

Improving Health Extended Primary Care Service

Inspection report

The Lister Primary Care Centre
101 Peckham Road
London
SE15 5LJ

Tel: 02076392715

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<https://www.ihlsouthwark.co.uk/what-we-do/epcs/> Date of publication: 24/05/2019

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

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? – Requires Improvement

We carried out an announced comprehensive inspection at Improving Health Extended Primary Care Service on 18 March 2019 as part of our inspection programme.

At this inspection we found:

- The service did not have systems and processes in place to ensure adequate oversight of risk management activities associated with the host premises including fire and legionella.
- There was a lack of effective oversight of staff training and recruitment. Some recruitment information had not been retained and training had not been completed.
- There were good systems to identify and manage significant events.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review the service complaint policy.
- Continue with plans to hold and keep records of regular clinical meetings which include all clinical staff working at the service.

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 and supported by a GP specialist adviser and a second CQC inspector.

Background to Improving Health Extended Primary Care Service

Improving Health Extended Primary Care Service is located at The Lister Primary Care Centre

101 Peckham Road, London, SE15 5LJ.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, and treatment of disease, disorder or injury.

Improving Health Extended Primary Care Service is a service delivered by Improving Health Limited which is a GP federation with 20 member GP practices. The service was established using funding from the Prime Minister's challenge fund.

The service offers appointments from 8 am to 8 pm seven days per week. The service typically has between one and two GPs working Monday to Friday and one GP Saturday and Sunday. The service also has a part time nurse.

Patients access appointments predominantly through their own GP practice. A senior clinician at each practice will triage patients and, if appropriate, offer them an urgent appointment at the service. Reception staff at each practice can book patients in for a routine consultation at the service in line with a scope of referral. These appointments are available more than two days in advance. Patients can also be booked into the service by the local out of hours service, NHS 111 and local accident and emergency units.

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 safeguarded from abuse. Although the service had a comprehensive framework of policies relating to safety; the service did not have adequate oversight of risks associated with the premises or recruitment.

- 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. Policies were in place which discourage member practices from referring patients on the child protection register or adults with vulnerabilities to the service. This was to ensure that these patients continued to receive continuity of care at their own surgery.
- The service worked with other agencies to support patients and protect them from neglect and abuse. For example there were systems in place for raising safeguarding concerns with the local safeguarding team and the patient's own GP practice. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The provider did not have a reliable system in place to ensure that all recruitment checks were undertaken for clinical staff working at the service and some checks for non-clinical staff had either not been completed or information had not been retained. For example, we reviewed the files of two non-clinical staff members neither staff member had references on file, photographic ID, signed contracts or their original application form. Clinical recruitment was outsourced to a locum agency. The agency had a portal that staff could log into and access the recruitment checking information for each clinician. For some clinicians the service had downloaded the checking information and retained a copy on the service hard drive. We reviewed the files of three GPs. For one GP we found that there

was no information on either the recruiter's database or in their HR folder on the service's own system regarding the GPs current GMC status or whether they were on the NHS performers list. The service had previously had a significant event where they had identified that one of the GPs working for the service had not been on the performers list and the locum agency had failed to notify the service or take action to prevent the GP working. Confirmation that the GP was on the GMC register and performers list was provided later during the inspection and we were told after the inspection of the assurance systems the agency had in place to ensure people were registered with the correct professional body; though staff at the practice did not know how to access this on the day of the inspection. In addition, this GP had no references on file.

- All staff whose files we reviewed 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 most infection prevention and control risks. However, the management of risks associated with legionella was undertaken by the building managers. We saw that temperatures were being monitored on a monthly basis but that the temperature of hot water and water from mixed taps were recorded as being within ranges where legionella bacteria could survive. The service was not aware of this or whether action had been taken in response to these concerns. None of the GPs employed through the locum agency had infection control training on file.
- The provider ensured that equipment was 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. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. However, we found that one member of non-clinical staff whose file we reviewed had not completed basic life support training within the last 12 months. Online training was completed the day of our inspection.
- 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.

- 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 could not, at the time of our inspection, make referrals due limitations of the IT system but that this was being resolved. In the interim the service would notify the practice if patients needed to be referred to another service. Notes from each consultation would be sent back to the practice including details needed for any referral. If the referral was urgent the senior receptionist would contact the patient's practice to ensure the referral was made. We were told that the service was due to get the ability to make referrals in April 2019.

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 emergency medicines and equipment, minimised risks. The service kept prescription stationery securely and monitored its use.

- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking emergency medicines and staff kept accurate records of these medicines.

Track record on safety

The service did not have adequate oversight of risks associated with the premises. There were systems in place to act on safety alerts and review incidents with other organisations.

- Management of the majority of risks associated with the premises was undertaken by NHS Property Services. We found that a fire risk assessment had been completed in 2017 and this was due for review in 2019. The risk assessment contained action points but there was nothing completed which confirmed that the action points had been addressed and the service did not know if these actions had been completed. The service sent information after our inspection which indicated that most of the fire risks associated with the premises had been addressed after the assessment was completed in 2017.
- There was a system for receiving and acting on safety alerts.
- Systems were in place to ensure joint reviews of incidents would be undertaken with referring organisations and others where appropriate.

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

Are services safe?

action to improve safety in the service. The service had improved their two-week failsafe system in response to a significant event. The senior receptionist would now call the patient's practice to ensure that the practice had received notification that a two-week wait was required.

- 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 including sessional and agency staff.

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 through audits of clinical consultations.
- All patients who requested an urgent appointment through their GP practice would be triaged by a clinician before being booked into the service. Patients who requested a routine appointment would be directed to the service by reception staff. Both reception staff and clinical staff booking into the service could refer to a policy which provided an outline of what ailments could and could not be sent to the service. For example; patients had to be mobile, not require a referral as the primary reason for their appointment, not be in receipt of palliative care or require regular observations. The service would undertake regular reviews of the appropriateness of appointments booked by member practices and provided feedback, additional support or training where necessary for practices who were not using the service appropriately. Local secondary care services and 111 could book appointments with the service. We were told that staff at the service had also held training with secondary care services on how to use the service.
- 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 received the effectiveness and appropriateness of the care provided. For example, the service provided monthly reports to the CCG on several key indicators of performance (KPI) including appointment provision and utilisation. We were told by the service that they had received a funding cut after a review of the service found that appointments were underutilised.

Despite this we found that appointment provision in the final three months of 2018 was between 83% and 91% of the original target set by the CCG. The level of utilisation in the final three months of 2018 was between 73% and 83% of the original target provision level.

Although there were no set KPI targets we were told by the CCG that they would periodically review the service's performance and currently were satisfied with the level of provision and utilisation.

The service undertook audits of referrals for appointments by member GP practices who had the highest rates of referral into the service. The audit would review 10 referrals from each of these practices and assess whether the referral had been appropriately triaged, met the scope for referral, had an adequate history taken, appropriate records kept and if suitable alternatives had been considered prior to referring. The service provided additional training and support to practices who were not referring appropriately.

Monthly audits of clinical consultations were also completed by the clinical lead at the service to ensure that clinical staff had documented an adequate history, undertaken an adequate examination of the patient, prescribed within guidelines, implemented a clear management plan and ensured appropriate safety netting where appropriate. A minimum of two clinician's consultations were audited each month and priority was given to; clinicians who were new to working at the service and those where concerns had been raised by the member practices. We discussed instances where the service had fed back to clinicians following the consultation reviews.

The service had undertaken a two-cycle audit reviewing the prescribing of antibiotics for the treatment of urinary tract infections (UTI). In the first cycle of the audit completed in December 2017 the percentage of the 30 cases reviewed where antibiotics were prescribed in accordance with guidelines was 87%. The percentage of 30 patients reviewed who were prescribed antibiotics in line with guidance at the second audit cycle completed in July 2018 was 93%. The service had reviewed the rate of broad spectrum antibiotic prescribing as a percentage of their total antibiotic prescribing which in 2018/19 was 3.5% compared to 5.2% in the CCG.

Are services effective?

The service had also completed the first cycle of an audit which assessed the extent to which staff at the service were adhering to local emollient prescribing guidelines.

The service undertook cervical screening and results would be sent to the member practice that the patient was registered with. There was no system in place to track results to ensure that they were received by the member practice and we were told by the nurse that there was no way to track the rate of inadequate samples taken. The service provided evidence that a system had been implemented following the inspection.

Effective staffing

Staff had the clinical skills, knowledge and experience to carry out their roles. However, some mandatory training had not been completed by all staff.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff although this was not documented for clinical staff. This covered such topics as fire and infection control. New clinical staff had their consultations reviewed to ensure that they were adhering to service and local guidelines.
- 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. There were gaps in staff training which indicated that there was not currently an effective system to ensure that all staff had completed mandatory training. One non-clinical staff member had not completed basic life support training in the last 12 months, although this was completed online on the day of our inspection, and there was no infection control or fire safety training certificates retained on the service's internal shared drive or locum agency website for three locum GPs who regularly worked at the service. We were told that the service covered fire safety as part of the induction for all staff.
- Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed by audit of their clinical decision making.

- There was a clear approach for supporting and managing staff when their performance was poor or variable and we were given a clear example of action taken by the service in response to concerns around clinical care and time keeping that was raised by service patients.

Coordinating care and treatment

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

- The service had access to patients' GP NHS records. However, due to the limitations of the IT system, the service could not document directly into the patient's record. As a result, the service would record notes from consultations in a separate entry on their own clinical system. The notes would then be sent to the patient's GP practice. The service would not undertake any referrals for patients. Instead the referral information was completed by the service and sent back to the patient's GP practice. The service had developed a failsafe system for referrals (including two week wait referrals, X rays and physio referrals) whereby the senior receptionist would be informed of any of these referrals and contact the member practices weekly to ensure that these referrals had been made.

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 need extra support and would highlight this to the patient's own GP to take forward.
- Where appropriate, staff gave people advice so they could self-care.
- Risk factors, where identified, were highlighted to patients and their own GP so additional support could be given. The service was aware of higher rates of prostate cancer in the local area and had obtained leaflets to display in the patient waiting area to advertise screening.
- 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

Are services effective?

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 and would treat patients with understanding.
- The service gave patients timely support and information.
- Seventeen patient Care Quality Commission comment cards we received were positive about the service experienced and nine were mixed. The positive comments referred to ease of access and the helpfulness of staff at the service. Negative feedback from the mixed comment cards referred to concerns around attitude of reception and feeling rushed during consultations.
- Friends and family data from July to December 2018 indicated that the vast majority of patients were happy with the service provided. For example:
- When asked "How likely are you to recommend the Extended primary care service to your friends or family if they needed similar care or treatment?" almost 98% of patients said they were likely or extremely likely.
- When asked "Did you find the reception staff helpful?" almost 98% said yes.
- When asked "Did you have a good experience coming to the service?" 93% said yes.

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 displayed behind the reception desk informing patients this service was available.
- Patients told us through comment cards, that they felt listened to and supported by staff but some reported feeling rushed during consultations.
- Staff helped patients 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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

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. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. For example, a local cancer charity had met with the service and highlighted concerns around the low uptake of cervical screening. In response the service had changed the skill mix within the service and recruited a nurse to provide cervical screening. The provider engaged with commissioners to secure improvements to services where these were identified. For example, the service had started offering routine appointments in addition to the urgent appointments they were originally commissioned to provide. The commissioners reported that the service had helped to support the burden on the local healthcare economy caused by a nearby practice closing following a CQC inspection.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. For example, the service had a hearing loop for patients who had hearing difficulties and translation services for those who required them.
- The service was responsive to the needs of people in vulnerable circumstances if they were referred to the service. However, the service was not designed or commissioned to meet the needs of patients with complex care needs or those considered vulnerable. The systems and protocols for triage meant that patients with these need would typically not be referred to the service by their own practice. The service would provide feedback to their member practices if they referred patients inappropriately.

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 service operated from 8 am to 8 pm 7 days per week.

- Patients could access the service either as after being referred by their own GP practice or via the NHS 111 service, local accident and emergency services or out of hours services.
- Waiting times, delays and cancellations by the service were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The service sent consultation notes to the patient's own GP in good time to enable the practice to make prompt onward referrals to other services where required. The service had failsafe systems in place to ensure that the need for certain referrals were highlighted to the patient's practice quickly.
- Friends and family data gathered by the service as part of contract monitoring information provided to the CCG indicated that between July and December 2018 96% of patients had a good experience when making an appointment at the service.

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. However, the service's complaint policy incorrectly indicated that patients could only contact NHS England if they were unhappy with the service's response. An updated complaint policy was provided after our inspection. Staff treated patients who made complaints compassionately.
- Nine complaints were received in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way. However, the responses did not include details of organisations that patients could escalate their complaint to if they were unsatisfied with the service's response.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. For example, the service highlighted an issue where incorrect information had been passed to them from a member practice. The service notified the practice of the error and ensured that the issue was dealt with under the practice's own significant event and complaint process.

Are services responsive to people's needs?

- 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. For example, we saw that the service had taken action in response to persistent complaints regarding a member of staff.

Are services well-led?

We rated the service as requires improvement 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.
- Management was accessible throughout the operational period.
- The provider had effective processes to develop leadership capacity and skills, including upskilling staff and 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.

- 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 strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients. The service had undertaken a staff survey. All staff

responded positively to questions around the support provided to them, the ability to raise concerns and whether they found the service a nice environment to work in.

- Leaders and managers provided examples of instances where they had 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 told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All directly employed staff received regular annual appraisals in the last year.
- Clinical staff, including nurses, were considered valued members of the team. They 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.
- The service actively promoted equality and diversity through staff training and recruitment practices. Staff felt they were treated equally.
- There were positive relationships between staff and management.

Governance arrangements

Although the service had a detailed policy framework and clear operational roles and responsibilities in most areas; there was a lack of effective monitoring and assurance systems in respect of recruitment and training and the management of some risks associated with the premises.

- Leaders had established policies, procedures and activities to cover most areas of operations. However, there were a lack of effective systems in place in relation to recruitment, essential training and premises risk management.
- The as a lack of effective governance arrangements for overseeing and obtaining assurance related risks associated with the premises. The service had outsourced the checking of recruitment information to a locum agency and not all appropriate checking

Are services well-led?

information was retained for these staff members of staff that the service employed directly. However the governance and management of patients moving between the service and their member practice promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

The provider had clear systems in place for reviewing and monitoring clinical performance, service utilisation and patient satisfaction. However, there was insufficient oversight of some risks stemming from the premises and recruitment systems lacked sufficient oversight.

The service had a risk register and kept a log of concerns and issues related to the use of the premises. However, the provider did not have adequate assurance systems in place to ensure that all risks associated with the premises had been assessed and mitigated by the third party who was responsible for this. In addition, the provider did not have effective oversight of staff recruitment and information related to the employment of non-clinical staff had not been retained.

The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

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

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The service had only recently implemented a programme of formalised clinical meetings which we were told would now be held quarterly.
- 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. For example, the service began offering nursing appointments to encourage uptake of cervical screening in response to engagement with a local charity who highlighted that uptake of cervical screening in the local area was comparatively low.
- The service gathered feedback from patients through member practice PPG feedback, the CCG and Healthwatch.
- Staff described the service as open and receptive to feedback. The service held team away days and engagement meetings internally, with individual practices and as part of cluster working.

Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance. The service manager had undertaken training sessions at a local secondary care service on how to refer into the service.

Continuous improvement and innovation

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

- The service was continually using data and feedback to improve its service offering and tailoring their appointment provision to the needs of their member practices and patients in the local area. For example, the service reviewed the number of appointments where patients did not attend (DNA) and identified that the highest rate of DNAs were for routine appointments in the afternoon. The service then changed the timings of routine and urgent appointments to best suit patient demand and reduce the number of wasted appointments.
- The service had developed a comprehensive service improvement plan which was last updated in December 2018. The service was in process of developing a system to review their current referral protocols and referrals requested to ensure that these were appropriate. The service development plan outlined a programme of audits including clinical audit, audits to review the types of patients being referred and service utilisation.
- The provider had created an arrangement with a locum agency to create a bank of locum staff which all of their member practices could access at a reduced rate resulting in cost efficiency savings.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The service did not have effective systems and processes to:</p> <ul style="list-style-type: none">• Oversee risks associated with the premises including those stemming from fire and legionella.• Assure themselves that all necessary recruitment and monitoring checks were completed and information was available for all staff working at the service.• Ensure staff have completed all essential training. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>