Practitioner Health Programme

Inspection report

Riverside Medical Centre Hobart House St Georges
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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive?	Outstanding ☆
Are services well-led?	Outstanding ☆

Overall summary

This service is rated as Outstanding overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Practitioner Health Programme on 14 January 2019 as part of our 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 routinely reviewed the effectiveness and appropriateness of the care it provided; this included developing data sets, and forming networks with comparable organisations internationally in order to gather benchmarking data. The service ensured that care and treatment was delivered according to evidence-based guidelines; this included developing its own guidance for areas where no appropriate established guidance existed.
- Staff involved and treated people with compassion, kindness, dignity and respect; the service was acutely aware of the sensitivities around patient confidentiality, and this was taken very seriously, with associated policies in place.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service had developed an online appointment booking app, which allowed patients to book appointments with a member of staff of their choice, and keep track of the appointments available to them.
- The service was committed to identifying groups of patients with particular needs and providing resources for them; they ran a number of therapy groups, including groups for patients in "hard to reach" groups.

- There was a strong focus on continuous learning and improvement at all levels of the organisation. The service had an active Patient Participation Group, and we saw evidence that the input of this group was considered a valued resource.

We rated the practice as **outstanding** for providing effective services because:

- In the absence of any specific tools and guidance on how to treat "practitioner patients", the service had developed their own resources, including developing a risk rating system, treatment guidance, and services such as "wrap-around care" (which enabled patients who were too ill to be treated by the service primarily, to access some of the specific services offered by PHP (such as support in dealing with regulators)).
- As a unique service, with no equivalent in the UK against which the service could compare their performance and measure their effectiveness, the service had adopted and developed a number of measures in order to indicate whether the treatments provided were effective; for example, they had also collected and compared data from other services with similar functions internationally, and in so doing had developed a European Network, aimed at sharing learning and resources and developing comparable data going forward. Information collected to date showed that PHP provided both the widest range of services and the best value for money compared to their international equivalents.
- The service had ensured effective staffing by developing a staff competency framework in order to identify the set of competencies required for the unique role the service provided, and ensuring staff they recruited were appropriately skilled and experienced. The impact of their work on the mental and emotional health of staff was recognised, and arrangements were in place to ensure that staff attended regular individual and group sessions to talk about areas they found difficult.

We rated the practice as **outstanding** for providing responsive services because:

- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care.

Overall summary

- The practice had identified areas where there were gaps in provision and had taken steps to address them; in some cases this involved providing services (such as training) which was outside of the requirements of their NHS contract.

We rated the practice as **outstanding** for providing well led services because:

- The service was led by a management team who had identified the need for this resource and had personally dedicated themselves to ensuring that this need was recognised and addressed by stakeholders. The management team had taken great care to ensure that the needs and wellbeing of patients was at the heart of everything they did.
- The culture of the service and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

- The service had an established culture and values, which formed the foundation of their strategy. There was a strong commitment to sharing learning externally, including engaging with regulators, Royal Colleges and employers, in order to highlight areas where practitioners needed additional support. They also frequently contributed to research, working groups, and media interviews to reduce the stigma suffered by practitioners who experienced mental health illness and addiction.

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

- Put processes in place to regularly monitor that safety checks have been completed at remote sites.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector, accompanied by a GP Specialist Advisor.

Background to Practitioner Health Programme

Practitioner Health Programme (PHP) provides a hybrid service, combining aspects of both primary and secondary care level treatment to doctors and dentists who are experiencing mental health and addiction problems. The service was set up in 2008, following the inquiry into the death of psychiatrist Dr Daksha Emson, who had died alongside her 3-month old daughter in 2000 as the result of an extended suicide, prompted by Dr Emson's poor mental health. The inquiry highlighted the need to develop services for doctors with mental illness, who often feel unable to seek help from their own GP, due to fears about confidentiality and the potential impact on their careers.

The service is provided by Hurley Clinic Partnership who hold a contract with NHS England to provide a service to GPs located throughout England, and has local commissioning arrangements in place to provide a service to doctors from all other specialisms, and to dentists, who are located in London.

The service is located at:

Riverside Medical Centre

Hobart House

St George's Wharf

Wandsworth Road

Vauxhall

SW8 2JB

Consultations are provided from this address to patients who are able to access this site. For patients who are located outside of London, the service is provided via a network of remote locations.

The service is delivered by a multi-disciplinary team, comprising of GPs, psychiatrists, psychiatric nurses and cognitive behavioural therapists. Patients are seen individually, but also have the option of attending group therapy sessions, facilitated by a member of the PHP clinical team. At the time of the inspection, the service was being used by approximately 1,500 patients per year.

The clinical team is supported by an administrative team, comprising of a Chief Operating Officer, service development and operations managers, and administrators.

PHP is registered with the Care Quality Commission for the regulated activities of Diagnostic and screening procedures, and Treatment of disease, disorder or injury.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse; these policies included details of how the service would manage risks relating to the patients of the clinicians being treated. 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; for example, where a patient required a regular prescription, the service liaised with the patient's registered GP (with the patient's consent) to arrange for prescribing arrangements to be set up. The service had access to in-patient beds at a detox facility for patients who required this. Where patients were too unwell to be treated primarily by the service, arrangements were put in place to provide "wrap around care" to allow these patients to access some of the services provided by PHP (such as liaison with regulators) whilst also receiving treatment from other providers.
- 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).
- 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 service ensured that their main facility, and the equipment used at that facility were safe and that

equipment was maintained according to manufacturers' instructions. Where patients were seen by staff at external locations, all of which were locations run by other (CQC registered) healthcare providers, the service relied on these external providers to ensure that the premises and equipment was maintained safely. The reliability of this arrangement was discussed during the inspection, and the service committed to develop a system in order that they could be more formally assured that remote premises and equipment was safe.

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 understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients requiring urgent treatment. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Typically, new patients waited less than a week for an initial assessment; however, arrangements were in place for patients to be seen more quickly where this was needed.
- The service had developed its own risk assessment process and risk rating criteria, which assessed the risk each patient posed to themselves, others (including their own patients), and to the service. All patients were discussed by the team and assigned a risk rating when they initially approached the service (typically, patients were initially assigned the highest level of risk); their risk rating was then regularly reviewed by the multi-disciplinary team throughout their treatment. Risk ratings were used by the team as part of the care planning process, including to determine the frequency with which patients' care plans would be reviewed.
- Staff told patients when to seek further help. They advised patients what to do if they required urgent treatment, or if they felt that they were at immediate risk to themselves or others.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Are services safe?

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. Due to the sensitivities of the service, patients were able to use a pseudonym when registering and using the service; however, we were satisfied that there was a safe system in place to ensure that patients' true identity was confidentially held for use where necessary (for example when issuing a prescription). The care records we saw showed information needed to deliver safe care and treatment was available to relevant staff in an accessible and secure way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment, including liaising with regulators using anonymous patient details, where appropriate. Although each patient had a named member of the clinical team assigned to them as their care co-ordinator, the care of patients was considered a collective responsibility, and treatment plans were developed collaboratively with input from the multi-disciplinary team.
- 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, 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. The service had also developed its own prescribing formulary and policy which covered the arrangements for prescribing in areas not covered by national guidance.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Data on prescribing was discussed with individual staff, including non-medical prescribers, as part of their appraisal.
- The service explained that they would usually only prescribe medicines where the patient had provided

consent for information to be shared with their registered GP; in these cases, following the initial prescription, the service would transfer the ongoing prescribing to the registered GP. In the rare cases where patients did not consent to information being shared with their registered GP, the service would risk assess the decision about whether to prescribe, and in cases where they decided they should prescribe, they would ask the patient to sign a declaration, confirming that they had provided full details of any other medicines they were taking. These arrangements were formalised in the service's prescribing policies.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their 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 it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

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. For example, the service had a system in place of carrying-out a full review if there was ever a death amongst their patient group.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated the service as outstanding 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 viewed anonymised patient records and 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.
- In addition to national guidance, the service recognised that the treatment of "practitioner patients" often required a different approach to that used for treating the general patient population, and in the absence of any specific guidance on how to treat these patients, they had developed their own guidance; this included the management of doctors with addiction and the management of bipolar disorder in doctors.
- The service had developed its own risk rating system, which enabled staff to assess each patient for risk to themselves, others, and the service, and to use this to inform their care planning. Patients' care was reviewed at intervals dictated by the level of risk.
- Where a patient was assessed as being too unwell to be treated by the service primarily, they were referred to a more appropriate source of care; however, the service had developed a system of "wrap-around care", which enabled the patient to access some of the specific services offered by PHP (such as support in dealing with regulators), whilst receiving their primary treatment elsewhere.
- We saw no evidence of discrimination when making care and treatment decisions.

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. As PHP was a unique service in England, there were no other services nationally which could be used to benchmark their clinical effectiveness. They had therefore developed an

approach to measuring effectiveness, which involved combining a number of different, internationally recognised, approaches to establishing whether mental health and addiction treatment is effective. These included:

- The use of internationally recognised self-report questionnaires, which measured the level of psychological distress being experienced by patients and the impact on their day to day lives; these questionnaires were used when patients commenced treatment with the service, and again at set intervals during treatment. The most recent data provided by the service (for the period December 2017 to June 2018) showed an improvement in patients' perceived wellbeing across each of the indicators used.
- Benchmarking the clinical outcomes of their patients against those of the general population; for example, for patients who accessed Cognitive Behavioural Therapy (CBT), wellbeing questionnaires completed at the start of treatment and at discharge found that the service's patients achieved a higher degree of recovery at the point of discharge compared to patients from the general population.
- The use of objective data in order to demonstrate the benefits to patients engaging with them in key areas; for example, they had found that of those patients who were not at work when they first approached the service, 76% had returned to work within six months of accessing PHP.

Whilst the service had been able to demonstrate that the care they delivered was effective in improving patients' conditions and allowing them to return to work; they recognised that they worked with a unique patient group, and therefore, they undertook work to benchmark themselves against other comparable services to ensure that they were providing a service which was high quality and value for money. For example:

- They identified organisations in other European countries, and carried-out a survey to establish the types of services provided by these organisations; following this, they established a European Network with these organisations in order to share learning and compare outcomes going forward. Based on the data collected, PHP was able to establish that they were the

Are services effective?

largest provider in Europe, providing both the widest range of services and the best value for money (when considering the number of patients treated and range of services provided in relation to the funding received).

- Analysis of outcomes for patients treated by the service for addiction to drugs or alcohol found that long-term abstinence was better when compared to patients from the general population. The service therefore undertook comparison against similar providers in North America, Canada and Spain in order benchmark their patients' outcomes against comparable patient populations; this research found that outcomes for their patients were similar to those of their international equivalents.

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. For example:

- The service had completed audits on medical record keeping, which had identified that overall, record keeping met the required standard, with the exception of the recording of advice given to patients about the potential side effects of the medicine(s) prescribed. The outcome of the audit was shared with clinical staff, and a follow-up audit found that all records reviewed met the required standard in all areas.

- The service took an active part in feeding back information on patient trends to regulators and NHS commissioners in order to highlight issues impacting doctors; for example, they had reported on an increase in junior doctors approaching them following the change to junior doctors' contracts, and on a sudden significant rise in the number of paediatricians approaching the service.

Effective staffing

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

- All staff were appropriately qualified; the service had developed a staff competency framework in order to identify the set of competencies required for the unique role they provided and ensure that the staff they recruited were appropriately skilled and experienced. The provider had an induction programme for all newly appointed staff.

- The service ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The service 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.
- The service provided staff with ongoing support, which particularly recognised the emotional impact of the work being undertaken. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The service also provided monthly "Balint group" meetings, led by facilitators, where staff could discuss the emotional impact of their work.
- The service 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.

- The service carried-out multi-disciplinary team meetings daily, which allowed the care of all patients to be discussed regularly. We saw evidence that patient care and treatment plans were developed and agreed with input from all relevant team members.
- Where necessary (and with the patient's consent), the service liaised promptly and effectively with patients' registered GPs; for example, in order to establish regular prescribing arrangements.
- Patient information was shared appropriately, with due consideration for the enhanced confidentiality arrangements required due to the sensitivities of the service. The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- There were clear and effective arrangements for booking appointments, and making referrals to other services (such as in-patient addiction services).

Helping patients to live healthier lives

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

Are services effective?

- The service identified patients who may be in need of extra support and arranged facilitated support groups for these patients; for example, there was a group in place for clinicians who were suspended from practice by their regulator.
- The service had a focus on both helping patients to recover from periods of illness, and in providing patients with tools to prevent them from becoming unwell in the future.
- 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 and to share information with other organisations, such as patients' registered GPs, employers and regulators, 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.

Are services caring?

We rated the service as good for providing a caring service.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. There was a particular acknowledgement of the difficulties faced by clinicians in seeking help for mental health and addiction issues; the service had been specifically designed to enable clinicians to access help in a confidential, supportive and non-judgmental environment.
- The service gave patients timely support and information. Staff responsible for answering telephone calls gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to take appropriate action when receiving a telephone call from someone who was particularly distressed or who needed urgent care; training for administrative staff had included role-play activities led by the Medical Director.
- All of the 11 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. The comments received were in line with those received by the service as part of its own patient feedback activity.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards and interviews, 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.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times; specific arrangements were in place to allow patients to access the service anonymously, should they wish. Access to patient records was restricted to only those members of staff who needed it.
- The service had put in place special arrangements with other organisations, such as the General Medical Council and General Dental Council, to enable them to liaise regarding a particular patient's situation without the patient's identity being disclosed.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as outstanding for providing responsive services.

Responding to and meeting people's needs

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

- The service had been specifically set up in response to a recognised need for a mental health and addiction service specifically for doctors and dentists, due to the reluctance amongst this group to accessing mainstream care. Those involved in designing and delivering the service had a comprehensive understanding of the needs of this patient group, from a combination of their clinical background, involvement in research, personal experience of working within the health service, and feedback from patients. Providing a service that met the needs of patients, particularly in respect of ensuring patient confidentiality, which was considered a fundamental principle underpinning the service's culture.

- Following a patient's initial consultation, the clinical team would consider whether the patient was clinically suitable for the service; where a patient was found to be unsuitable because they were too unwell, the service had the option of providing "wrap around care" where they would provide support to the patient whilst their clinical needs were being primarily met by an alternative service.

- The service worked with other agencies to support patients; for example, they had a memorandum of understanding in place with regulators such at the General Medical Council, which allowed them to obtain advice from the regulator regarding a patients' situation without revealing the identity of the patient.

- The provider improved services where possible in response to unmet needs. For example, having identified that there was a lack of support for the bereaved following the suicide of a doctor, the service had set up a group for these individuals. The primary purpose of this group was to provide a caring and safe space for group members to talk about their loss; however, the service had also recognised the valuable insight that group members brought to the understanding of mental health problems suffered by clinicians, and where appropriate, worked with members of this group in developing the service; for

example, this group had been consulted on the re-design of the service's website, and following a suggestion from the group, the service had developed packs of stickers to be placed in staff rooms to advertise the service.

- In addition to treating their patients, the service also provided "survive and thrive" sessions to doctors, which were designed to provide attendees with tools to cope with the stress and pressure; these sessions were available to doctors who were not PHP patients and were provided in addition to the core services required of their NHS contract.

- The service had developed a risk rating system, which was applied to all patients under its care; each time a patient was discussed at an MDT meeting, their risk rating was reviewed, which allowed the service to ensure that appropriate care planning arrangements were in place to keep patients safe.

- The service was acutely aware of the stigma of healthcare professionals seeking help for mental health or addiction issues. They were also aware that patients experienced additional anxiety that their colleagues or employers might discover that they were unwell (particularly for those in senior or high-profile positions). The service had put the need for confidentiality at the heart of their work, and had a clear policy in place relating to the sharing of information. Their policy included provision for special arrangements to be made for those patients who had particular concerns about their illness becoming known.

- The service was committed to using the demographic data it collected in order to both alert the wider health service of problems, and to identifying specific groups for targeted outreach work. Outreach work was directed towards both groups who were identified as being under-represented as users of the service (such as surgeons, where the service was working with the Royal College of Surgeons to identify why their members were less likely to engage) and those whose use of the service had highlighted particular issues (such as anaesthetists, who had been identified as the group who were most likely to die from suicide).

- The service had developed a suite of service-specific reporting codes (such as specialism, grade, working status) to enable them to extract the demographic data they required. This data had been used to undertake a number of reviews of certain clinical specialisms, patient groups and conditions, and allowed them to focus on

Are services responsive to people's needs?

promoting the service to targeted audiences; for example, they had undertaken work to engage with international medical graduates by forming collaborations with the British Association of Physicians of Indian Origin and the Muslim Doctors Association.

- During the ten years that the service had been operational, they had identified a significant decrease in the proportion of patients who were subject to regulatory involvement, from 33% during the first year, to 5% by year ten; they attributed this decrease in part to the success of their outreach work, resulting in patients approaching them at an earlier stage, before their problem had begun to cause difficulties at work.
- 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.

- The service was available from 8am to 8pm Monday to Friday and from 8am to 2pm on Saturdays. Information about how patients could access help out-of-hours was available on their website.
- Patients self-referred to the service (although, others, such as family members, employers and educational supervisors could approach the service for advice). Potential patients could access the service for general advice prior to formally registering. If the patient decided they wished to use the service, they completed a self-referral form, which was available on the service's website. Where patients were found to be ineligible for the service (for example, because they were geographically outside of the service's scope) they were provided with information about alternative sources of care.

- New patients were usually offered an initial appointment within approximately one week of a referral being received; however, all referrals were considered by a member of the clinical team on receipt, and where necessary, more urgent appointments would be offered.
- The service had developed an appointment booking online app. Once downloaded, the app was personalised to the patient and allowed them to book appointments with the clinician of their choice; it also maintained records such as the number of therapy sessions available to them. Patients who were unable to use the online app could make appointments by phone.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available 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 one complaint and found that it was satisfactorily handled, in a timely way.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated the service as outstanding for leadership.

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 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 which staff were able to use.
- The achievements of the leadership team had been recognised by a number of awards; for example, in 2018 they won the British Medical Journal's Mental Health Team of the Year award.

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 jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. All staff were involved in away days and practice meetings where these were discussed, and staff told us that they felt they were encouraged to contribute their views.
- The strategy was in line with nationally identified needs in respect of the health of doctors and dentists. The provider planned the service to meet the needs of those who were eligible for the service; with consideration given to the services that could be provided to doctors and dentists who were not eligible, and to those who were impacted by the ill-health of their patient group (the friends and family members of patients).
- The provider monitored progress against delivery of the strategy.

- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

The service had a culture of high-quality sustainable care, and were committed to sharing their learning and expertise externally.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- 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 told us 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 staff received regular annual appraisals in the last year; this included doctors who were also subject to external appraisal. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff, with a particular focus on mental well-being and a recognition of the emotional impact of the work of the service on its staff. Clinical staff attended daily multi-disciplinary team meetings, the service also funded a monthly Balint group for staff to attend to talk about difficult situations they had encountered; individual supervision and appraisal was also provided to all staff.
- Administrative staff had regular supervision and weekly team meetings where concerns and ideas could be shared. Administrative staff were recognised as an intrinsic part of the team, and their input was valued by leaders. Administrative staff were included in team away days and clinical networking events. At the time of the inspection the service was in the process of arranging an administrative team away day.

Are services well-led?

- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and patient confidentiality.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The service had developed its own patient risk assessment and risk rating process in order to ensure that care plans were in place to minimise risks to patients, the service, and those coming into contact with patients.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through review of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints.
- Leaders sought to develop performance indicators and had identified and implemented tools which they had assessed as being most appropriate to measure the effectiveness of the treatments provided to patients. In collaboration internationally with services which provided similar functions, the service had also carried-out benchmarking exercises, which had identified that PHP was providing the widest range of

services and was the best value for money compared to other similar services. Data was provided to commissioners to demonstrate effective performance in accordance with the requirements of their contract.
- 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 plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful; where necessary, the service developed its own systems for monitoring its performance, this included both the collection of data (for example, their development of service-specific data codes for collecting demographic data), and the development of systems and networks to allow service provision and outcomes to be benchmarked in order to ensure effectiveness and value for money.
- The service used information technology systems to monitor and improve the quality of care. For example, they had developed an online app to allow patients to book and manage their appointments; following the introduction of the app, they conducted a feedback consultation and an impact assessment, and made improvements to the app based on patient feedback.
- 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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service had an ongoing programme of frequent team meetings and team away days. Patients were encouraged to provide feedback about the service, in terms of both delivery and effectiveness at key points during their treatment. The service was pro-active in engaging with external partners; they had established effective and unique ways of working with regulators, which had been formalised into a memorandum of understanding. They had also established a National Expert Advisory Group, which met twice a year, comprising of representatives from the commissioner, regulators, the British Medical Association, Royal colleges, medical charities, voluntary organisations and patient representatives; this group was designed to share information and learning and to feed into the development of PHP's service.
- Staff described the systems in place to give feedback, including formal team and one-to-one meetings, and informal discussions. Staff who worked remotely were engaged and able to provide feedback through regular multi-disciplinary meetings (which they were able to dial into).
- The service encouraged patients to engage in its running and development. There was a formal patient participation group (PPG), which met regularly. The PPG was consulted on a wide range of issues, such as discussions about feedback received about the service, input into the development of policies and process (for example, the staff competency framework), and the development of resources for patients (for example, at the time of the inspection the PPG was developing a resource pack for doctors whose licence to practice had been suspended or removed).
- The service was transparent, collaborative and open with stakeholders about performance.
- As experts in the area of treating practitioner mental health and addiction, the service regularly spoke at conferences and events (both within the UK and internationally), and gave television, radio and newspaper interviews. They were also involved in

contributing to a number of working groups, in order to help reduce the stigma of practitioners experiencing poor mental health; this had included work with Royal Colleges, regulators, universities and parliament.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. For example, in recognition of the service being operational for ten years, they had produced a ten-year report, which summarised the development of their service since its inception. The report was accompanied by a conference, which was organised as an opportunity to promote their work and share what they had learned over the past ten years. The conference was held over two days and was attended by 400 delegates from around the world, with a range of backgrounds (including doctors, dentists, nurses, patients and individuals holding senior positions in the NHS). It included presentations from key note speakers, and workshops on a range of topics, such as resilience, addiction, mindfulness and reflective practice. The service asked delegates for feedback following the conference and 96% of respondents rated is as "good" or "excellent". The service had reflected on the successes and challenges of the conference and produced a reflective paper.
- 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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance; regular team away days and overnight residential events were held.
- There was a strong culture of innovation; as a unique service, many of the resources, systems and processes required had to be entirely contrived and developed by the team. In doing so, the service consulted with best practice guidance from a range of sources; they also sought and valued the input of patients and their relatives. The service could demonstrate that they considered risk, patient safety and confidentiality as fundamental elements of any new development; we

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also saw evidence that the service was highly self-reflective, and arrangements to review, measure effectiveness and make improvements were embedded as part of the culture of the organisation. Examples of innovation included:

- The development of a risk assessment and rating tool, specifically designed for use when working with practitioner patients.
- The development of a staff competency framework, specifically designed for use when working with practitioner patients.

- The introduction of targeted therapy groups, specifically aimed at hard to reach groups and those for whom "mainstream" therapy groups are not suitable (such as the bereaved following the suicide of a doctor).
- The introduction of "wrap around care", enabling patients who were not suitable to be wholly treated by the service to receive specialist support whilst receiving their primary treatment from another service.
- The development of an international network of providers of practitioner health, enabling resources and learning to be widely shared.