

# Washington Primary Care Centre

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

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 Washington Primary Care Centre on 16 January 2020 as part of our comprehensive inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

- The provider was committed to empowering people who used the service to have a voice. They had devised a software solution to collect patient feedback and this was beginning to shape the way services were delivered. In particular, women's services such as cervical smears were being piloted as a result of the feedback received.

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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 advisor.

## Background to Washington Primary Care Centre

Washington Primary Care Centre is registered with the Care Quality Commission to provide NHS Out of Hours services. The service provides an extended GP access service from Washington Primary Care Centre, Parkway, Washington, Tyne and Wear, NE38 7QZ.

The provider of this service is Sunderland GP Alliance which is a federation of 35 practices in the Sunderland area. The provider has five extended access services which are registered with CQC. As part of this inspection we inspected three of the services on the same day;

- SGPA Extended Access East, Borough Road, Sunderland, SR1 2HJ.
- Houghton Primary Care Centre, Brinkburn Crescent, Houghton Le Spring, DH4 5GU.
- Washington Primary Care Centre, Parkway, Washington, Tyne and Wear, NE38 7QZ.

The administrative records for all of the services are held at Borough Road, Sunderland.

All three of the services we visited are located in buildings which are owned by NHS property services in which they have their own dedicated accommodation, they are primary care centres. The services inspected had dedicated disabled parking and access, and all services were on the ground floor. There was a car park close by.

The service directly employs some of the managers and administrators in the service. Most of the staff who work there are employed by the GP practices who are part of the federation and are employed as sessional staff. The service does not use locum staff.

The service provides extended GP access appointments via;

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

The service is led by GPs. There are advanced nurse practitioners working in the service, who are all medical prescribers, and health care assistants. The times the service is provided are as follows:

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

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

# Are services safe?

**We rated the service as good for providing safe services.**

## Safety systems and processes

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

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

## Risks to patients

- There were systems to assess, monitor and manage risks to patient safety.
- There were arrangements for planning and monitoring the number and mix of staff needed. Staff were

sessional staff directly employed by the service, most of them worked in the practices which made up the GP federation. Locum staff were not used. The way the rotas worked meant that extra staff could be brought in to deal with peak demand such as holiday periods and surges of demand from A&E and GP surgeries.

Administrative staff were recruited who had existing knowledge of working in a GP practice and of the clinical system. The service used a software package to manage the rotas and staff could log onto it to arrange their shifts. They could run audits from the software to manage staff.

- There were strict procedures in place for the streaming of appointments between NHS 111, the GP practices and the emergency department at the hospital.
- There was always a hub manager on duty in for the five locations when the service was open. The hub manager not only managed any surges in demand but would bring patients appointments forward where possible by actively managing the appointment system, particularly in relation to vulnerable patients.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical 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.

## 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.

# Are services safe?

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The service used a facilities management company to help with this.
- The service monitored and reviewed activity. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

- Joint reviews of incidents were carried out with partner organisations, including NHS 111 service and the local clinical commissioning group.

## Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The significant event process was included in the provider's clinical governance framework. We saw examples minutes of where significant events were discussed at clinical governance meetings.
- We saw an example of a significant event where a task could not be sent via the clinical system to the patients usual GP due to an IT failure. The service reverted to email to contact the patients' GP practice to notify them the patient had attended their service.
- The service learned from external safety events and patient safety alerts. The provider had a senior pharmacist who managed all of the alerts. They sent them to the hub managers and assisted with carrying out any audits necessary as a result of the alerts. Updates on alerts were included in the bi-monthly newsletter for staff.

# Are services effective?

**We rated the service as good for providing effective services.**

## Effective needs assessment, care and treatment

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

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

## Monitoring care and treatment

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

- From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically

effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which includes: audits; whether and face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality.

- Targets set locally were;
- A minimum data set for patients which included identity details of the patients, appointment details, how they were booked in the service and the clinical details of the consultation.
- They had to produce a monthly provider quality and performance report. This included details of appointments available and booked, those who did not attend (DNA), utilisations of the five services, if the appointment was booked via NHS 111 or a GP practice and activity at the minor injury services by site which included the number of appointments for x-ray.
- The provider used results from their digital 'Voice of the Patient' software dashboards to deliver improvements, to use patient feedback to improve services.
- A summary of the quality and performance dashboards in November 2019, for all of the provider's extended access services, showed that take up of the service had improved in the last eight months by 655 appointments (they offered 44,000 per year). Utilisation rates of the appointments were between 67% and 88%. The service was fully utilised Monday to Friday with no appointments left on those days by 4pm. The poorer utilisation rates tended to be on a Sunday. Work was underway to reduce DNA rates (which were currently 9%).
- 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.
- The provider had carried out an audit of young persons with mental health issues aged under 18 who had used the service. There were four patients and the results showed that no medications were prescribed during the consultations, appropriate sign posting was utilised, and no concerns were identified.
- The service carried out an audit of 10% of all clinical consultations and individual clinicians were given feedback.

# Are services effective?

- An audit of the hours staff were working between the extended access service and their own practices had been carried out to ensure staff were receiving adequate breaks and were compliant with working time directives.
- An audit was carried out of the prescribing of an anti-depressant medicine.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as policies and procedure, emergency panic button and use of equipment.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Training from the member of staff's 'home' practice was accepted and documented. The practice had records of training for every member of staff and each job role. They had submitted a training compliance report to the clinical commissioning group in August 2019.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. We saw examples of staff appraisals. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, 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 the patient's GP practice so that they were aware of the need for further action and to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.

- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. This was helped by almost all of the GP practices the service covered, having the same clinical system and notes which could easily be shared. The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

## Helping patients to live healthier lives

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

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

## Are services effective?

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



# Are services caring?

**We rated the service as good for caring.**

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. The hub managers who managed the appointment queues could make staff aware of those who needed extra support. If they had appointments available but patients had mobility problems they had an account with a local taxi firm which they could use to bring patients to their appointment if needed.
- From each service we received Care Quality Commission comment cards as follows;
- SGPA Extended Access East – 139 cards which were wholly positive and included comments such as excellent service, very good, caring, efficient and friendly, and prompt and quick service.
- Houghton Primary Care Centre – 91 cards, of which 89 were positive, comments were similar to the above. Patients mentioned there was no waiting for appointments and told us they had received a fantastic service. The two negative comment cards contained unrelated issues.
- Washington Primary Care Centre – 17 cards of which 16 were positive, similar comments as above.
- The provider had improved how they collected feedback from patients. Originally this was paper-based. They then progressed to designing a software solution with a market research company. Feedback was collected via a tablet device which inputted the information into a live dashboard display and was called 'The Voice of The Patient'. The provider was keen to collect feedback and hoped to be able to explore the uptake rates, review the impact the service had had on access to primary care appointments, and ultimately to improve the service.
- Feedback from patients, from this survey, for six months between July and December 2019 saw;

- 100% of patients would recommend the service to their family and friends.
- 99% were satisfied with the service.
- Comments were positive and in keeping with the comments in the CQC comment cards.
- The feedback from patients was laminated and displayed at all of the sites we inspected.
- The service had been nominated in the forthcoming Health Service Journal awards for an award for the 'Voice of the Patient'.

## 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, including in languages other than English, informing patients this service was available. 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.
- 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.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.

## Are services caring?

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

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## Responding to and meeting people's needs

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

- The provider understood the needs of their population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified.
- Information received by the service from Healthwatch suggested that the patients were appreciative of the 15-minute appointment time with the clinical staff, particularly vulnerable groups.
- The patient feedback used by the service, 'Voice of the Patient', was being used by the service to make improvements.
- A common theme from feedback was that patients had not been previously made aware of the service. In response the provider had designed leaflets (flyers) and were about to promote themselves in the local community.
- The service had an armed forces champion lead, they were in the team from the local CCG who won the Health Service Journal award in November 2019 for Military and Civilian Health partnership. The service had strong partnership working with the local veteran's charity. The contract manager for the service had delivered talks to the local charity on the services delivered. There had been recent examples of where the service had referred veterans to the local support group and as a result their problems were addressed.
- A minor injury service was run by the provider and available at the Houghton and Washington Primary Care Centres, the reason for the locations was that they were furthest away from the local accident and emergency service. The service was set up after an urgent care public consultation. Any patient within the Sunderland CCG area could book into this service if required.
- The service was looking to recruit and develop practice nurses with a view to carrying out, initially, chronic disease reviews (asthma and hypertension) and then to carry out woman's services, (cervical screening and contraceptive pill checks). They had recognised via their surveys (Voice of the Patient) that a higher percentage of

women used the service.(approximately 60%). This was being piloted in January 2020 by carrying out a test clinic of 5 patients for chronic disease review and cervical screening.

- The service was piloting using advanced paramedic practitioners in their services in conjunction with North East Ambulance Service, this began in December 2019 and will continue for four months. Five paramedics were allocated to clinical sessions to explore the benefits of having a paramedic working in the service.
- The service had the ability to react to surges in demand at the GP practice within the alliance and could arrange more appointments to help them.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example, those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.

## Timely access to the service

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

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

The service was led by GPs, working with advanced nurse practitioners who were all medical prescribers, and health care assistants?

The service provided extended GP access appointments via;

- The patient's registered GP.
- NHS 111 service.20% of the appointments offered were pre-bookable a week in advance and 80% were bookable on the day.

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

- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.

## Are services responsive to people's needs?

- Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available.
- The complaints policy and procedures were in line with recognised guidance. There had been eight complaints in the last 18 months. We looked at two responses to complaints in detail and found that they were satisfactorily handled in a timely way.

# 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.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The provider had a five-year plan. There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider was part of 'All Together Better' which is a partnership group formed to bring health and social care teams together to improve peoples' experiences of using health and care services and their health outcomes, and to support people to live longer with a better quality of life.
- The provider monitored progress against delivery of the strategy.

## 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.
- Staff we spoke with said they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The provider produced a newsletter for all staff employed in their organisation, this gave updates on staff, pilots which they were involved in and service improvements.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally
- There were positive relationships between staff and teams.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. We saw minutes of monthly clinical governance meetings, which included risk management, complaints, compliments, patient safety and audits.

## Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The equipment in the clinical rooms across the five extended access services was standardised across all sites ensuring that it was easy to work across the five sites and gave clinicians the ability to work in any consulting room.

### 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.

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

- The providers had plans in place and had trained staff for major incidents.
- The service had a risk register with issues identified such as accommodation, roll-out of the new practice nurse role in the service and any staffing rota issues identified. There were updates and review dates included on this.
- The service produced a six-monthly clinical quality report, this included the themes from any complaints, patient satisfaction data, significant events and training for staff.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

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

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

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement within the service.
- The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- They worked closely with Primary Care Networks and other locality patient groups.
- The service used the 'Patient Voice' dashboard to inform service delivery.

## Are services well-led?

- They had helped to improve triage service across local GP practice.
- The service was undergoing a pilot of advanced paramedic practitioners to explore the benefits of having paramedics working in the service.
- They were piloting using practice nurses to carry out chronic disease reviews and provide women's services.
- They were to appoint a dedicated governance manager.