Care Quality Commission

Tower Hamlets GP Care Group CIC

Beaumont House

Inspection report

Tower Hamlets Extended Hours Service
Beaumont House
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London
E1 4DG
Tel: 0203 961 8564
Website: www.gpcaregroup.org/section/464/Extended-Hours-Service-at-GP-Hubs/page/8c419c6a-4559-44de-aa68-ddcf95d1a0f8/Extended-Hours-Service-at-GP-Hubs

Date of inspection visit: 27 and 28 March 2019
Date of publication: 24/04/2019

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

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 of Beaumont House (the Tower Hamlets extended hours service) as part of our inspection programme. As part of

Summary of findings

the inspection, we also visited one of the hub practices from which the extended hours service operates, at The Blithehale Medical Centre, 22 Dunbridge Street, London E2 6JA.

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a nurse specialist adviser, and a second CQC inspector.

At this inspection we found:

- There were systems to keep people safeguarded from abuse.
- The service learned and made improvements when things went wrong.
- Care and treatment was delivered according to relevant and current evidence based guidance and standards.
- The provider reviewed and monitored the effectiveness and appropriateness of the care and treatment provided.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The provider supported local practices and secondary care within the London borough of Tower Hamlets.
- The way the practice was led and managed promoted the delivery of high-quality and person-centre care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw one area of notable practice:

- Within an hour of a serious incident occurring at two local practices the service had opened additional hubs and made 90 same day and next day appointments available to ensure both practices' patients could continue to access care and treatment.

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

- Ensure there is effective oversight of safety at the hub practices and seek evidence that up to date safety risk assessments and audits have been completed.
- Review and formalise the process for monitoring the consultations and performance of nurses and healthcare assistants.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Beaumont House

Detailed findings

Background to this inspection

The provider is Tower Hamlets GP Care Group CIC, a federation of 36 general practices in Tower Hamlets who has responsibility for a range of community and primary care services. It has been commissioned by Tower Hamlets Clinical Commissioning Group (CCG) to manage the Tower Hamlets extended hours service for approximately 319,175 patients.

Information published by Public Health England rates the level of deprivation within Tower Hamlets CCG as 35.7, on a scale of one to 204. Level one represents the highest levels of deprivation and level ten the lowest. In England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas.

The head office for the extended hours service is Beaumont House, which is registered as a location with the CQC. The extended hours service provides appointments with GPs, nurses, and healthcare assistants during evenings and weekends when patients' registered practices are closed.

Appointments are available at five hub practices across Tower Hamlets (all of which are registered with the CQC as GP practices in their own right). Appointments are available at the following times:

Blithehale hub (Blithehale Medical Centre, 22 Dunbridge Street, London E2 6JA)

- Monday, Tuesday, Wednesday, Thursday and Friday from 6.30pm to 10pm;
- Saturday from 8am to 4pm.

Strouts Place hub (Strouts Place Medical Centre, 3 Strouts Place, London E2 7QU)

- Monday, Tuesday and Friday from 6.30pm to 10pm;
- Saturday from 8am to 2pm.

East One hub (East One Health Centre, 14 Deancross Street, London E1 2QA)

- Monday, Tuesday and Wednesday from 6.30pm to 10pm;
- Saturday and Sunday from 8am to 8pm.

Harley Grove hub (Harley Grove Medical Centre, 15 Harley Grove, London E3 2AT)

- Monday and Tuesday from 6.30pm to 10pm;
- Saturday from 8am to 2pm.

Gough Walk hub (Gough Walk Practice, 21 Newby Place, London E14 0EY)

- Tuesday from 6.30pm to 10pm;
- Saturday from 9am to 5pm.

Appointments can only be made by a patient's Tower Hamlets GP practice, the Tower Hamlets GP Out of Hour's service, the NHS 111 service or the Emergency Department of the local hospital (The Royal London Hospital). The service does not accommodate walk-in patients.

The extended hours service is not to be used by patients with long term or chronic health problems, palliative care patients with advance care planning needs, or patients with serious mental health issues or those who require continuity of care.

The service is staffed by a team comprising two chief executives, a director of quality and assurance, a chief operating officer, a medical director, an assistant director of primary care, two clinical leads and a senior administrator. The service directly employs only a small number of staff who work at the hubs (two reception staff members and three nurses); primarily the service uses reception staff, nurses, and healthcare assistants from the specific hub practices within Tower Hamlets, and all the GPs work for the service through an agency.

Detailed findings

The provider is registered to provider the regulated activities of: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Transport services, triage and medical advice provided remotely; and Treatment of disease, disorder or injury.

Tower Hamlets GP Care Group CIC has one other location registered with the CQC, which is the GP Out of Hour's service for Tower Hamlets located at The Royal London Hospital in Whitechapel, East London.

The provider's website is www.gpcaregroup.org.

Good

Are services safe?

Our findings

We rated the service as good for providing safe services.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse, although some audits and risk assessments relating to the hub premises had not been completed or were not up to date.

- The provider had systems and processes to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance, although they did not specify that staff should record the incident on Datix (the specific incident reporting system used by the provider).
- The service worked with other agencies to support patients and protect them from neglect and abuse, for example we saw an incident whereby a GP working at one of the hub sites immediately contacted a patient's GP practice and social services due to safeguarding concerns noted during an extended hours appointment.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We saw evidence the service carried out audits of the GPs' clinical consultations, which specifically reviewed whether clinicians had considered and documented any safeguarding issues and made prompt referrals when appropriate.
- Appointments were only available to patients who were registered with GP practices within Tower Hamlets and therefore staff at the hub site would check the identity of children who used the service, using name, date of birth, and NHS number. Clinicians would record the identity of adults who accompanied children to appointments.
- We saw the majority of staff who worked across the hub sites had completed up to date safeguarding and safety training appropriate to their role, and chaperone training where required, although there were some gaps in training which the provider was aware of and was chasing up the specific individuals for evidence of completion. Staff we spoke to knew how to identify and report safeguarding concerns.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The provider had a contract in place with the GP practices where the hubs were based which specified the responsibility for infection prevention and control, equipment calibration, and safety of the premises lay with the practices. We saw some completed infection control audits, fire risk assessments, health and safety risk assessments, legionella risk assessments and portable appliance testing for the five hub practices. However, some of the premises assessments were not available or were not up to date; for example, the infection control audits for two of the hubs were from September 2015 and November 2016, equipment calibration for one of the hubs was from April 2016, the legionella risk assessment for one of the hubs was from April 2016, and there was no fire risk assessment for one of the hubs.
- The provider told us that the GPs working at the hubs were expected to bring their own medical equipment, however it was not documented in the GP guide or elsewhere what specific medical equipment each GP should bring to the hub practices (for example, pulse oximeters to measure the oxygen level of the blood), and the provider could not be assured that the equipment was brought by the GPs was calibrated and in good working order. Following the inspection, the provider sent evidence that the GP guide had been updated and now specified what equipment was available at the hub practices, what equipment the GPs needed to bring to consultations, and stated that GPs would need to provide evidence of calibration annually to be checked by the provider.

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 predicting and dealing with surges in demand, through analysis of

appointment use and discussions with the CCG. Patients were booked into planned appointments slots to manage the demand for the service, and appointment slots were released in stages to ensure same day appointments were available if needed.
- There was an induction system for staff tailored to their role, and specific guides for reception and clinical staff to refer to in the hubs if needed.
- 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. The provider had arranged for staff who work at the hubs to attend a sepsis training event in May 2019.
- The service used pre-booked appointments only. Staff we spoke to said anyone presenting at a hub with urgent needs or who appeared very unwell would be immediately assessed by a GP to ensure they received appropriate care and treatment.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There was a risk register which the service used to record and monitor risks, and we saw this was updated and reviewed appropriately.
- 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.
- There was a system for receiving, acting on and disseminating safety alerts.

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 records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Clinicians were able to view patients' full medical records, with their consent, except for some hospital test results not yet recorded within patients' notes.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

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

- The provider had a contract in place with the GP practices where the hubs were based which specified that responsibility for the provision and checking of emergency medicines and equipment lay with the practices. At the hub site we visited we saw that appropriate medicines and equipment were available for use in an emergency. The provider told us they carried out 'ad hoc' checks of the emergency medicines and equipment across the hub sites, however these checks were not documented.
- The provider had a contract in place with the GP practices where the hubs were based which specified that responsibility for the provision and monitoring of blank prescriptions lay with the practices.
- 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.
- Staff had the appropriate authorisations in place to administer medicines when required (including Patient Group Directions or Patient Specific Directions).
- The service had audited antimicrobial prescribing and there was evidence of actions taken to support good antimicrobial stewardship. For example, we saw the service had completed a two-cycle audit reviewing the prescribing of a broad-spectrum antibiotic (co-amoxiclav) in September to December 2017 and September to December 2018. The results demonstrated a 22% reduction in prescribing of this antibiotic between the two cycles, and an increase of 10% being compliant with the antibiotic formulary. The service identified actions to drive further improvement, including ensuring that the formulary is more readily accessible to clinicians on the shared computer drive and in hard copy. The service intends to complete a third cycle of the audit in late 2019.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Good

Are services safe?

- There was a system 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 effective systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, we reviewed a significant event relating to an urgent referral having not been completed; we saw evidence the provider completed an investigation into the incident in conjunction with the patient's practice, met with the patient and apologised to them in accordance with the duty of candour, completed a comprehensive audit of urgent referrals, and identified and implemented learning and changes to the referral system.
- Joint reviews of incidents were carried out with partner organisations, including local GP practices, the GP Out of Hour's service, and the CCG.
- The service learned from external safety events and patient safety alerts. We saw the service shared alerts with all members of the team including staff not directly employed by the provider.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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 supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and local prescribing and antibiotics guidelines and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed by GPs.
- Patients' needs were fully assessed. 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients or those with particular needs. An alert could be added to the patients' record on the clinical system which would only be visible to clinicians working at the hubs for the extended hours service.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- We saw the service had an audit toolkit which was used to carry out reviews of the GPs' clinical consultations every three months to ensure good standards of record keeping, safe prescribing and appropriate management of patients. Feedback was provided to the GPs and concerns were dealt with appropriately, either by reflective and training opportunities, additional support or through capability procedures.
- The service had previously reviewed the nurses' clinical consultations until September 2018, when the nurses ceased administering BCG vaccines. At the time of inspection, the service was not completing regular reviews of nurse or healthcare assistant (HCA) consultations, however they showed us an audit toolkit to use for nurse consultation reviews and said this could also be extended to monitor HCA consultations.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. We saw the service had completed a two-cycle audit reviewing prescribing of a specific broad-spectrum antibiotic, which demonstrated improvement in terms of reduced prescribing and greater adherence to the antibiotic formulary guidelines. We also saw the service had completed the first cycle of an audit reviewing the prescribing of pregabalin and gabapentin in March 2019, following an update from NHS England Update that these medicines were to become Schedule 3 Controlled Drugs from April 2019. The audit results showed that during the three month period reviewed, 15 prescriptions for these medicines were issued, 66% of which were initiated by the GPs at the extended hours service hubs, and 73% of which were given for a duration of more than seven days. The service communicated to clinicians that controlled drugs should be prescribed with caution and not initiated by a GP at an extended hours hub and that, if such a prescription was necessary, the maximum duration should not exceed seven days. The service intends to re-audit this in July 2019.
- The service continually monitored appointment utilisation using a computer platform that provided real-time information about appointments at the hubs. For example, we saw evidence that the service had previously identified underutilisation of appointments at the hubs on a Sunday and, as a result, reduced Sunday appointments in favour of busier times and opened Sunday appointment slots to the Emergency Department at the local hospital to book patients into.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Good

Are services effective?

(for example, treatment is effective)

- All staff were appropriately qualified. The provider had an induction checklist for staff working at the hubs to orientate them to the hub practice, as well as detailed reception and GP guides available at all hub sites for staff to refer to if needed. The clinical guide included information about clinical procedures, the interpretation service and supporting patients' needs, managing emergencies and untoward incidents, the clinical system and clinical coding, prescribing guidance, urgent referrals, pathology, communicating with patients' registered GP practice, and policies and procedures for the service.
- The provider ensured staff worked within their scope of practice, and nurses and healthcare assistants could not carry out consultations without a GP also working at the same hub site so they could seek clinical support if needed.
- Up to date records of skills, qualifications and training were maintained and the provider had oversight of the training completed by staff not directly employed by them. Although there were some gaps in staff training, we saw evidence that the provider proactively chased up staff where there were gaps to ensure that evidence of completion was submitted.
- The provider provided staff with ongoing support and clinicians were able to seek advice and guidance from the clinical leads. Although, as the vast majority of clinicians were not directly employed by the service, clinicians did not receive appraisals or protected learning time to complete training. Clinical staff we spoke to said they felt supported by management and were able to raise any concerns. We saw evidence of appraisals being completed for non-clinical staff directly employed by the provider.
- There was a clear approach for supporting and managing staff when their performance was poor or variable, either through the provider's capability procedure if directly employed or through meetings, training and support.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment.
- Clinicians seeing patients at the hub practices were able to access their full medical records (with patients' consent) and access special notes provided by their usual GP. Clinicians were also able to write directly into the patients' medical record.
- Patients received coordinated and person-centred care.
- Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action, either by emailing a discharge summary to the practice or telephoning if urgent. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had a formalised system with the NHS 111 service and the local hospital's Emergency Department so that patients who met the service's criteria could be booked in to see a GP, nurse or healthcare assistant at one of the hub practices.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances (although the service was not generally to be used by patients with complex needs).
- Clinicians working at the hub practices could make urgent referrals for patients; there was a standard operating procedure governing this process and the service had an effective system to monitor urgent referrals. If patients required private or routine non-urgent NHS referrals the clinicians at the hubs could make a recommendation to the patient's registered GP and would send the patient back to their normal GP practice.

Helping patients to live healthier lives

Staff helped patients to live healthier lives.

- Where appropriate, staff gave people advice so they could self-care. Clinicians would refer patients back to their own GP practice if they felt that the patient would benefit from social prescribing (social prescribing is a means of enabling GPs and other healthcare professionals to refer people to services in their community instead of offering only medicalised solutions).

Good

Are services effective?

(for example, treatment is effective)

- Risk factors, where identified, were highlighted to patients and their GP practice so additional support could be given.
- Where patients 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.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately through reviews of the GPs' consultations.

Good

Are services caring?

Our findings

We rated the service as good for caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.
- Staff had information available about local groups and services for people with specific care or social needs, such as bereavement services and support for carers.
- We received 72 CQC comment cards from the Blithehale, East One and Harley Grove hubs, 68 of which were positive about the service and four of which had mixed feedback. Patients described clinical and non-clinical staff as kind, friendly, helpful and professional. A high number of patients described the service as excellent.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Advocacy and interpretation services were available for patients who did not have English as a first language. We saw leaflets in the reception areas informing patients this service was available.
- Patients told us through comment cards that they felt listened to by staff, and GPs were described as understanding.
- Staff communicated with people in a way that they could understand, for example, information leaflets could be produced in different languages if requested.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- The provider was registered with the Information Commissioner's Office (ICO) and complied with the General Data Protection Regulation (GDPR).
- In the CQC comment cards, patients stated they were treated with dignity and respect.
- At the hub site we visited we saw that the door was closed during appointments and that conversations taking place in the consultation rooms could not be overheard. We also saw a curtain was provided in the consultation rooms for patients if needed to maintain dignity. Posters which notified patients of the availability of chaperones were clearly displayed on consultation room doors.
- Reception staff we spoke to said if patients were distressed or wanted to discuss sensitive issues they would take them to a private room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services.

Responding to and meeting patients' and practices' needs

The provider organised and delivered services to meet patients' needs and those of local GP practices and secondary care.

- The provider understood the needs of its population and tailored services in response to those needs, for example by monitoring and analysing appointment usage at the hubs in order to match appointment capacity to high demand.
- The five hub sites were located across the borough of Tower Hamlets and patients could choose the most convenient location to access for appointments.
- The provider supported the local practices within Tower Hamlets. For example, within an hour of a serious incident occurring at two local practices the service opened additional hubs and made 90 same day and next day appointments available to ensure both practices' patients could continue to access care and treatment. The service had also supported the catch-up programme for latent tuberculosis testing in Tower Hamlets, which has a high percentage of patients at risk of developing tuberculosis, through appointments with healthcare assistants at the hubs. We also saw that in 2017 to 2018 the service had a contract in place to provide neonatal BCG immunisations for newborns and infants in order to improve coverage across Tower Hamlets and contributed to an uptake rate of 89%.
- The provider also supported secondary care within Tower Hamlets. The service ensured a process was put in place whereby the Emergency Department of the local hospital could book patients directly into the hubs for appointments when appropriate. The provider told us this is the only hub extended hours service within London to support the Emergency Department in this way, and that this model is being rolled out across North East London. We saw audits completed by the Emergency Department which demonstrated that, in March 2019, the Emergency Department had retained capacity for 546 appointments due to booking patients for a consultation at one of the hub practices.
- The provider engaged with the local CCG through regular meetings to secure improvements to services where these were identified.
- The service made reasonable adjustments when people found it hard to access the service, for example by having disabled access and hearing loops available at the hub sites, and access to an advocacy and interpretation service.
- The service was responsive to the needs of people in vulnerable circumstances and, although the service was not generally to be used by complex patients who require continuity of care, staff were aware of mental health support groups and we saw evidence of patients at risk of self-harm being urgently referred to an appropriate service.

Timely access to the service

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

- The service offered appointments across the different hub sites on weekdays from 6.30pm to 10pm, and on Saturday and Sunday from 8am to 8pm.
- Appointments could be made by a patient's Tower Hamlets GP practice, the Tower Hamlets GP Out of Hour's service, the NHS 111 service or the Emergency Department of the local hospital.
- The service did not see walk-in patients and information in the reception and clinical guides set out what approach should be taken when patients arrived without having first made an appointment, namely the GPs should act within their professional obligations and take the appropriate clinical steps. Staff understood that ensuring that patient safety was a priority.
- Patients had timely access to initial assessment, diagnosis and treatment.
- In the CQC comment cards, patients stated they appreciate the service and found it useful to be able to see a GP outside of normal working hours. One patient commented that staff at the hub were able to direct them to the nearest pharmacy. Many patients said GPs were efficient at diagnosing the issue.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed all three complaints and found that they were satisfactorily handled. One of the complaints had been responded to after the timeframe given in the complaints policy, however we saw the provider had contacted the patient to inform them of the delay and kept them appropriately updated.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The provider also logged and acted upon concerns from staff, for example specific issues that clinicians had encountered whilst working at the hubs.
- The service learned lessons from individual concerns and complaints. Concerns and complaints were discussed at operational and governance meetings, and relevant learning was shared with staff by email.

Are services well-led?

Good

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

Our findings

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 the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges facing the service and told us how they were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period of the extended hours service, with an effective on-call system that staff were able to use.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health 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.

Culture

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

- Staff we spoke to felt respected, supported and valued, and told us they enjoyed working for the provider.
- 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. We saw that the service met with patients who were affected by an incident and apologised when appropriate. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour, including a specific duty of candour and being open policy.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was an emphasis on the safety and well-being of all staff; there were always two reception staff members working at each hub practice for their safety, staff had access to a confidential Employee Assistance service and an Occupational Health Service, and the service had a whistleblowing policy in place.
- There were positive relationships between staff and teams.
- Clinical staff, even those not directly employed by the provider, were considered valued members of the team and were invited to attend meetings.

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.
- Staff were clear on their roles and accountabilities .
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There were regular meetings to discuss the service, including monthly board meetings, quarterly performance meetings with the CCG, and monthly performance and governance meetings. We saw

Are services well-led?

Good

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

minutes from these meetings which demonstrated that changes and risks to the service, safeguarding, significant events, complaints, and performance were discussed and actioned.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance, although the oversight of risks relating to hub premises needed improvement.

- The service maintained a risk register in order to identify, monitor and address current and future risks to the service.
- On the day of inspection, the provider did not have access to all completed infection control audits and safety risk assessments for the five hub practices. However, following the inspection the provider submitted evidence of most of these audits and risk assessments, as well as an updated checklist to ensure monitoring of these risks going forward.
- The provider had processes to manage current and future performance of the service.
- Performance of GPs could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Leaders had oversight of safety and medicines alerts, incidents, and complaints.
- Performance was regularly discussed at senior management level and was shared with staff and the local CCG.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had a business continuity plan in place for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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.
- The service used information technology systems to monitor and improve the quality of care. For example, the service worked with a healthcare software company and the CCG to create the first live-information extended access dashboard, allowing the service to review live information about appointment utilisation. The data extracted from this system enabled the service to improve utilisation of appointments and identify changes in demand, which was then used to amend the service delivery model. Following this software being implemented, the service decreased instances of patients not attending booked appointments by 2%, and improved appointment utilisation by 14.5%. We were told the final software package, which was designed by the provider, has been rolled out to other services by NHS England.
- 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service had encouraged patients to complete a feedback survey and had reviewed the results of this,

Are services well-led?

Good

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

and also reviewed Friends and Family Results for the specific hub sites. The provider recognised the low feedback rates from patients and had an action plan in place to promote feedback from patients.

- We also saw evidence that the service recorded and acted upon feedback from clinicians who worked at the hub sites. For example, the service had put on protected learning time events for non-clinical staff working at the hubs to deliver training and obtain any feedback or concerns. Non-clinical staff had identified patients had no telephone number to call at the weekends to cancel hub appointments; the provider explored the 'do not attend' rate on the appointment dashboard system which highlighted high numbers of non-attenders on weekends. As a result, the provider implemented several options to cancel appointments, including via text message and via patients' own GP practices.
- Staff who worked across the hubs were engaged and able to provide feedback through contacting the on-call manager or by email.
- We saw evidence of the most recent staff survey and how the findings were fed back to staff.
- The provider had regular meetings with the CCG and was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement within the service, through monitoring of its performance and a comprehensive audit programme.
- For example, the service had completed an assessment of consultation times and problem presentation across the hub sites, following a particular extended hours session running significantly late. The assessment identified opportunities for improvement, including revising the criteria for hub transfers and ensuring all staff were aware of the procedures for booking appointments.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- We were told the service had been approached by NHS England to act as a 'National Access Buddy' due to the success of the extended hours service in Tower Hamlets. The service has presented to 200 sites across the UK via webinars and has hosted providers and commissioners from six boroughs, sharing the good practice and the learning from the mobilisation within Tower Hamlets.