

Barking Hospital

Quality Report

Upney Lane
Barking
Essex
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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 service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Key findings

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Letter from the Chief Inspector of General Practice

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 Barking Hospital on 28 August and the 4 September 2018 as part of our inspection programme.

At this inspection we found:

- The service had good systems in place to safeguard children and adults from abuse.
- The service reviewed safety incidents and learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- 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.
- Staff had the skills, knowledge and experience to carry out their roles.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However, the service did not have access to all of the patient's medical records. The Clinical Commissioning Group confirmed that access to all patient notes was out of the services control. Although, recently more GP practices had moved to one computer software system and the service was looking at ways of funding this system.
- There was a strong focus on continuous learning and improvement by the provider.

The areas where the provider should make improvements are:

- The provider should review the policies and standard operating procedures to ensure that they fully reflect the services practices and sites.
- The provider should continue to review the systems and protocols for the management and prevention of infection control. This should include the review of non-clinical staffs immunisation records.
- The provider should continue to review the management and storage of medicines, this should include a risk assessment of emergency drugs and the security of prescriptions.
- The provider should review the necessity for child oximeters for the monitoring a child's pulse and heart rate.

Summary of findings

- The provider should consider the use of interpretation services to aid staff at the call centre.
- The provider should review the appraisal system to ensure it includes all call handlers.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Barking Hospital

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Barking Hospital

The provider of the service is Together First Limited. This is a group of local GP practices who have agreed to work together to offer a health service provided by clinicians with expertise in, understanding of, and commitment to their local communities.

Together First Limited has five directors, four clinical whom are all local GPs with practices in Barking and Dagenham and one business director. Together First has another access hub based at Broadstreet Medical Centre. Together First Ltd has contracted with BHR GP solutions a separate company that provides the call centre the extended access primary care hub.

The service is commissioned by the Local Clinical Commissioning Group (CCG) for the residents of Barking and Dagenham who are registered with a local GP practice.

It is commissioned for patients who are assessed as having an urgent primary care need. To support NHS 111, A&E, GP practices and urgent care centres. It does not provide a service for patients who required on going treatment for long-term conditions, palliative care, and maternity care.

The call handling and Together First Ltd management team are based at CEME Innovations Centre, Marsh way, Rainham, Essex, RM13 8EU. This is operated by a business manager and assistant, a rota manager, two supervisors and a team of call handlers. Together First Ltd employs 18 doctors to cover the service.

The extended access service is located at Barking Hospital Upney Lane, Barking, Essex, IG11 9LX.

Patients book an appointment by telephoning, their GP practice, and other urgent care centres or calling the services direct line. The service does not see patients who walk in.

- The service operated from Monday to Friday from 6:30pm to 10pm. Saturday 12pm to 5pm and Sunday 11am to 4pm.
- The call handlers book appointments from Monday to Friday from 2pm to 9pm and Saturday 9am to 5pm and Sunday 9am to 4pm.

The provider Together First Ltd is registered with the CQC to provide the regulated activity treatment of disease, disorder and injury.

Are services safe?

Our findings

We rated the service as good for providing safe services.

Safety systems and processes

- The provider carried out checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The provider had recently amended their recruitment policy and practices to ensure that they now sought references when appointing locum GPs.
- Although, the provider had not reported any safeguarding alerts, the provider had systems in place to safeguard children and vulnerable adults from abuse. Policies were reviewed and were accessible to all staff. They outlined the safeguarding lead and the actions to take when reporting suspected abuse.
- Further information patient safeguarding information was available to the service. For example, details of child protection plans were available to the service on the Child Protection Drive, a secure drive on The Partnership of East London Cooperatives server (PELC). (PELC is a not-for-profit social enterprise delivering NHS integrated urgent care services). In addition, information was available from Social services who alerted the service daily to children registered on the Child Protection Register (CPR) or End of CPR. When the child presented to the service by phone, the call handler flagged this information to the supervisor, and the doctor. This enabled the doctor to be informed before they saw the patient.
- Although, the service did not have access to all the patients notes, information about all patients known to be at risk of abuse was shared with the provider using the computer system from PELC, which included NHS 111 service, Out of Hours service and Accident and Emergency.
- Staff only offered appointments to patients who were registered with the Barking and Dagenham GP practices, and therefore relied on the GP practice staff to check the identity of children who used the service. The receptionist also asked when they attend the surgery the name and date of birth of the child.
- 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 standard DBS check.
- The service appeared clean. The provider had commissioned an infection control risk assessment carried out on the 30 August 2018 by an independent contractor. The business manager had oversight of general cleaning of the premises, which was carried out by the landlords (NHS) contractors. The receptionist explained they would check the rooms prior to each GP session to ensure it was clean and report any issues to the supervisor or directly to the landlord but did not complete a check list. The service did not administer vaccinations, take blood, or carry out minor surgery. However, we found staff had not dated the consulting room disposable curtains and one had not been replaced since 27 October 2017. Following the inspection, the provider has submitted a checklist for the reception staff to use that includes the checking of the curtains. The service had an infection control policy however this did not include the information specific to Barking Hospital hub. Following the inspection, the provider updated the policy.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, the service did not have a child oximeter, which monitors the child's heart rate and oxygen levels.
- There were systems for safely managing healthcare waste.
- Equipment owned by the provider and used by the locum doctors was calibrated annually.
- The provider had a system in place to ensure clinical staff had the correct immunisations. However, this did not include the non-clinical staff. At the time of the inspection the provider agreed to review whether this was necessary for the non-clinical staff who worked at the hubs.

Are services safe?

Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. For example, the service had responded to the 2017 winter pressures on GP practices and increased their opening times.
- The provider recruited mostly GPs from Barking and Dagenham GP practices. We saw there was an induction checklist completed when they were recruited and an induction pack in the hubs for the locum GPs to refer to.
- 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. The service operated a red flag system, which had protocols for staff to follow if the patient was not appropriate for the service or the patient was at risk. For example, a patient who was suicidal to the mental health team or emergency services. In this scenario the call handler would call on the service on the caller's behalf.
- 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.
- Due to the type of the service offered, patients were not prioritised appropriately for care and treatment, in accordance with their clinical need. If the call handlers believed that the patient needed to be seen urgently they would consult with the doctors and refer to patient to the appropriate service. However, if a patient presented for an appointment, the receptionist would ensure the doctor was aware of anyone with urgent needs.
- The call handlers told patients if their condition became worse whilst they waited for their appointment, to seek further advice by calling NHS 111 and or 999
- The locum GPs told patients when to seek further advice and would refer patients to the emergency services.

Information to deliver safe care and treatment

- The GPs wrote 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. However, the service did not have access to all the patient's medical records. The provider explained initially the service had installed a computer system that was to enable access to all of patients notes but this had failed. In addition, the GP practices in the area all used different computer software so it was not possible to use a computer software system, that was compatible with all the GP practices. The Clinical Commissioning Group (CCG) confirmed that access to all patient notes was out of the services control. Although, recently more GP practices had moved to one computer software system and the service was looking at ways of funding this system.
- To enable the delivery of safe care and the sharing of information in the service, the call handlers record any issues in relation to staff, health and safety and patient safety in a daily call log.

Appropriate and safe use of medicines

- The service had its own emergency medicines, oxygen, and defibrillator. Which the supervisors checked regularly.
- On the day of the inspection the emergency medicines did not contain the recommended medicines hydrocortisone used for acute severe asthma or anaphylaxis and analgesia for pain, also staff had not completed an appropriate risk assessment to identify a list of medicines that were suitable for the service to stock. Following the inspection, the provider confirmed they now stocked these medicines.
- The service held prescription pads to use should the computer ones be unavailable. These were managed by the supervisors who received them into the call handling centre and locked the pads in a cabinet until they were transported to the hubs. At the hubs the pads

Are services safe?

were kept securely and each prescription administered was logged with details of the date, NHS patient number, the name of doctor administering the prescription and prescription number.

- The service used computer prescriptions. The boxes of prescriptions were delivered to the call handling centre and distributed to the hubs by the supervisors. At the hubs the receptionists removed the prescriptions from the computers when not in use.
- However, we found both these systems were not effective and would not have identified if any prescriptions had been removed. During and immediately following the inspection, the provider sent information to demonstrate they had put into place a more robust system to enable staff to audit the safe management and storage of prescriptions.
- 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.

Track record on safety

- The provider had comprehensive health and safety risk assessments in place for the call centre and Barking Hospital and oversight of the landlord's legionella and fire risk assessments. We saw the provider raised safety issues with the landlord.

- Joint reviews of incidents were carried out with partner organisations, including the local A&E department, GP out-of-hours, NHS 111 service and urgent care services.
- The service learned from external safety events and patient safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team including sessional staff. The last two safety alerts actioned were about a type of eye drops, and a recall of a batch of medication.

Lessons learned and improvements made

- 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. The lead clinician reviewed clinical events and the service manager reviewed events that affected the service. Significant events were discussed at supervisor meetings and board meetings. Joint reviews of incidents to patients were carried out with the GP practice.
- In the previous year the provider had nine significant events covering both access hubs. Most of the significant events were for ambulance called to the service and IT issues.
- The provider was taking part in end to end reviews with other organisations about a recent incident at the service.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

- 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 service did not carry out telephone assessments, patients were assessed when seen by the doctor. Call handlers asked patients what their symptoms were and recorded this on the system and patients were then booked into the next available appointment.
- The call handlers had clear direction on what the service could offer. When staff were not able to make a direct appointment to the service for the patient, the call handlers followed a clear referral process and offered the patient a clear explanation.
- The service used a red flag system should patients present with any urgent needs or request treatments that were not available at the service. These informed staff if it was appropriate to continue with the appointment booking or refer to NHS 111, urgent care, or accident and emergency. These provided staff with a standard operating procedure to follow. For example, for patients presenting with suicide, requiring antidepressants, any issues with pregnancy, suspected meningitis, and sepsis.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. For example, the service offered longer appointments if needed.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- The service was also meeting its locally agreed targets as set by its commissioner. The provider reported weekly the number of appointments available, the

number of patients seen, and the number of patients who did not attend. In addition, the referral routes that patients came from. Such as NHS 111, A&E, urgent care, the walk-in centre, GP practice, direct patient access, and out of hours GP service.

- 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 service carried out antibiotic audits and made recommendations to the doctors regarding their prescribing. For example, we saw a two cycle audit of Co-Amoxiclav an antibiotic that demonstrated improvements following the medical director informing the doctors of the results of the first cycle.
- In addition, the medical director audited the doctor's notes. Where any issues were found these were brought to the attention of the doctor.
- Call handler's calls were listened to and audited every six months any issues were discussed with the member of staff by the supervisors. The call handlers also explained that the supervisors would offer support if a difficult call arose.

Effective staffing

- The call handlers had carried out infection control, safeguarding children and adults, fire safety, chaperoning, basic life support and information governance training. The provider had an induction programme for all new call handlers and reception staff which included shadowing and an assessment of their calls.
- The medical director oversaw the induction of the locum doctors.
- The provider ensured that all the doctors had completed safeguarding training and basic life support, maintained their GP registration and had completed their revalidation.
- The provider did not offer any doctor specific training, this was offered as part of the monthly training alongside the local CCG for all GPs.

Are services effective?

(for example, treatment is effective)

- There was a clear approach for supporting and managing staff when their performance was poor or variable. For example, staff were contacted and informed of the results from the audits.
- All clinicians and staff were trained to use the specific computer database on induction that enabled some access to medical history and sharing of information with other urgent care services.

Coordinating care and treatment

- We saw records that showed that all appropriate staff were involved in assessing, planning, and delivering patients care and treatment.
- Patient information was shared appropriately, in a timely and accessible way. Following each patient consultation, the notes of the consultation would be available by 9am the next morning at the patient's GP practice. Patients could also be provided with a copy of the consultation notes to take to their GP practice.
- Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Some of the information needed to plan and deliver care and treatment was available to relevant staff. However, the service did not have access to all of the patient's medical records. The Clinical Commissioning Group confirmed that access to all patient notes was out of the services control. This was because GP Practices in Barking and Dagenham all used different computer systems. Although, recently more GP practices had moved to one computer software system and the service was planning to obtain this system.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

- The provider state they had no issues with the Directory of Services. (The Directory of Services (DoS) is a central directory that is integrated with NHS Pathways and is automatically accessed if the patient does not require an ambulance or by any attending clinician in the urgent and emergency care services.)
- Where the doctor's believed a patient may need to be referred urgently to secondary care, they would be sent to visit their GP next morning and the appointment information would be shared with the GP by 9am the next morning. A protocol was also in place where patient required an urgent referral.

Helping patients to live healthier lives

- Where appropriate, doctors gave people advice so they could self-care.
- The providers improvement plan included the development of smoking cessation and health check clinics.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients need 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.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- When auditing the doctor's notes, the provider monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as those who had mental health needs.
- All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the feedback received by Together First Ltd. For example, in August 2018, 131 patients rated the courtesy of the reception staff as either helpful or very helpful.

Involvement in decisions about care and treatment

- Staff helped patients be involved in decisions about their care. For example, in August 2018, 115 out of 131 rated the question how well the healthcare professional included patients in making decisions about their care as good or outstanding.

- 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.
- The locum GPs working at Barking Hospital had access to a telephone interpretation service, where the patient's first language was not English. When a patient called the call centre and required interpretation services they were asked to call the NHS 111 service. This had an interpretation service and could book patients into the Barking Hospital service.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Patients had access to a chaperone.
- Female patients could request to see a female GP.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the provider was in the process of seeking funding to offer a children's clinic between 4pm and 6.30pm.
- The provider engaged with commissioners to secure improvements to services where these were identified. For example, the new computer system that would enable the doctors to have access to all patient notes, which would enable the patients journey to complete at the service.
- The provider improved services where possible in response to unmet needs. For example, to ensure that NHS 111 can book patient appointments, the services allocated appointments to NHS 111 each day.
- The facilities and premises were appropriate for the services delivered. When the service was commissioned the provider, selected premises following patient consultation and ensure disability access, a hearing loop, car parking and good access by public transport.
- The service was responsive to the needs of people in vulnerable circumstances and provided longer appointments.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service operated from Monday to Friday from 6:30pm to 10pm. Saturday 12pm to 5pm and Sunday 11am to 4pm.
- The service did not see walk-in patients and a 'Walk-in' policy was in place which outlined what approach

should be taken when patients arrived without having first made an appointment, for example patients were told to call NHS 111 or referred onwards if they needed urgent care. Staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.

- Waiting times, delays and cancellations were minimal and managed appropriately. The provider patient survey in August 2018 showed only 16 patients out of 131 waited longer than 20 minutes.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service's call handlers had a list of patients they could provide an appointment for and those that the service was unsuitable for. When appropriate, they referred them to the more appropriate urgent care services. However, should a patient who attended their appointment become unwell they would be seen immediately by the doctor.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The provider learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a patient who felt unfairly treated about the medicine they were prescribed. The complaint was investigated and recommended that locum doctors ensure they fully explain the medicines to the patient.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

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.

Vision and strategy

- There was a clear vision and set of values. The service had a realistic strategy to achieve their priorities.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a strong emphasis on the safety and well-being of all staff.

- There were positive relationships between staff and teams.

Governance arrangements

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- 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. However, the policies and standard operating procedures did not always reflect fully the services practices. For example, the policies and standard operating procedures did not always reflect staff practices or the location which it was attributed to.
- The service required locum GPs to provide them with evidence of their medical indemnity and had additional cover in place.

Managing risks, issues and performance

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

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

Appropriate and accurate information

- 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 service submitted data or notifications to external organisations as required.
- There were 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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services. For example, the patient satisfaction survey carried out following each appointment and regular meetings with the local CCG.

- Staff were able to describe to us the systems in place to give feedback.
- Staff reported good communication and support from the management team.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- The provider described how they worked with the local GPs to provide services that could not be provided by the GPs or the local network of GPs that would support the GPs work and improve patient experience. The five improvements they discussed were: -
- A new IT system that would provide access to patient notes, which would increase the scope of the service and enable the patient to complete their journey without referral back to the GP.
- A children's clinic from 4pm to 6.30pm,
- A service to offer smoking cessation,
- A service to provide NHS health checks,
- A specialist musculoskeletal clinic.