist managing patient flow supporting the aim of reduced admissions or reduced length of stay in hospital by facilitating discharge into primary care.

Other planned improvements are:

- Promoting the BrisDoc professionals line as the primary route into AGPT, enabling a consistent 24/7 service of expert senior GP advice available to any clinician working in the urgent care arena and including paramedic teams, across the commissioning area.
- Development of BrisDoc's online Clinical Support Toolkit for instant access to resources and urgent care pathways across the commissioning area.

The provider anticipated benefits from the new service would be:

- A reliable delivery of agreed ambulatory care pathways and clinical protocols.
- Maximised opportunities for caring for patients without admission via Consultant input to the team.
- A locally recruited and well supported workforce assisted by information tools and technology and access to specialist advice to enhance clinical decision making.

- Management teams across the urgent care system to create integrated 24/7 patient care.

Contact with the commissioners indicated on-going discussion with BrisDoc for future developments.

BrisDoc had an active role in local urgent care networks and programme boards and this provided a key opportunity to consider and agree improvements to the local health care system and how resources can be used to best effect.

Future plans included:

- Individual clinician performance dashboards looking at patient experience, productivity, dispositions, across all BrisDoc services.
- Development of an integrated model with the acute care physicians enabling a joint pathway for patients.
- Development of a recognised qualification of an Acute GP Diploma Pathway.
- Implementation of a direct referral pathway for the local ambulance service.