OWLS West Lancashire GP Federation

Inspection report

20 Dingle Road
Upholland
Skelmersdale
Lancashire
WN8 0EN
Tel: 01704 736053

Date of inspection visit: 25 April 2019
Date of publication: 29/05/2019

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?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at OWLS West Lancashire GP Federation on 25 April 2019. This was the first inspection of this extended hours service. Our inspection included a visit to the service's headquarters and to one of the locations where the service operated.

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. It ensured that care and treatment was delivered according to evidence- based guidelines.
- There was a strong focus on quality improvement. Audit was meaningful and informed by service outcomes.
- 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. Patient feedback on the service was consistently positive.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. Integration with GP practices was central to the organisation aims and values.

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. The team included a GP specialist adviser and a second CQC inspector.

Background to OWLS West Lancashire GP Federation

The provider, OWLS West Lancashire GP Federation is a healthcare federation created by an amalgamation of fifteen GP practices. The service was formed in 2017 when the provider, a GP membership community interest company previously registered to provide out of hours services in West Lancashire, transitioned to a federation. The service operates under a contract with the West Lancashire clinical commissioning group (CCG) and provides healthcare services to all residents in the CCG (sixteen GP practices); approximately 115,000 people.

The service headquarters is located in a GP practice premises in the Matthew Ryder Clinic at 20, Dingle Road, Upholland, Skelmersdale, Lancashire, WN8 0EN.

The service provides patient appointments to support primary care services by enabling patients to obtain a pre-booked appointment outside of their own practice's core opening hours. Appointments can be booked through a patient's own GP practice or the NHS 111 service and are available seven days a week, between 6.30pm to 8pm Monday to Friday, and 10am to 2pm on Saturday and 10am to 1pm on Sunday. The service does not accommodate walk-in patients.

Surgery sessions are run from five GP practice sites on a rota basis. These sites are in Ormskirk at the Ormskirk Medical Practice,18, Derby Street, L39 2BY, Skelmersdale at the service headquarters, the Sandy Lane Health Centre at WN8 8LA, the Birleywood Health Centre in Birleywood, WN8 9BW and the Burscough Family Practice, Burscough Health Centre, Stanley Court, Lord Street, Burscough, L40 4LA. For this inspection we visited the provider headquarters and the Burscough Health Centre service during the operation of the evening surgery.

The service weekday surgeries operate using either advanced nurse practitioners or GPs to offer patient appointments, and weekend surgeries are staffed by a team of GPs, advanced nurse practitioners, practice nurses and healthcare assistants. Receptionists offer support to these surgeries during their operation. A team of managers and administrative staff also supports the service.

GPs are generally sourced from local practices. The service comprises of a team of 12 regular active local GPs, three of whom are also service clinical directors, three advanced nurse practitioners, three practice nurses and five healthcare assistants supported by five service managers and six reception and administrative staff.

The provider also holds service agreements to act as a pilot service for patient social prescribing and an enhanced nursing home scheme operated through GP practices. This report covers the provision of the extended access service only.

The provider is registered to provide two regulated activities; diagnostic and screening procedures and treatment of disease, disorder or injury.

Good

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 a memorandum of understanding (MOU) with each of the providers at the locations used to deliver services. This included agreement that necessary health and safety risk assessments were in place for each location. We saw folders kept for each location recording evidence against the MOU to give necessary assurance. There was also a health and safety folder in place for the service headquarters site containing risk assessments, including those for fire safety, electrical equipment testing, clinical equipment calibration and cleaning logs.
- 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. One of the GP clinical directors was also the GP safeguarding lead for the clinical commissioning group (CCG). We saw the service conducted regular safeguarding audits. The provider was aware of patients who had been identified as vulnerable and gave us examples of where safeguarding concerns had been identified. We saw staff who had experienced these concerns were given support and advice. All safeguarding contacts with vulnerable patients were reported as significant events.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The provider had developed a template for recording information in the electronic patient clinical record system that could be used to produce a safeguarding report when needed for other agencies. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff had trained in equality and diversity.
- 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). Staff contracts compelled staff to keep the provider informed of any changes in status and all staff DBS checks were renewed every three years.
- There was a spreadsheet in place online that recorded staff membership of professional bodies and medical indemnity as well as staff immunisation status to ensure these were always up-to-date.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Not all practice nurses were trained to safeguarding level three, but the provider was aware of new best practice guidance and told us they were working to achieve this. Staff who acted as chaperones, including clinical staff, were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The provider MOU with service delivery locations included a requirement to do regular IPC audits and one of the service practice nurses was the IPC lead who carried out additional IPC audits to ensure compliance. The IPC lead also carried out hand washing training for service staff.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence in premises' MOU files of checks of facilities and equipment that were used by the provider. There were systems for safely managing healthcare waste.
- There was a checklist in place for reception staff to ensure premises and equipment were prepared before surgeries started and then to ensure all was left safely when leaving the building.

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 and gaps in service provision. The provider

rarely needed to use temporary, locum staff and when they did, we saw it was generally the same staff employed. The service had only needed to employ one locum GP in the past year on one occasion.

- There was an effective induction system for temporary staff tailored to their role. There was a comprehensive compliance checklist in place, an induction file of information and staff told us they would invite new temporary staff into the service early to ensure they had a thorough induction.
- All clinicians had an individual logon for the computer system. This ensured no patient-identifiable information was left on the computer when they logged off.
- 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. Reception staff had trained in the recognition of symptoms of sepsis and there was comprehensive information available to recognise emergency situations in staff information files in all the service delivery locations. The provider had recognised during a risk management review the sepsis alert tool was not available on the patient clinical record system. They contacted the system supplier and the tool was uploaded.
- In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits. Staff booking patient appointments were provided with a matrix showing which clinical staff member was suitable for which patient need.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety. There was a comprehensive business continuity plan in place. This had been summarised for staff into a one-page step-by-step flow diagram which set out immediate actions to take in the various emergency situations. There was a business continuity file in place at each of the service delivery sites which included policies and procedures and paper forms and stationery to use in the event of IT failure.

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. Data-sharing agreements with all patient practices allowed the provider to access patient electronic records and update them accordingly. Secondary care test results were not accessible to clinicians. Staff told us they would not proceed with prescribing high-risk medicines if these results were needed and would make recommendations to the patient's own GP instead in this situation.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There were systems in place to deal with all forms of communication to and from the service. Service protocols were available to all staff on the shared computer drive. There was also a useful contact list for staff online and in hard copy. There were first-point-of-contact names and contact details for every GP practice if needed. The service ensured the patient's own GP received confirmation when a patient had been seen in an extended hours appointment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. All referrals were managed to ensure patients were given appointments in a timely way and were seen, including two-week wait, urgent appointments.

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 location MOUs included regular monitoring for these and we saw evidence of the checks that had been undertaken. The provider had identified some gaps in checks in one location and was implementing checks of its own to ensure compliance with requirements. We saw clinicians had a list of emergency drugs available with indications for use. Any emergency medicine used was reported as a significant incident and the appropriate practice manager informed.

Good

Are services safe?

- The service kept prescription stationery securely and monitored its use. There was a locked box in every service delivery location and we saw monitoring records.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Audits were carried out to identify reasons for any identified increases in prescribing and to ensure prescribing complied with medicine safety alerts.
- Staff prescribed or administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service did not stock or provide medicines directly to patients. Patients requiring certain injections were required to bring the medicine to the clinician for use.
- The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in reviews of their medicines when necessary.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms. We saw an example of immediate prescribing which had been reported as a significant event.

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 quality improvement plan in place that was regularly reviewed, and reports of activity were comprehensive and used to monitor progress against provider and contractual targets.
- There was a system for receiving and acting on safety alerts. Alerts were kept on the service shared drive and shared with clinicians.
- Joint reviews of incidents were carried out with partner organisations, including patients' own GP practices, the NHS 111 service and urgent care services.

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. The service encouraged staff to report any incident and made various methods of communication available to staff to support them. There was a significant event form stored on the shared computer drive and staff could use this and/or email, use the online group communication facility or directly contact a service administrator or manager. Incidents were shared at quarterly staff meetings and were a standing agenda item. Any changes brought about by an event were shared immediately with staff. During the year before our inspection, staff had reported 50 incidents, of which 18 of the more serious incidents had been escalated to the service risk register for board discussion.
- 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, staff had identified patients sometimes did not attend for their appointment. The service introduced a system to use an administrator to contact patients by telephone before their appointment. When this did not prove effective, the provider introduced a new system to automatically send a text message reminder to patients and this had the effect of reducing missed patient appointments. Also, the system for patients who were attending for blood tests was reviewed and improved to ensure patients brought a blood form with them when attending.
- 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.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. For example, the procedure to collect blood samples from locations and transport them to the hospital was discussed with transport collection services to remodel collections and ensure samples were safely stored and delivered. Also,

Good

Are services safe?

when patients were incorrectly booked for appointments with the service, staff held discussions with practice managers at the identified locations to try to prevent it happening again.

Good

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- The provider had developed protocols and procedures for administration processes associated with care and treatment such as cervical cytology.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. If patients needed referral to other services, these were made in a timely way; this included referral to social care services which were accessed by a new single point of access via the computerised patient clinical system. Staff had trained in dementia awareness.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, patients could be referred on to other services such as the mental health team or back to their own GP for continuation of care. We saw examples where patients had been referred to safeguarding services. The patient's own GP was routinely notified following attendance at the extended access service. There was a regular Monday meeting for staff to discuss surgeries that had taken place over the weekend.
- The patient's own GP was notified by letter if the patient did not attend their appointment.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider reviewed clinician prescribing and ensured it met best practice. If any concerns were identified, staff made further enquiries. For example, in June 2018, staff found Diazepam was the fourth most frequently prescribed medicine and had been issued eight times (Diazepam is a medicine used for its calming effect and can be addictive if used for a long time). A GP reviewed all issues for the medicine and found they had all been appropriately prescribed.
- There was a system in place to identify patients with particular needs, for example vulnerable or palliative care patients, and care plans were in place to provide the appropriate support.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the service audited the referrals made to the urgent two-week-wait service during the year March 2018 to February 2019 to determine how many had resulted in a diagnosis of cancer. The audit found that only four of the 71 referrals made were diagnosed as cancer. Clinicians were seen to be following best practice guidelines. Where appropriate clinicians took part in local and national improvement initiatives such as auditing the use of antibiotics. Clinicians were reminded of the guidance for prescribing antibiotics and asked to ensure best practice guidelines for prescribing were easily available for reference.

- The provider held a contract with the local clinical commissioning group (CCG) and was required to report monthly to the CCG on their performance against the contract standards which included appointment utilisation, clinicians seen, referrals made to other services, medicines prescribed, types of services provided, patient feedback, staff training and patient non-attendances. The service produced a newsletter each month for staff based on these reports.
- The service was generally meeting its locally agreed targets as set by its commissioner. We saw figures for February and March 2019 that showed approximately 95% of all appointments had been booked for patients.
- The provider monitored and reported on the quality of clinician consultations. They used best practice standards to audit four GP consultations and six nursing staff consultations each month. There was also a random secondary audit by clinical directors to assure

audit quality. Results were discussed anonymously in clinical governance meetings. Outcomes below 70% were subject to a second review and if necessary discussed with the clinician concerned.

- Where the service was not meeting contract criteria, the provider had put actions in place to improve performance in this area. For example, when the service found the level of patient non-attendance for booked appointments was high, they purchased a text-messaging system that could be used to remind patients of the time and location of their appointment and allow them to cancel if necessary. We saw this reduced patient non-attendance figures by 83% in August 2018 compared to March 2018.
- The service used information about care and treatment to make improvements. The NHS 111 service was given the opportunity to book patient appointments as well as the patient's own GP practice in December 2018. The provider gave a proportion of available appointments to the 111 service and monitored appointment availability closely. If appointments allocated to GP practices were not booked, they offered them to the 111 service.
- The service made improvements using 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. Following a significant incident when patient-identifiable information was left in a service-delivery location in error, all staff were reminded to use the closing-up checklist to ensure this did not happen again. Also, when the wrong patient was booked into an appointment, the patient's GP practice manager was contacted and asked to remind staff to check the correct patient was booked in future.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as premises details, health and safety arrangements, fire safety, infection prevention and control, personal safety and contractual arrangements. There was a list of mandatory training to be completed or staff had to supply evidence of training for subjects including safeguarding training, basic life support, equality and diversity, chaperone, information governance and sepsis awareness training.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. When advanced nurse practitioners were working on site without GPs, there was medical support available immediately when needed by using the provider online communication system; there was a rota for the three GP directors to be on call for support.
- 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. We saw a spreadsheet that detailed all staff training. At the time of our inspection, this showed overall 97% completion of mandatory training. Staff were encouraged and given opportunities to develop. The provider was introducing a framework for healthcare assistants to allow them to develop further competencies. There was a "buddy" system to enable these competencies to be signed off as safe.
- Staff were provided with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Managers conducted 90-day challenge meetings with staff. This allowed staff to discuss performance and set challenges for the next three months to be reviewed at the next meeting.
- The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. The advanced nurse practitioners were prescribers whose practice was regularly reviewed by GPs.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

Good

Are services effective?

- The provider held multi-disciplinary team meetings quarterly, which allowed the service to be discussed regularly. There were weekly meetings for managers and administration staff, monthly quality improvement meetings and quarterly board meetings. Staff reported communications within the service were good and said they felt well-informed.
- The provider ensured that details of any treatment provided to patients was recorded electronically in the patient's own medical record via the shared electronic medical record software, to ensure continuity of care. Staff told us continuity of care and integration with other services was of paramount importance.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services. All referrals made were followed up by the service to ensure an appointment had been given and the patient had attended.

Helping patients to live healthier lives

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

- The service identified patients who may be in need of extra support. There was a single point of access for referrals for patients with social care needs where these could be assessed, and referral made to the most appropriate social care services. There were approximately 300 different social care services available to patients locally in Lancashire.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. Clinicians carried out health checks to identify potential long-term conditions requiring further care and treatment.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Staff training in consent issues was part of staff mandatory training. All patients were required to consent to the GP viewing their clinical record and this was recorded.
- 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.

Good

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff training in equality and diversity was mandatory for staff every two years.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. All staff were required to train in the mental capacity act (MCA) and the deprivation of liberty standards (DoLs) every two years.
- All of the 50 patient Care Quality Commission comment cards we received were positive about the service experienced. Three of the cards included a negative comment but these did not relate directly to the service. This was is in line with the results of the Friends and Family Test (FFT) and other feedback received by the service which was very positive.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Every location provided a staff folder which contained a card to support staff in identifying the patient's language. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. The service leaflet was also available in Braille and in Lithuanian, a recognised language for some groups of patients.
- Patients told us through comment cards, 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times. We saw examples of potential issues with information governance that had been dealt with appropriately in a timely way and, where necessary, offering an apology to the patient concerned.
- 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.

Good

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. The organisation provided services across the area of West Lancashire and ensured the service-delivery sites were situated for the most appropriate patient access geographically. The provider engaged with commissioners to secure improvements to services where these were identified.
- The service had a monitoring system that enabled them to determine which practices were booking in patients to be seen at the service. This allowed the service to ensure that there was a fair distribution of appointments per location and that GP practices were complying with booking rules, this also applied to the NHS 111 service. If appointments were not booked by a certain time, they were made available where there was most need.
- The provider improved services where possible in response to unmet needs. It had been identified one area of West Lancashire had low rates of cervical cytology screening and this was introduced to the service for those patients who found it difficult to attend during normal working hours. The provider monitored the type of appointment offered by the practice nurses to assess patients' needs. We saw cytology screening was shown as one of the highest reasons for attendance at nurse appointments. Staff told us they planned to extend the scope of treatment offered by nurses following a review of competencies. There were also plans in place to further train healthcare assistants.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. There were alerts on the clinical record system to raise clinician awareness and full access to any care plans in place. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. In the event that a surgery session had to be cancelled, for example because of unexpected clinician illness, staff contacted patients and arranged for attendance at another surgery at a suitable location.
- The service was responsive to the needs of people in vulnerable circumstances. We saw examples of referrals made to safeguarding services and timely communications with the patients' own GP. For one example, there was discussion between the clinician involved and the service safeguarding lead to ensure the process was followed appropriately.

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 Monday to Friday from 6.30pm to 8pm, on Saturday from 10am to 2pm and Sunday from 10am to 1pm.
- Patients could access the extended access service via NHS 111. The service did not see walk-in patients and a policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority. We heard of examples where patients who had walked into the service had been dealt with appropriately and these had been reported as significant incidents.
- The reception staff had a list of emergency criteria in the staff folder they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response.
- Waiting times, delays and cancellations were minimal and managed appropriately, mainly due to patients being booked into an allocated appointment with clinician. The receptionists informed patients about anticipated waiting times if necessary.
- Patient comment cards told us the appointment system was easy to use. Patients praised the service and the staff and said how much they valued it.

Good

Are services responsive to people's needs?

- Referrals and transfers to other services were undertaken in a timely way. Clinicians recorded referrals for patients at the time of surgery session and sent a "task" to an administrator to ensure the referral was done as soon as possible; the next day during the week and on a Monday for weekends.

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. There were complaints leaflets available at each site in the staff folder and a comprehensive complaints policy in place.
- The complaint policy and procedures were in line with recognised guidance. Only one complaint was received in the last year. We reviewed the complaint and found it had been satisfactorily handled in a timely way. The complaint had been discussed at a service clinical governance meeting.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. When issues were raised related to service procedures, we saw action was taken to address these. For example, the procedure for requesting blood tests and receiving test results was reviewed when a result did not arrive back at the patient's own GP practice. It was found an old test request form had been used and all supplies of these were destroyed.
- 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, when a patient reported to their GP the extended hours service had been closed when they attended for an appointment, the service investigated what had happened. Staff found blinds at the front of the practice had been closed which had given the surgery a closed appearance. It was arranged for them to be left open in future.
- Every patient who attended the service was given a patient feedback form. These were collected and reported monthly as part of the service contract with the clinical commissioning group (CCG) and were also discussed at service meetings. We saw results of patient satisfaction recorded from April 2018 that indicated very high levels of patient satisfaction with the service.

Good

Are services well-led?

We rated the service as good 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. The clinical directors were GP partners in local GP practices and represented the three locality neighbourhoods in the federation. To support the board, there was also an independent non-executive director and a chief executive officer. All leaders had many years of experience of leadership, governance and working in the NHS.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. Two of the service managers had recently completed a six-day leadership course. The staff 90-day challenge process which set goals and objectives for the next three months was useful in achieving staff development.

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 provider told us the core values were "openness, authenticity, trust, courage and drive". The service had a realistic strategy and supporting business plans to achieve priorities. The provider was planning to transition from a federation to a Primary Care Network (PCN) in line with the national NHS programme for service development.
- 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. There were regular locality and board meetings to discuss service delivery and identified risks.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values. Communication systems were comprehensive and inclusive.

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. We saw examples of apologies offered to patients when mistakes had been made, such as when a prescription was issued for the wrong patient. 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. The provider asked all staff to raise any incident as a significant event, however small.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All provider core staff received regular annual appraisals in the last year and had 90-day challenge meetings to agree goals for the next three months. Staff who were self-employed and worked for the provider, were required to produce evidence an appraisal had been conducted in their regular practice employment. There were face-to-face meetings and supervision for clinical staff when appropriate. Leaders spoke with healthcare assistants to produce a development plan and nurses were supported in using existing skills within the service. Staff were supported to meet the requirements of professional revalidation where necessary.

Good

Are services well-led?

- 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. We spoke with a practice nurse who told us there had recently been a pay review which had resulted in a lower rate of pay for self-employed staff; this had caused two members of the team to leave. Managers told us they regretted staff decisions to leave and the pay reduction was to reflect local pay structures.
- There was a strong emphasis on the safety and well-being of all staff. Staff we spoke with told us of instances when they had been supported in difficult times by managers. Managers said they prioritised staff wellbeing. Staff were allowed flexibility in working arrangements and all core administration staff were able to work either on site or remotely.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff we spoke with told us they worked well as a team and supported each other.

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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The service had developed a clinical governance framework that incorporated internal and external drivers. For example, internal drivers included significant events, quality audit, patient feedback, risk management, and contract compliance. External drivers included national and local guidance and standards, opportunities for development and national legislation. Each monthly clinical governance meeting produced an action plan that was reviewed at the next meeting.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. There were lists of roles and responsibilities in staff files at service-delivery sites.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were stored on the service shared drive and all staff were able to access them.

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 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. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at management and board level. Performance was shared with staff and the local clinical commissioning group (CCG) as part of contract monitoring arrangements; a monthly newsletter was produced for staff.

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. There was a business continuity folder at every service-delivery site.

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 and staff.

Good

Are services well-led?

- 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. Performance data informed the selection of clinical audit topics and quality improvement work.
- The service used information technology systems to monitor and improve the quality of care. Online communication systems were used to good effect with the ability to instantly report concerns or offer support.
- The service submitted data or notifications to external organisations as required.
- There were sound arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Any potential breach of confidentiality was reported as a significant incident and escalated to the risk register.

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. Staff we spoke with told us they had suggested trialling earlier surgeries on Saturdays and the provider had done this to see whether this worked better. The provider had also recognised there was a problem with the system for cancelling patient extended hours appointments. They arranged for the online clinical record system to be changed, so the patient's own practice could cancel appointments with the extended hours service for patients if needed.
- Staff were able to describe to us the systems in place to give feedback. They had been consulted formally using a staff survey and were able to comment at any time on the online instant communication system. They also told us they could use email or "task" staff on the clinical record system. There were comprehensive telephone contact lists for staff in place. Staff who worked remotely were engaged and able to provide feedback through the same systems. We saw evidence of the most recent staff survey which was being collated and reported at the time of our inspection.
- The service was transparent, collaborative and open with stakeholders about performance. There were regular locality meetings with GP practice staff and clinicians and meetings with the CCG.

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. The provider had identified gaps in the online patient clinical record system and had worked to address these; the sepsis alert tool had been installed, a new safeguarding report template had been developed and integration with GP practices was improved.
- The provider was acting as a pilot organisation for the single point of access social prescribing service. This allowed for referrals to be made to a service which assessed patients' needs and then referred to the most appropriate social care services.
- Staff knew about improvement methods and had the skills to use them. They used a 90-day challenge system to improve staff performance and develop new skills.
- The service made use of reviews of incidents and complaints. Learning was shared and used to make improvements. There were regular, structured quality improvement and governance meetings that were used to identify risks and shape services.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. Staff were encouraged to participate in service development whenever possible; the provider was open to suggestions for improvement.
- The provider had worked over the last two years, since the implementation of the service, to integrate with the GP practices it served. The service met regularly with GP practice staff and clinicians and developed effective communication systems to ensure an integrated service for patients.