

# Cumbria Medical Services Limited

## Inspection report

Cockermouth Community Hospital  
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Tel:






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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?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	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? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Cumbria Medical Services on 8 November 2022 in line with our inspection priorities. This is the first time we have rated the service being provided from this address.

Cumbria Medical Services Limited is registered with the Care Quality Commission to provide primary care services to patients in Cumbria.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs. Outcomes for people who used the service were consistently good.
- People were truly respected and valued as individuals and were empowered partners in their care. Feedback from people who used the service was continually positive about the way staff treated people.
- The leadership drove continuous improvement and safe innovation was celebrated.
- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care. There was strong collaboration across all staff and a common focus on engaging with patients and other services to improve quality of care and people's experiences.

We saw several areas of outstanding practice:

- People who used the service were active partners in their care and were consulted at each stage about where and when they would like to be seen. Patients told us they felt reassured and cared for by all staff at the service. As a result, patient feedback about care at the service was highly positive.
- Due to the difficulties experienced in recruiting doctors in Cumbria, the service offered a bursary to local students who wanted to study medicine in order to encourage more people from Cumbria to train as medical professionals. Three people had taken advantage of this scheme this year with 4 accessing it in 2021. They were also funding a dermatology diploma for a local GP to gain more experience in dermatology. In addition, a practice nurse had received the necessary training and mentorship to carry out minor operations.

# Overall summary

- At the time of inspection, the average waiting time was 4 weeks and for some clinic's patients were often seen within 2 weeks, despite the service setting a target of seeing all patients within 8 weeks. Extra clinics were scheduled if waiting times reached 6 weeks, or if patients would have to travel too far to attend. We checked appointment availability during the inspection and saw that there were dermatology and minor surgery appointments times kept free in order to provide flexibility and urgent appointments.

**Dr Sean O'Kelly BSc MB ChB MSC DCH FRCA**

**Chief inspector of Hospitals and interim Chief Inspector of General Practice**

## Our inspection team

Our inspection was led by a CQC inspector.

## Background to Cumbria Medical Services Limited

Cumbria Medical Services Limited is registered with the Care Quality Commission to provide primary care services to patients in Cumbria. The service is run by a team of GPs with specialist interest in minor surgery, dermatology and ophthalmology, supported by consultants.

The service is operated from a head office located at Cockermouth Community Hospital and provides services from within the following sites across the county:

- Arnside House, Sycamore Lane, Carlisle, CA1 3SR
- Cockermouth Community Hospital, Isel Rd, Cockermouth, CA13 9HT
- Keswick Community Hospital, Crosthwaite Rd, Keswick, CA12 5PH
- St. Paul's Medical Centre, St. Paul's Square, Carlisle, CA1 1DG
- Workington Community Hospital, Park Lane, Workington, CA14 2RW
- Victoria Cottage Hospital, Ewanrigg Rd, Maryport, CA15 8EJ

We visited the head office in Cockermouth.

Under NHS contract the service provides a range of minor surgery, ophthalmology and dermatology services, such as hernia repair, vasectomy, carpal tunnel surgery and removal and diagnosis of skin lesions. Patients are seen at the site of their choice (where possible) following referral by their GP.

Cumbria is a largely rural county, with 51% of the population living in rural areas. In terms of patient population, there are above average numbers for all age groups over 50 and below average for all groups below 45. Average life expectancy for both males and females is close to the national average (males 78.6 years, females 82.2, compared to the national average of 78.9 and 82.8 respectively).

How we inspected this service:

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected.
  - information from our ongoing monitoring of data about services.
  - information from the provider, patients, the public and other organisations.
- Is it safe?
  - Is it effective?
  - Is it caring?
  - Is it responsive to people's needs?
  - Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## 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 appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- A Freedom to Speak up Guardian (FTSU) was in place at the service. The role of the FTSU was to provide a route for staff to speak up about issues that concerned them other than through the usual line management structure. The role will help to protect patient safety and quality of care as well as improving the experience of staff who do need to speak up.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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. 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 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## 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 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

## 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. For example, the texting system was used to send pre-discussed treatment plans direct to patient's mobile phones.

# Are services safe?

- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Any samples sent for pathology were checked twice to ensure they were correctly labelled. This process had been implemented following a significant event.
- The service had revised their 2-week cancer wait protocol to ensure patients were seen within a timely manner at the hospital. Staff monitored referrals using a bespoke tracking system. Patients were also written to ensuring they were fully aware of the process and what timescale to expect.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### 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.

## 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. 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. External peer review was in place. For example, the head of plastic surgery from an NHS provider had recently reviewed systems within the organisation. This had led to improvements into how patient consent was recorded.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. At the time of inspection individual clinicians were signed up to receive safety alerts.

# Are services effective?

## 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 (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. The service provided evidence they had followed new guidance on the treatment of femoral hernias.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued.
- Service Quality and Performance reports were produced for each area of the service (for example, dermatology) on an annual basis to measure performance and monitor where patients were discharged following treatment or referred on to another service. These were available on the service's website so they could be viewed by patients.
- Clinical performance was monitored through audit. For example, diagnostic accuracy.
- Post-operative infection rates were monitored. Patients were sent a questionnaire 12 weeks after their operation to ask whether they had sought treatment for a post-operative infection. Of the 3260 patients who attended the service between July 2021 and September 2023, 3 reported a post-operative infection which required antibiotics.
- 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 into fasciectomy under local anaesthetic and adrenaline for Dupuytren's Contracture in a community setting. Fasciectomy is a surgical procedure to alleviate Dupuytren's contracture, a condition that causes one or more fingers to bend towards the palm of the hand. They had also undertaken a glaucoma management audit. All these audits were presented nationally via publication as well as locally to visiting clinicians and internally within the organisation.

## 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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- 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. For example, additional dermatology education sessions had been provided as well as tailored in house IT skills training.

# Are services effective?

- Healthcare assistants were given in-house training in areas such as sterile technique, assisting with minor surgery, and post-operative wound care.

## **Coordinating patient care and information sharing**

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. The written consent form had been digitised and included both verbal and written consent
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and 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 following up on people who had been referred to other services.

## **Supporting 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.**

- Where appropriate, staff gave people advice so they could self-care. The service produced information leaflets and published information on their website to help patients to manage their conditions after treatment and to promote improvement.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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.**

- 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 caring?

**Staff treated patients with kindness, respect and compassion. People were respected and valued as individuals and were empowered as partners in their care. Feedback from patients was positive about the way staff treated people.**

- Patient feedback about care at the service was highly positive. Numerous thank you cards gave examples of times when patients had been treated with kindness, respect and compassion.
- The service had a total of 12 reviews (a combined total for reviews of the service overall and for individual clinicians) on an online website equating to 5 out of 5 stars. There were 2 five-star reviews on an internet search engine.
- 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.
- The service carried out its own surveys. For minor surgery, 450 patients were forwarded a patient survey within the four weeks following their surgery. Of the patients surveyed between April 2021 and March 2022:
- 100% of patients said they were treated with courtesy throughout from reception to clinician;
- 98% of patients said they were given a clear explanation of their condition and treatment;
- 98% of patients said they were extremely likely or likely to recommend the service to their family and friends.

## **Involvement in decisions about care and treatment**

**Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- People who used services were active partners in their care. Staff always empowered people who used the service to have a voice
- 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.

## **Privacy and Dignity**

**The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- The service monitored the premises at which clinics were held and had service level agreements in place with the people responsible for those premises in order to ensure patients' privacy and dignity could be maintained while they were operating at those sites.

# Are services responsive to people's needs?

## **We rated responsive as Outstanding because:**

- People could access appointments and services in a way and at a time that suited them. This was because the provider facilitated direct access and joint working with secondary care and GP practices.
- The service used the same pre-operative assessment as local hospitals. This meant if the patient did not meet safety thresholds and required their minor operation to take place in a hospital setting, they did not have to repeat their pre-operative assessment. The impact of this was less waiting time for them in secondary care.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

## **Responding to and meeting people's needs**

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

- The service understood the needs of its population and tailored services in response to those needs (for example: online services, advanced booking of appointments, and advice for common ailments treated by the service.)
- The service was able to tell us about how they had responded to the needs of individuals. For example, on speaking to one patient they had recognised that self-employed people were unable to attend appointments during the week as they would lose money due to being unable to work. The service started identifying self-employed people and offered them additional weekend clinics.
- The service had service level agreements in place to ensure that facilities and premises were appropriate for the services delivered.
- Translation services and hearing loops were available at all sites used by the service.

## **Timely access to the service**

### **Patients were able to access care and treatment from the service within an appropriate timescale for their needs. Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.**

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The service aimed to see all patients within 8 weeks of referral. At the time of inspection, the average waiting time was four weeks, however, for some clinics they were often seen within two weeks. Extra clinics were scheduled if waiting times reached six weeks, or if patients would have to travel too far to attend. We checked appointment availability and noted additional appointments were kept open to ensure there was always access available for urgent referrals.
- The service aimed to deliver care as closely as possible to the patients' home, offering services from 6 different locations across the county. Patients could choose the venue and the time of appointment that was most suitable to their needs.
- There was no set length for appointment times, instead referrals were assessed by clinicians and appointments were set depending on the complexity of the case. Therefore, longer appointments were available for anyone who needed them, and appointments for new patients were often longer to give time for a full assessment.
- The service made reasonable adjustments when patients found it hard to access services. For example, telephone consultations enhanced by the ability to send and receive photographs.
- Patients with the most urgent needs had their care and treatment prioritised. There were same day appointments available for those who urgently needed them. Patients could request an earlier appointment if they felt they needed one. Patients we spoke to told us this was often accommodated.

# Are services responsive to people's needs?

- The service employed a team of administrators who answered calls and made bookings. There was a cancellations board in the central office where bookings were made. This meant that as soon as an appointment was cancelled it could be offered to another patient.
- Patients could email the service through the website. These emails were monitored daily and responded to promptly.
- The service provided additional clinics to avoid waiting lists.
- The service operated from 8.30am to 5pm from Monday to Friday. However, they did provide additional clinics at weekends in order to ensure patients were able to access care within the 8-week target. In the months prior to inspection the service had put on extra dermatology and minor surgery Clinics as they felt they had a duty to their patients to do this. They had also run additional ophthalmology clinics to ensure they remained within NICE guidelines for the treatment of glaucoma.
- We saw positive feedback from patients who highlighted the benefits of having a choice of locations where they could be seen, reducing the need to travel for services in an area with low provision of public transport. We saw examples of cases where the level of access provided by the service had resulted in patients avoiding hospital admissions.

## 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. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, as a result of a complaint all patients who had a punch biopsy had a suture to ensure it remained closed.

# Are services well-led?

## **We rated well-led as Outstanding because:**

- There was strong collaboration across all staff and a common focus on engaging with patients and other services to improve quality of care and people's experiences.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality, person-centred care.
- Rigorous and constructive challenge from people who used services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.
- The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

## **Leadership capacity and capability**

### **The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.**

- Leaders 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.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The provider funded a diploma in dermatology training for individuals and developed other professional to carry out minor operations

## **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 based on 'duty' and 'doing the right thing'. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were fully aware of and wholly understood the vision, values and strategy and their role in achieving them. To support this there were monthly staff meetings, regular training days and just prior to our inspection there had been a team building day at a local outdoor centre.
- The service monitored progress against delivery of the strategy and engaged external independent professionals to support this process.

## **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.
- 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.
- A Freedom to Speak Up Guardian had been introduced providing an alternative avenue for staff to speak up.

# Are services well-led?

- Staff told us they could 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 need. This included appraisal and career development conversations. All staff received regular annual appraisals. 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. Staff had received an additional cost of living payment to help them manage along with a mileage allowance increase. In addition, to support staff well-being in a very practical way the provider had purchased medical insurance, including dental treatment for all staff.
- 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 very 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 by all and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. Members of the administrative booking team had their own lead areas for which they were responsible.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There were monthly service meetings with the service manager and the three lead partners. The meetings covered all aspects of the service ensuring the senior leadership team were fully aware and invested in operational matters. This enabled them to make swift decisions in response to changing needs. For example, facilitating additional clinics. The service had relied heavily on the senior leaderships team ability to respond quickly during COVID-19. In the initial phases of the pandemic staff were redeployed at short notice to support the NHS.

## 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 processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.
- There were service level agreements in place to ensure that facilities and premises were appropriate for the services delivered.

## Appropriate and accurate information

# Are services well-led?

## **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 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. There was strong collaboration across all staff and a common focus on engaging with patients and other services to improve quality of care and people's experiences.**

- Rigorous and constructive challenge from people who used services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.
- 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 was transparent, collaborative and open with stakeholders about performance. Service Quality Reports, which detailed performance in each of the key areas of the service, were publicly available on the service's website.
- The service was keen to work with other services to share the knowledge they had in their areas of expertise. To this end, the service encouraged GPs and GP trainees to come in and shadow their staff. Physiotherapists were able to refer directly to the service which had been so successful carpal tunnel surgery had increased.
- GPs, GP trainees and general surgery registrars were regularly invited to observe clinicians at the service to promote learning.
- The service had promoted their model for community-based surgery to other clinical commissioning groups and providers from across the country who had expressed an interest.
- Due to the difficulties experienced in recruiting doctors in Cumbria, the service offered a bursary to local students who wanted to study medicine in order to encourage more people from Cumbria to train as medical professionals. In 2021 they had 4 successful applicants for the bursary. They had also funded a dermatology diploma for a local GP to gain more experience in dermatology.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

## **Continuous improvement and innovation**

**There were systems and processes for learning, continuous improvement and innovation. The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.**

# Are services well-led?

- There was a focus on continuous learning and improvement at all levels within the service. Performance was continually monitored to look for ways to improve, and the results of audits which had led to improvements were presented to external agencies, such as integrated care boards.
- The clinical staff had written a paper in 2020 which was published internationally. It outlined evidence that moving minor surgery from a hospital to a community setting gave better outcomes for patients and was more cost effective. Subsequently one UK hospital had adopted the model with a further organisation showing interest.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, following an incident where a patient had waited longer than 2 weeks following a cancer referral the service had implemented their own bespoke tracking system. Referrals were now checked by the service every 7 days to ensure no-one was missed. Patients were kept informed as to the progression of their referral. This reduced the burden on patients to contact the service if they had not heard from secondary care in a timely manner.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The provider had identified that space in their new facility therefore they offered out their clinic rooms at to the local lymphoedema team who used their facility a few days every month. In addition, a camouflage make up service was also taking advantage of rooms in the building. The provider offered all this free of charge to ensure that the facility was maximised for the benefit of patients.
- The service offered a range of in-house learning to their staff, such as teaching sessions on dermatology for clinicians.
- The service had been in conversation with a local acute hospital to discuss the possibility of moving towards an integrated dermatology service.
- The service continued to expand and treat more patients, they hoped to be able to support local hospitals in bringing down the numbers on their post COVID-19 waiting lists.