

Leeds General Practice Confederation

Inspection report

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Leeds
LS11 0DL
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Overall summary

This service is rated as Outstanding overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Leeds GP Confederation between 2 and 22 September 2023. This was the first inspection of this provider since their registration with the Care Quality Commission in December 2018.

The Head of Operations is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The provider proactively worked with other providers to provide effective care and treatment to the local population by supporting practices within the member primary care networks and the wider health economy.
- The provider had systems and processes in place to maintain oversight of all of the hub locations it operated from, this included premises, health and safety and infection prevention and control.
- The provider had systems in place to keep patients and staff safeguarded from abuse.
- The provider was committed to continuous learning and improvement, we saw evidence of learning through audit activity, and learning from incidents and complaints. Training and support was provided to staff internally and the member primary care networks.
- Feedback from staff regarding the culture of the service was overwhelmingly positive. We heard examples of how staff looked forward to coming to work, felt supported both within their roles and personally and had access to supervision during all hours of the service provided.
- The provider proactively sought feedback from patients regarding services. We saw that patient feedback was generally positive. Where less favourable feedback was received, we saw that the provider had listened to this, and had taken action to improve.
- The provider had a clear vision, all of the staff we spoke with and received feedback from demonstrated their commitment and understanding to the vision and expected behaviours.

We saw the following outstanding practice:

- The provider demonstrated a commitment to supporting the wider health economy to reduce demand on services such as emergency departments and general practice.

Overall summary

- The provider had a good understanding of the needs of the local population. Individualised service level agreements were in place for each of the member primary care networks, giving the flexibility to utilise the enhanced access service to focus on areas of lower performance.
- Staff were proud of the organisation as a place to work and speak highly of the culture. All of the staff we spoke with or received feedback from were proud to work for the service. Many staff members told us they enjoyed coming to work and that it was the best place they had worked.

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Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC GP specialist advisor.

Background to Leeds General Practice Confederation

Leeds General Practice Confederation (LGPC) is a general practice membership organisation which is made up of 90 practices and incorporates 19 Primary Care Networks (PCNs) in the Leeds area. Services are provided to approximately 870,000 patients.

LGPC was established in 2018 and registered with the Care Quality Commission in December 2018. The provider is currently registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Surgical procedures
- Treatment of disease, disorder or injury

At the time of our inspection, the provider had recently relocated from Stockdale House, and had already submitted documentation to advise us of the new location. We are currently processing this information through our registration system, therefore the changes have not yet been implemented.

The new provider location and administrative centre operates from Building 3 White Rose Park, Millshaw Park Lane, Leeds, LS11 0DL. The organisation is led by a Chief Executive Officer who is supported by the CQC Registered Manager (Head of Operations), the Associate Director (clinical professions), and the Clinical Lead for Compliance and Service Delivery.

LGPC is the enhanced access contract holder for 18 of the Leeds based PCNs for the NHS West Yorkshire Integrated Care Board (ICB) which was formally known as NHS Leeds Clinical Commissioning Group (CCG). The enhanced access service provides face to face and telephone appointments with a range of healthcare professionals. The services are prebookable and provided primarily during evenings and weekends. However, LGPC works individually with each PCN to develop services to suit the needs of the practices and local population.

Patient care for the enhanced access service is delivered from 19 locations (hubs) throughout Leeds:

- City View Medical Practice, 123 Cemetery Road, Holbeck, Leeds, LS11 8LH
- Beechtree Medical Centre, 178 Henconner Lane, Leeds, LS13 4JH
- Rutland Lodge Medical Practice, Scott Hall Road, Chapel Allerton, Leeds, LS7 3DR
- Colton Mill Medical Centre, Stile Hill Way, Colton, Leeds, LS15 9JH
- Gibson Lane Surgery, Gibson Lane, Kippax, LS25 7JN
- Rothwell Health Centre, Stone Brig Lane, Rothwell, LS26 0UE
- Bellbrooke Surgery, Bellbrooke Avenue, Harehills, Leeds, LS9 6AU
- Aireborough Family Practice, Silver Lane Surgery, 1 Suffolk Court, Yeadon, Leeds, LS19 7JN
- The Gables Surgery, Swinnow Green, Pudsey, Leeds, LS28 9AW
- Oakwood Lane Medical Practice, 2 Amberton Terrace, Leeds, LS8 3BZ
- Wetherby Surgery, Hallfield Lane, Wetherby, LS22 6JS
- Ireland Wood Surgery, Iveson Approach, Leeds, LS16 6FR
- Hyde Park Surgery, Woodsley Road, Woodhouse, Leeds, LS6 1SG
- Burley Park Medical Centre, 273 Burley Road, Burley, Leeds, LS4 2EL
- Park Road Medical Centre, 44 Park Road, Guiseley, Leeds, LS20 8AR
- Shaftesbury Medical Centre, 1st Floor, 78 Osmondthorpe Lane, Osmondthorpe, Leeds, LS9 9EF
- Leeds Student Medical Practice, 4 Blenheim Court, Blenheim Walk, Woodhouse, Leeds, LS2 9AE
- Lingwell Croft Surgery, 16 Shelldrake Drive, Middleton, Leeds, LS10 3NB
- Windsor House Surgery, 2 Corporation Street, Morley, Leeds, LS27 9NB

As part of this inspection we visited the provider location at White Rose Park. We also visited 7 hub locations located at Park Road Medical Centre, Aireborough Family Practice, The Gables Surgery, Gibson Lane Surgery, Colton Mill Medical Centre, Rutland Lodge Medical Centre and Bellbrooke Surgery.

Enhanced access appointments are primarily available between 6pm and 8pm Monday to Friday, 8am and 5pm on Saturday and 9am and 3pm on Sunday. However, each service model is tailored to the individual requirements of each of the PCNs, therefore appointments are available outside of these hours. For example, patients have access to musculoskeletal appointments from 6pm until 8pm on Sunday evening at one of the hub locations and another hub location offers appointments with a healthy minds practitioner from 8.30am until 6pm on Wednesday.

Patients can access appointments with the following healthcare professionals via the enhanced access service:

- GP, advanced nurse practitioner and nurse
- Healthcare assistant
- Physiotherapist
- Healthy minds practitioner
- Pharmacist

Patients located in some of the PCNs areas can access specific clinics such as long-acting reversible contraception, childhood immunisations and cervical screening.

Participating practices are allocated a pro-rata allowance for appointments, per 1,000 patients per week and this is monitored by LGPC.

There are parking facilities at all sites and pharmacies are either co-located or in close proximity to the hub locations.

The enhanced access service at all locations is provided by a number of GPs, nursing staff, advanced clinical practitioners, healthcare assistants, physiotherapists, pharmacists and healthy mind practitioners. Some staff work at multiple sites and some at 1 site only. Reception cover is provided by 2 staff at each of the patient facing sites during operational hours, with the exception of 1 PCN which is split across 2 hubs due to the size and area covered.

In addition to the enhanced access service, LGPC also provides the following services:

Same day response which was commissioned in October 2021. This service was designed to support general practices across Leeds and the wider local healthcare economy with acute on the day demand. The service is directly bookable by General Practices, NHS111 (out of hours service), the local clinical assessment service (delivered by Local Care Direct) and pathways are in place to enable Leeds Teaching Hospitals to signpost to the service following clinical triage where clinically appropriate.

Community Ambulatory Paediatric Service. This service was initially established as a pilot in December 2022 to provide an acute Scarlet Fever clinic in response to the Streptococcus A outbreak, with a focus on paediatric access for acute respiratory symptoms. The service was then repurposed to meet the NHS England mandate for acute respiratory infection hubs. Due to the success of the service, this was also commissioned by NHS West Yorkshire ICB in April 2023 to continue through 2023/24.

The same day response service and Community Ambulatory Paediatric Service are provided from 2 locations (hubs):

- Bellbrooke Surgery, Bellbrooke Avenue, Harehills, Leeds, LS9 6AU
- St George's Centre, St Georges Road, Middleton, Leeds, LS10 4UZ

LGPC provides information to patients via the organisational website:

<https://www.leedsgpconfederation.org.uk>

How we inspected this service

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Requesting information from the provider prior to the inspection.
- Conducting staff interviews in person.
- Staff questionnaires sent ahead of the head office site visit and returned to us.
- Reviewing patient records to identify issues and clarify actions taken by the provider.

- Site visits to the provider location and 7 of the hub sites.
- Requesting feedback from patients via CQC comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Are services safe?

We rated safe as Good because:

Recruitment and induction processes were effective.

Patient information was accessible to all clinical staff providing care and treatment as the provider utilised the patients own GP record to record information.

The provider had effective systems in place to ensure appropriate oversight of the hub locations from which it operated.

Safety systems and processes

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

- The provider had effective systems in place to assess and monitor health and safety requirements at each of the hub locations. Individual service level agreements were in place, outlining the requirements relating to health, safety and premises compliance. All member practices were required to make supporting documentation available to the provider. The provider carried out independent annual health and safety risk assessments at all hub locations, in addition, regular checks were carried out by operational team leaders at each location. We visited 7 hub sites as part of our inspection and found that appropriate checks had been undertaken by the host providers at 6 of the locations, for example, fire risk assessments, legionella risk assessment, gas safety. We found that some checks were overdue at 1 hub. The provider was aware of this and was addressing this with the host management team.
- The provider had systems to safeguard children and vulnerable adults. There was a comprehensive policy in place which supported staff with the identification and escalation of safeguarding concerns.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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 (IPC). The provider employed a dedicated IPC specialist nurse to support host practices with any guidance and information they required and monitored IPC compliance at each site through regular site visits and annual IPC audits.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider used an electronic rota management system which enabled them to monitor staffing across all sites. Rotas were planned 3 months in advance for staff members to select shifts suitable to them. Any gaps in the rota were highlighted as a risk and managed appropriately. There were systems in place to review the rotas twice weekly to ensure all shifts were covered and there were no gaps in service.
- There was an effective induction system for all staff. This included a provider level induction covering areas such as services provided, policies, incident reporting, referral processes, safeguarding and complaints. In addition, each staff member had a local site induction prior to working at a hub location, this ensured they were familiar with the processes of each site.
- The provider had developed a red flag and sepsis training programme to support non-clinical staff with care navigation and booking into appropriate services. Staff that we spoke with and received feedback from 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider had worked with each of the host locations to ensure all required medicines and equipment were stocked. Stock levels were checked weekly by host staff, and regular monitoring was carried out by the provider in addition to this.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- We saw clearly defined clinical assessment processes to support patient care at LGPC.
- Clinical staff working within the LGPC services had access to the patient's own GP electronic record. Records of all clinical consultations was documented directly into the patients record during the consultation. This ensured the information needed to deliver safe care and treatment was available to all staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, any referral instigated by LGPC was accessible via the patient's own record, and an electronic task would be sent to the patient's own GP to advise that a referral had been made and would require follow up.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing emergency medicines and equipment minimised risks.
- The provider administered vaccinations from 1 of the host sites. We saw that a dedicated refrigerator was used to store the vaccinations and appropriate temperature checks and records were kept.
- Prescriptions were predominantly issued electronically; however, the provider kept a small stock of prescription stationery which was stored securely at the head office site and usage monitored.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Are services safe?

Track record on safety and incidents

The service had a good safety record.

- The provider had systems in place to monitor and review activity. This enabled them to understand risk and gave a clear, accurate and current account of the service to support safety improvements where required.
- Service level agreements were in place which detailed the provider and hub site responsibilities in relation to premises, health and safety and infection prevention and control.
- There were comprehensive risk assessments in relation to safety issues.
- The provider learned from external safety events and patient safety alerts.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The provider utilised an electronic incident reporting system which all staff had been trained to use. We saw evidence of regular analysis of incidents to identify trends and associated learning.
- There were adequate systems for reviewing and investigating when things went wrong. The provider learned, shared lessons identified themes and took action to improve safety in the service. For example, in response to some issues with key holders not attending to open up the host sites out of hours, the provider held master keys to ensure access was not delayed, and the service was able to continue with minimal disruption.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The provider gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

The provider acted on and learned from external safety events as well as patient and medicine safety alerts. The provider had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Outstanding because:

The provider demonstrated how they used performance information to improve services for the local population. Individualised service level agreements were in place for each of the member primary care networks, giving the flexibility to utilise the enhanced access service to focus on areas of lower performance. For example:

- Reductions in waiting lists for long-acting reversible contraception by providing 2,130 additional appointments over a 12 month period.
- 4,899 cervical screening tests provided over a 12 month period to patients that were due or overdue their procedure.

In addition to reduction of waiting lists, this work enabled patients to access services at a time and location to suit their needs, whilst allowing practices to focus on more urgent demands during normal contractual hours.

The provider worked with the wider health economy to manage demand and support care in the community. Appointments provided through the community ambulatory paediatrics service and dermatology service provided patients with care closer to home, whilst also helping to reduce demand on secondary care providers.

Leaders and managers of the service were committed to working collaboratively and supporting innovative and efficient ways to deliver more effective services to the local population. All of the staff we spoke with were enthusiastic about the positive impact and improvements the service had achieved over the previous 12 months.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider used information about care and treatment to make improvements. There was a holistic approach to assessing and planning and delivering care and treatment needs for the local population. This included working with the NHS West Yorkshire Integrated Care Board and its member practices to identify areas for improvement and utilising funds to provide support in these areas. For example:

[Long-Acting Reversible Contraception Clinics \(LARC\)](#)

Are services effective?

The provider identified the need for additional LARC capacity in some areas of the city to support practices with waiting lists for patients who had opted for coil or implants as their method of contraception. Dedicated clinicians were identified to deliver the service across 11 Primary Care Networks (PCNs) across as part of the enhanced access service. This supported those practices to reduce the number of patients on the waiting list and offered patients the flexibility of attending an appointment outside of working hours. We saw that during the period April 2022 to April 2023, 2,130 appointments had been utilised.

Cervical Screening

The provider offered cervical screening appointments within the enhanced access service, this offered flexibility for patients to book appointments outside of working hours whilst also reducing demand through the week, to enable GP practices to prioritise appointments for those with more urgent needs. We saw that during the period April 2022 to April 2023, 4,899 cervical screening tests had been carried out for patients that were due or overdue their procedure.

- The provider made improvements through the use of completed audits. The provider had an established audit schedule which included contractual, regulatory, clinical and service improvement audits including infection, prevention and control, consultation audits, urgent 2 week wait cancer referral audits and appointment booking appropriateness.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example:

Consultation documentation audits carried out in during the period February 2022 to August 2022 identified that improvements were required with clinical documentation of safety netting advice provided to the patient. As a result of the audits, a safety netting policy was introduced which detailed the standards and requirements regarding clear and explicit safety netting documentation specific to the patient's presentation. For example, signposting to seek urgent medical attention via 999 or accident and emergency departments should a patient experience any new or worsening symptoms, chest pain or acute shortness of breath. The provider carried out further audits during the period November 2022 to July 2023 and saw that there had been improvements to clinical documentation:

February to August 2022 – 71% of patient records clearly documented symptoms requiring urgent review.

November 2022 to July 2023 – 83% of patient records clearly documented symptoms requiring urgent review.

Effective staffing

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

- The provider had a comprehensive induction programme for all newly appointment staff. The organisational induction was carried out at the registered location and individual inductions were carried out at each of the hub sites. Newly appointed staff were required to complete the induction fully prior to working at the service.
- The provider ensured that all staff worked within their scope of practice; qualifications and competencies were documented. There were dedicated clinical and managerial leads available during each session to support all staff within their roles.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) Nursing and Midwifery Council and were up to date with revalidation.

Are services effective?

- The provider understood the learning needs of staff and mandatory training was in place. There were systems to monitor and act upon on training approaching expiry.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. All non-clinical staff had received red flag and sepsis training to support them with signposting or booking into the most appropriate appointment when dealing with request from patients.
- The provider communicated effectively with the patient's registered GP by documenting all clinical consultations directly onto the individual practices clinical system. Where referrals or blood tests were requested by the provider, this was highlighted to the patients own GP for follow up. We saw evidence of this during our review of clinical records during head office site visit.
- The provider worked closely with the out of hours services (Local Care Direct) to support patients who required a home visit. Any urgent requests for a home visit could be communicated to Local Care Direct via a direct dial telephone number in order to bypass any clinical triage.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. This was accessible via their own GP record.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- In response to the NHS Mandate to develop and implement acute respiratory infection hubs, the provider worked with other providers including Leeds Teaching Hospital Trust, Leeds Community Healthcare Trust, Local Care Direct and the NHS West Yorkshire Integrated Care Board to implement the Community Ambulatory Paediatric Service (CAPS).

The service was delivered by Leeds General Practice Confederation (LGPC) and provided support to the wider care system with management of increased demand in children due to infections such as scarlet fever, COVID-19 and influenza. The service was originally commissioned to run from 23 January 2023 until 10 April 2023 and patients were able to access face to face and telephone appointments from 1pm until 8pm Monday to Friday and from 10am until 6pm on Saturday and Sunday.

During the period 23 January until 10 April 2023, a total of 3,411 appointments were delivered. Of these, only 18 patients required onward referral to secondary care which therefore helped to reduce pressure on the secondary care system. We reviewed feedback from secondary care consultants within the paediatric teams which was positive about the service and confirmed the reduction of demand on both the Children's Assessment and Treatment Unit (CAT) and the emergency department (ED).

The provider had been commissioned to continue to deliver CAPS during 2023/24 offering a weekday service. At the time of our inspection they were in discussions with the secondary care CAT and ED teams to look at developing pathways to enable follow up appointments to be booked directly into CAPS along with implementation of an observation area within CAPS. This was aimed to promote treatment within the community and reduce demand on secondary care services.

Are services effective?

- The provider worked in partnership with Leeds Teaching Hospitals Trust and the NHS West Yorkshire Integrated Care Board to support the reintroduction of spirometry within primary care (spirometry is a test used to diagnose and monitor lung conditions). This included providing new spirometry equipment to participating primary care networks (PCNs), development of new pathways between primary and secondary care and delivering appointments at PCN level to increase the population reached by utilising shared resources and skills.
- From August 2022, LGPC held the contract for the Leeds Community Dermatology service and worked in partnership with Leeds Teaching Hospitals Trust and 3 local GP partners to deliver approximately 20,000 patient contacts within the community per year.

Supporting patients to live healthier lives

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

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice so they could access self-care. Systems were available to facilitate this. Many of the staff working in the service to deliver the regulated activities usually worked within the local area and were aware of avenues of clinical, social and voluntary support in the area.
- Risk factors, where identified, were highlighted to the patients and their normal care providers so additional support could be given.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

The provider proactively sought feedback regarding the services provided. Patient feedback was positive regarding the service they had received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The provider sought feedback on the quality of clinical care patients received. During the period April 2022 until June 2023 the provider had carried out 3 surveys which demonstrated positive responses from patients regarding the clinical care they had received. For example, results from surveys carried out between December 2022 and February 2023 and April 2023 to June 2023 showed that:
 - When asked if they (patients accessing the enhanced access service), felt that the healthcare professional recognised and/or understood any mental health needs that they may have?
 - Of 2,500 respondents, 92% reported they were satisfied (December 2022 - February 2023).
 - Of 1,277 respondents, 93% reported they were satisfied (April 2023 - June 2023)
 - When asked how good the healthcare professional was at treatment them (patient accessing the enhanced access service) with care and concern:
 - Of 2,500 respondents, 94% reported they were satisfied (December 2022 - February 2023).
 - Of 1,277 respondents, 93% reported they were satisfied (April 2023 - June 2023)
- Feedback from patients was positive about the way staff treat people. Patient told us through comment cards that staff were friendly and helpful. All of the comments we received were positive about the service.
- 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.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. All staff were aware of how to support patients when accessing these services.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Results from patient surveys carried out between December 2022 and February 2023 and April 2023 until June 2023 demonstrated that patients felt involved in decisions about care and treatment. When asked if they (patients accessing the enhanced access service) were involved as much as they wanted to be in decisions about their care and treatment:
 - Of 2,500 respondents, 93% reported they were satisfied (December 2022 – February 2023)
 - Of 1,277 respondents, 93% (April 2023 – June 2023).

Are services caring?

Privacy and Dignity

The service respected patients' privacy and dignity.

- The sites from where the services were delivered enabled staff to see patients in an appropriate setting where private and confidential conversations would not be heard.
- Staff recognised the importance of people's dignity and respect.

Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider planned services to meet the needs of the local population. Patients could access appointments at a time to suit them in a convenient setting.

Appointments were available 365 days a year and patients could access both face to face and telephone appointments.

The provider used complaints to make improvements to services.

Responding to and meeting people's needs

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

- The provider understood the needs of the local population and developed services in response to those needs.
- The provider worked with individual Primary Care Networks (PCNs) to develop individualised service models to meet the needs of the local population. For example, 1 PCN required additional capacity to support uptake of childhood immunisations. The provider implemented the appropriate standard operating procedures to enable appointments to be offered via the enhanced access service. Another PCN required additional support to address the waiting list for musculoskeletal appointments, the provider was able to respond by providing additional appointments as part of the enhanced access service.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

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 enhanced access service operated 365 days a year, primarily between the hours of 6pm and 8pm Monday to Friday, 8am and 5pm on Saturday and 9am and 3pm on Sunday. In addition, due to the bespoke nature and flexibility of the service level agreements with each of the PCNs, clinics and services were also available outside of these hours in some areas.
- Patients could access appointments with a range of healthcare professionals including GPs, practice nurses, healthcare assistants, healthy mind practitioners (to support mental health and wellbeing), pharmacists and physiotherapists.
- Patient feedback about the enhanced access service was positive. For example, results from surveys carried out between December 2022 and February 2023 and April 2023 to June 2023 showed that:

When asked how satisfied they (patients) were with the appointment times that are available to them?

Of 2,500 respondents, 89% reported they were satisfied (December 2022 – February 2023).

Of 1,277 respondents, 91% reported they were satisfied (April 2023 – June 2023)

Overall, how would you describe your experience:

Are services responsive to people's needs?

Of 2,500 respondents, 92% satisfied (December 2022 – February 2023)

Of 1,277 respondents, 92% satisfied (April 2023 – June 2023)

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way. For example:

We reviewed audits undertaken by the provider during the period 1 April 2022 until 30 June 2022 and found that 61% of referrals had been actioned the same day and 38% of referrals had been actioned the following day or within 48 hours.

An audit undertaken by the provider to review urgent cancer referrals was carried out during the period 1 January 2023 until 31 March 2023 and found that 52% had been made on the same day, 37% had been made the following day and 11% were processed within 48 hours due to consultations taking place over the weekend.

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 at each of the hub sites we visited.
- The provider informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The provider had a complaint policy and procedures in place.

The provider could demonstrate lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, as a result of a complaint, changes had been made within the hub locations to ensure that patients accessing the service were aware of who the enhanced access service was being provided by. The provider had responded to this by displaying large free standing poster boards within each of the hub locations during enhanced access service along with additional signage throughout the locations.

Are services well-led?

We rated well-led as Outstanding because:

The provider had robust systems in place to ensure adequate support was available for staff during all hours the service was provided. There were clear processes of escalation for any concerns and all of the staff we spoke with and received feedback from were positive about the support they received.

There was an open and transparent culture, there were systems to share information with staff, member primary care networks (PCNs) and other stakeholders. All of the staff we received feedback from told us they felt able to raise concerns and that they were confident these would be listened to and acted upon.

The provider could demonstrate a commitment to continuous learning and improvement through training, staff forums and work undertaken to support the wider health economy.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were proactive in monitoring and addressing them.
- The provider worked closely with stakeholders including GP practices, Primary Care Networks, NHS West Yorkshire Integrated Care Board, local out of hours services and secondary care services.
- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels were visible and approachable at all times. There were robust arrangements in place to ensure all staff working within the services had access to managerial, operational and clinical support at all times. For example:
 - Deputy operational team leaders worked until 8.30pm on weekdays to enable them to be visible across the hub sites and provide support to teams.
 - Deputy operational team leaders and operational team leaders worked on a rotational basis across the weekend services to ensure support was easily accessible.
 - Senior management team on call system from 5pm every evening and weekends.
 - Clinical support GP during every session to provide support, advice and guidance.
 - They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. All of the staff we spoke with and received feedback from were positive about the support systems in place within the service.
 - The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The provider had a clear vision and credible strategy to improve the health of the people of Leeds by strengthening and sustaining primary care.

- The vision was supported by a clear service delivery vision, behaviours and operational plan.
- The provider developed its vision, values and strategy jointly with staff and external partners. The membership model focused on ensuring practices and their representatives were involved in decision making.
- The vision, values and strategy were reviewed and monitored during regular executive board meetings and strategic board meetings.

Are services well-led?

- The strategy was in line with health and social care priorities across the region and the provider looked for opportunities within the health system to enhance the health of the local population.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The vision, values and strategy formed part of the induction process for all new members of staff.

Culture

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

- Leaders had an inspiring shared purpose, and strive to deliver and motivate staff to succeed.
- There were high levels of satisfaction across all staff. Staff felt respected, supported and valued.
- Staff were proud of the organisation as a place to work and speak highly of the culture. All of the staff we spoke with or received feedback from were proud to work for the service. Many staff members told us they enjoyed coming to work and that it was the best place they had worked.
- The service focused on the needs of patients. They aimed to provide a model of care that is based on building long term relationships with people, families and communities in an approach which aligns with local care partnerships.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were valued and outlined as one of the providers behaviours which all staff should adhere to. This was 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 at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. The provider had a speaking up and raising concerns policy in place which all staff had access to. This clearly identified the nominated Freedom to Speak Up Guardian.
- There were processes for providing all staff with the development they needed. This included regular 1 to 1 meetings, appraisal and career development conversations. The provider was committed to in-house career development and at the time of our inspection had recently appointed a member of the administrative team into the role of deputy operational team leader. Another member of staff had joined the service as a temporary member of the team and had been supported into the role of business and operations manager.
- All staff received regular annual appraisals in the last year. All of the staff we spoke with and received feedback from told us they felt supported by their direct line manager and from the leadership and management team. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. Staff had access to an in-house employee support package and we saw evidence of steps being taken to promote the safety of staff following an incident at one of the hub locations. All of the staff we spoke to and received feedback from described the Leeds General Practice Confederation as a good place to work. Many commented on how they felt supported personally as well as in their role.
- 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 clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The provider had a clear governance and assurance framework which clearly outlined the systems utilised to seek assurance and provide accountability.
- The provider had a schedule of regular meetings including weekly full team huddles, weekend preparation meetings and project huddle meetings. Fortnightly access portfolio meetings were used to discuss operational issues, staffing issues and share best practice and standardisation.
- The provider held formal operational governance meetings on a monthly basis which were attended by all of the clinical and operational teams, along with other support teams working within the organisation. This meeting had a set agenda and action log. Topics reviewed and discussed included the risk register, compliments and complaints, incident reporting, monthly updates from each of the services and clinical audit.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- At the time of our inspection, the provider had recently relocated from Stockdale House, and had already submitted documentation to advise us of the new location. We are currently processing this information through our registration system, therefore the changes had not yet been implemented.

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. There were clear lines of accountability when escalating concerns and the provider had taken steps to ensure support was available to all staff during all hours that the service was provided.
- The provider had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- Leaders had a good understanding of performance against local and national targets for all of the member primary care networks (PCN). Where extra support was required, this was discussed with the individual PCN and the individual service level agreement could then be adjusted to provide additional capacity in specific areas.
- Performance was regularly discussed at senior management and board level. Performance was shared with PCN members, staff and other stakeholders.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The provider 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.

Are services well-led?

- The provider 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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, there was a dedicated lead for patient experience reporting who ensure surveys were sent to all patients within 2 weeks of access an appointment with the service. Reports of findings were presented to the operational governance meeting on a monthly basis. The provider held regular meetings with its member primary care networks to review performance and areas requiring additional support.
- Staff could describe to us the systems in place to give feedback. All of the staff we spoke with told us they felt able to make suggestions and felt these would be listened to.
- We heard of how changes had been made as a result of staff feedback. For example the provider had introduced the role of deputy operational team leaders to support the operational team leaders. This enabled increased visibility at the hub sites during the service provision.
- We heard of how standardised stock lists had been implemented across all hub sites with dedicated leads for checking stock supplies each week as a result of patient feedback regarding issues with equipment availability.
- The provider had worked with clinicians to redesign the appointment rota system to ensure adequate time was allocated for administrative tasks.
- The provider held regular forums for each of the staff groups. For example, nurse forums, GP engagement sessions, same day response feedback meetings. All staff were invited to attend the meetings.
- In August 2022 all staff had been invited to attend a listening event to discuss changes operational leadership and various topics including culture of the service. All staff were given the opportunity to access confidential interviews to enable the provider to establish any themes and recommendations from staff. The event was followed by an additional team development session in September 2022. We saw evidence of how feedback from staff had been considered and acted upon. For example, new roles were created to provide additional capacity and widen skill sets.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The provider worked with other stakeholders to facilitate funded training for their member practices. Information was available to practices via a monthly newsletter produced by the provider. In addition, as a non-profit organisation, any surplus funds generated from training were reinvested back into the Leeds workforce by delivering additional training to meet the needs of the local population. Training included care navigation training, basic life support training, sexual health, Covid and flu vaccination training.
- There was a strong culture of innovation evidenced by the development of the service over the previous 12 months. This included tailoring services to meet the needs of patients within each PCN, introduction and development of new services such as the same day response service, Community Ambulatory Paediatric service and the Yorkshire Cancer Research project.
- At the time of our inspection the provider had been shortlisted for a Health Service Journal Award for reducing health inequalities for children and young people for their work on the Community Ambulatory Paediatric service.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Are services well-led?

- 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. For example, the provider worked with NHS111 (out of hours service) to develop a directory of service which allowed unutilised appointments within the enhanced access and same day response services to be booked via NHS111. This enabled NHS111 staff to direct patients to an appointment and reduce unnecessary directions to urgent and emergency care services.
- The provider worked with member GP practices and the NHS West Yorkshire Integrated Care Board to provide support to any practices reporting Operational Pressures Escalation Level (OPEL) 4. OPEL 4 is those practices under the greatest pressure. This enabled the provider to provide additional clinical and administrative capacity and free up appointments in the same day response service to support the practice.
- The provider held additional contracts to support services within primary care. For example:
 - Yorkshire Cancer Research which aims to increase screening and coverage of cervical, bowel and breast NHS cancer screening programmes across 8 Primary Care Networks in Leeds.
 - NHS health checks which aims to deliver NHS health checks within primary care to all eligible patients over a 5 year period. As part of this work the provider supported practices within the PCNs by provided evening and weekend appointments for health checks via the enhanced access service. LGPC appointed a dedicated NHS health check champion to provide support city wide delivery and provide quality assurance to internal and external stakeholders. In addition, LGPC introduced a student nurse placement programme across 4 of the PCNs to utilise NHS health checks as a tool to increase nurse placements within primary care.