

SGPA Bunny Hill Primary Care Centre

Inspection report

Bunny Hill Centre
Hylton Lane
Sunderland
SR5 4BW
Tel: 01915166076

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

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? –Outstanding

We carried out an announced comprehensive inspection at SGPA Bunnyhill Primary Care Centre on 24 May 2022 as part of our comprehensive inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

We saw areas of outstanding practice:

- The provider's approach to service delivery had integration at the heart of any service development. They worked in coordination with others to make sure they were meeting the needs of the local population. The service was a key component of wider system integration and responded to surges in demand and formed a part of the clinical commissioning group's overall urgent care solution. They were agile in working across the care sector to set up new services, in response to patient needs and the wider health economy. They made sure they listened to the patient voice when developing or improving services.
- Quality improvement was an essential component of the provider's strategy. We found they had comprehensive quality and improvement systems, supported by a thorough approach to audit. There was a strong focus on improvement within the service by seeking out and embedding new ways of providing care and treatment.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who had access to advice from a specialist advisor.

Background to SGPA Bunny Hill Primary Care Centre

SGPA Bunnyhill Primary Care Centre is registered with the Care Quality Commission to provide NHS Out of Hours services. The service provides an extended GP access service from Bunnyhill Centre, Hylton Lane, Sunderland.

The provider of this service is Sunderland GP Alliance which is a federation of all 38 practices in the Sunderland clinical commissioning group area. The provider has five extended access services which are registered separately with CQC. These are all run as one service from five locations and staff work across them all. We inspected the other four services in 2020, this service was not inspected at that time as it was still in the process of being registered with the commission. The administrative records for all of the services are held at Borough Road, Sunderland, SR1 2HJ, which we visited as part of this inspection.

Bunnyhill Primary Care Centre is situated in dedicated accommodation with facilities managed by NHS Property services. The building is owned by the local authority. We visited this site as part of this inspection.

There was disabled parking and access, and all services were on the ground floor. There was a car park close by.

The service directly employs some of the managers and administrators in the service. Most of the staff who work there are employed by the GP practices who are part of the federation and are employed as sessional staff. The service rarely used locum staff.

The service provides extended GP access appointments via;

- The patients' registered GP.
- NHS 111 service.

The service is led by GPs. There are advanced nurse practitioners working in the service (who are all medical prescribers), practice nurses and health care assistants. There was always a hub manager on duty who worked across all of the five locations when the service was open. The service was provided:

- Monday – Friday 6pm – 8.30pm.
- Saturday & Sunday 9am - 5.30pm.
- Bank holidays 10am – 2pm.

During the hours above the provider can offer additional services, such as, heart disease monitoring, cervical cytology and blood pressure monitoring. Some of these services had stopped during the pandemic. The provider was in the process of re-introducing these services. COVID vaccinations could also be administered from this location when the clinics were required.

The service for patients requiring urgent medical care outside of these and the GP surgery hours is provided by the NHS 111 service.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. They had safety policies, including Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We saw examples of staff files. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control, the senior federated services manager was the infection control lead. There were audits and action plans in place to manage this.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

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. Staff worked on a sessional basis, but were drawn from the local GP practices, which made up the GP Federation. Locum staff were occasionally used. The way the rotas worked meant that extra staff could be brought in to deal with peak demand such as holiday periods and surges of demand from A&E and GP surgeries. The service used a software package to manage the rotas and staff could log onto it to arrange their shifts. They could run audits from the software and use the information to inform staff availability.
- There were strict procedures in place for the streaming of appointments between NHS 111, the GP practices and the emergency department at the hospital.
- There was always a hub manager on duty in covering the five locations when the service was open. The hub manager not only managed any surges in demand but would bring patients appointments forward where possible by actively managing the appointment system, this worked particularly well in relation to vulnerable patients and children.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example, sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical needs.
- 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.

Information to deliver safe care and treatment

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

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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 systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Joint reviews of incidents were carried out with partner organisations, including NHS 111 service and the local clinical commissioning group.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The significant event process was included in the provider's clinical governance framework. We saw examples minutes of where significant events were discussed at clinical governance meetings. The provider produced a digital communication called rotamaster which included learning from significant events.
- There had been four significant events report at the service in the last twelve months.
- We saw an example of a significant event where a patient was given the wrong prescription. The issue was due to the clinician assuming the first prescription printed off the printer was for their patient. The printer had previously run out of paper and the first prescription printed was not for the patient. The learning from this led to the services ensuring that at the start of every session the printers were checked and stocked with paper.
- The service learned from external safety events and patient safety alerts. The provider had a system in place to inform staff about the alerts and to run audits from the alerts. They used a broadcasting system attached to their rota system to inform staff of them. Significant alerts were included in the digital communication called rotamaster.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- The provider issued a monthly clinical governance bulletin for the extended access service. This included updates on education and training, clinical audit, performance and complaints.
- Care and treatment was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs, for example, common types of conditions and care plans, guidance and protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. Where appropriate clinicians took part in local and national improvement initiatives.

- From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which includes audits; whether face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality.
- Targets set locally were;
- A minimum data set for patients which included identity details of the patients, appointment details, how they were booked in the service and the clinical details of the consultation.
- The production of a monthly provider quality and performance report. This included details of appointments available and booked, those who did not attend (DNA), utilisations of the five services, if the appointment was booked via NHS 111 or a GP practice and activity at the minor injury services by site.
- To achieve these targets the provider;
- Showed us examples of regular patient care pathway audits, which were audits of consultations. This ensured the minimum data set required. Feedback was given to clinicians. These informed the monthly provider quality report for the local CCG.
- The provider used results from their 'voice of the patient' software dashboards, which was a digital questionnaire which patients were asked to complete after using the service. This feedback helped to improve services.
- A summary of the provider's quality and performance dashboards for the last two quarters of 2021/22 showed the utilisation rates of the provider's extended access services overall was 100% on weekdays, with no appointments left by 4pm, on a Saturday 72% and 84% on a Sunday.

Are services effective?

- Clinical audit had a positive impact on quality of care and outcomes for patients. The provider could show clear evidence of actions to resolve concerns and improve quality. The service had a full audit schedule which was split into operational years and categories, for example, clinical, operational and processes.
- Examples of audits included;
- The service carried out a patient care pathway audit of the patient journey through the extended access appointment to verify completion of their episode of care. A random sample of 50 care records were reviewed by a clinician. These reviews provided beneficial feedback to the GPs and used as part of their own appraisal process.
- The provider had carried out an audit to check on the prescribing of a certain type of antidepressant to young people (under 18) where there were known risks.
- Operational audits included, medicines, two week wait referrals, number of frequent attenders to the service and number of patients from each GP practice who were attending the service.
- Clinical audits included infection control and handwashing.
- Process audits included, audit of clinical system to ensure the user had legitimate access to the clinical records and an audit of patients under 16 to ensure clinical notes adhered to safeguarding guidelines.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as policies and procedure, emergency panic button and use of equipment.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Training from the member of staff's 'home' practice was accepted and documented. The practice had records of training for every member of staff and each job role. They submitted a training compliance report to the local clinical commissioning group as part of their monthly provider quality and performance report.
- The service provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. We saw examples of staff appraisals. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

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, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services or when they were referred to hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with the patient's GP practice so that they were aware of the need for further action and to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.

Are services effective?

- 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. This was helped by almost all of the GP practices the service covered, having the same clinical system and notes which could easily be shared. The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service.
- 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.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers 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.

Are services caring?

We rated the service as good for caring.

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. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. The hub managers who managed the appointment queues could make staff aware of those who needed extra support. If they had appointments available but patients had mobility problems, they had an account with a local taxi firm which they could use to bring patients to their appointment if needed.
- The practice sent a patient satisfaction survey link to all patients via text following their consultation. This information collected was fed into the 'voice of the patient' dashboards.
- 54% of patients who attended an appointment responded to survey data which was collected from December 2021 to February 2022. Results were as follows;
- How satisfied are you with the convenience of the time of your appointment? 90% were happy with appointment time, 7% were neither happy nor unhappy, 3% were unhappy.
- How satisfied are you with the health care professional you saw? 91% of patients were satisfied with the health care professional, 5% were neither satisfied or unsatisfied, 4% were unsatisfied.
- Would you recommend the service to friends and family? On average 95% of patients would recommend the service
- Comment in the survey included words such as, great service, listened, suited my working hours and did not like a late-night appointment.
- The service received three compliments from patients which were all regarding the COVID vaccine hub. They complimented them on the service, in particular one carer gave feedback for how sensitive they were with a patient with a learning disability, which made the vaccination experience a positive one for them.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception area, including in languages other than English, informing patients this service was available.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Are services caring?

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of their population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified.
- The patient feedback used by the service, 'voice of the patient', was being used to make improvements. The feedback asked targeted questions such as age, employment status, how they found out about the service and where they would have gone was it not available. This enabled valuable feedback and insight to help plan future service improvement.
- The service had strong partnership working with the local veteran's charity. They had an armed forces champion lead and they had delivered talks to the local charity on the services delivered. There had been recent examples of where the service had referred veterans to the local support group and as a result they had received appropriate support.
- The service had the ability to react to surges in demand at the GP practice within the alliance and could arrange more appointments to help them.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example, those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The services all operated the same hours;
- Monday – Friday 6pm – 8.30pm.
- Saturday & Sunday 9am - 5.30pm.
- Bank holidays 10am – 2pm.

The service was led by GPs, working with advanced nurse practitioners who were all medical prescribers.

The service provided extended GP access appointments via;

- The patient's registered GP.
- NHS 111 service.

20% of the appointments offered were pre-bookable a week in advance and 80% were bookable on the day.

The service for patients requiring urgent medical care outside of these and the GP surgery hours was provided by the NHS 111 service.

- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Patients with the most urgent needs had their care and treatment prioritised.

Are services responsive to people's needs?

During the hours above the provider could offer additional services such as heart disease monitoring, cervical cytology and blood pressure monitoring. Some of these services had stopped during the pandemic. The provider was in the process of re-introducing these services. COVID vaccinations could also be administered from this location when the clinics were required.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The complaints policy and procedures were in line with recognised guidance. There had been three complaints in the last 12 months. We looked at two responses to complaints in detail and found that they were satisfactorily handled in a timely way.
- An example of improvements made following a complaint was to introduce a text message service so patients could contact them directly. This followed a complaint where the patient was unable to inform them they had been booked into the wrong service as they had been given no contact details for the service.

Are services well-led?

We rated the practice as outstanding for providing a well-led service because:

- The provider's approach to service delivery had integration at the heart of any service development. They worked in coordination with others to make sure they were meeting the needs of the local population. The service was a key component of wider system integration and responded to surges in demand and formed a part of the clinical commissioning group's overall urgent care solution. They were agile in working across the care sector to set up new services, in response to patient needs and the wider health economy. They made sure they listened to the patient voice when developing or improving services.
- Quality improvement was an essential component of the provider's strategy. We found they had comprehensive quality and improvement systems, supported by a thorough approach to audit. There was a strong focus on improvement within the service by seeking out and embedding new ways of providing care and treatment.

Leadership capacity and capability

There was strong leadership at the service, working together to drive and improve high-quality person-centred 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 services. They understood the challenges and 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, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients, they engaged with patients and stakeholders to establish the right services needed.

- The provider had a five-year plan. 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 jointly with patients, staff and external partners. Staff were aware of and understood the vision, values and strategy and their role in achieving them. The objectives in the staff appraisals where they were directly employed by the service reflected the future aims and direction of the service, for example training and future contract renewal.
- We found the provider's approach to service delivery had integration at the heart of any service development. They worked in coordination with others to make sure they were meeting the needs of the local population. The service was a key component of wider system integration and responded to surges in demand and formed a part of the clinical commissioning group's overall urgent care solution. The service delivery model was a direct product of engagement with the primary care networks (PCN) to establish what services they needed. For example, a chronic disease management monitoring service was established after engagement with the PCN. They had a yearly plan for improvement, recruitment, meetings and engagement. Patient consultation was taken into account.
- The provider was part of 'All Together Better' which was a partnership group formed to bring health and social care teams together to improve peoples' experiences of using health and care services and their health outcomes, and to support people to live longer with a better quality of life.
- The provider monitored progress against delivery of the strategy.

Are services well-led?

Culture

There were high levels of staff satisfaction. Staff were proud of the organisation and there were high levels of staff engagement. Staff were encouraged to raise concerns.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with said they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All directly employed staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The provider produced a newsletter for all staff employed in their organisation, this gave updates on staff, pilots which they were involved in and service improvements.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. We saw minutes of monthly steering group and operational meetings, agenda items included risk management, complaints, compliments, patient safety, staff rotas and audits.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The equipment in the clinical rooms across the five extended access services was standardised ensuring that it was easy to work for clinicians in any consulting room at any of the sites.

Managing risks, issues and performance

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

- Feedback from the clinical commission group (CCG) quality review group meeting for May 2022 complimented the service. The director of patient safety said the assurance from their latest quality report submitted was excellent and they had improved consistently since being set up. They said the feedback received from patients and the training carried out was good and the team and staff were to be commended for their hard work and commitment.

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the service had put contingency plans in place for their services when clinical staff were needed for the COVID vaccine roll out as this affected the number of staff available.
- During the pandemic the service began to use a text messaging service to communicate better with patients. This helped to reduce the did not attend (DNA) rates at the service. This ran at 3%, during the pandemic for face to face appointments, it had been 8.6% before the text message service was introduced which was below the target set at 8%. Regular DNA audits were carried out.
- A text messaging service was set up during the pandemic to communicate more easily with patients. This enabled an information sharing leaflet, information around appropriate personal protection equipment (PPE) and other information to be shared.
- The service had carried out a significant amount of audit and improvement projects to advance patient care.
- The providers had plans in place and had trained staff for major incidents.
- The service produced a six-monthly clinical quality report, this included the themes from any complaints, patient satisfaction data, significant events and training for staff.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Information gained via the service's feedback led them to improve lighting outside of one of their services during the winter months.
- As a result of direct feedback from patients the service improved the lighting in the service.
- The service engaged with the patient participation groups in the locality of the services to gain feedback.
- Staff said they felt supported by management and the service was nice to work in and they were encouraged to learn new skills. Lone working policies had been changed as a result of direct feedback from staff.
- The provider produced a bi-monthly staff update via a newsletter for extended access staff which included updates on training, patient feedback, staff and service changes.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

The leadership at the service were providing a clear proactive approach to seeking out new ways of providing care and treatment. There was a culture of continuous improvement and staff were included and accountable for delivering change.

- There was a strong focus on improvement within the service by seeking out and embedding new ways of providing care and treatment. For example, the service used the 'voice of the patient' dashboard to inform service delivery. The service received an award for digital finalist from the Health Service Journal in July 2021 for their use of the information from this service.
- The service had recently set up an intranet page called 'clinical support information (CSI)'. This service was commissioned by the local CCG and developed and managed by provider on behalf of General Practice and Primary Care in Sunderland. This was operational with further developments planned to it. It was for the GP alliance staff and the 38 member practices to use. This was used as a standardisation of clinical pathways tool across primary care as well as a digital communication tool. Information contained included, news and announcements, patient safety alert information, general contact information, GP alliance service information, clinical condition information which could be printed or given to patients electronically. The intranet page benefited the CCG area health care system as a whole.
- There was always a hub manager on duty in for the five locations when the service was open. The hub manager not only managed any surges in demand but would bring patients appointments forward where possible by actively managing the appointment system, this worked particularly well in relation to vulnerable patients and children.
- The service could be flexible and set up a service needed by a PCN, immediately or with a days' notice if required.