

The Rosewood Medical Centre

Quality Report

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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 The Rosewood Medical Centre as part of our inspection programme.

At this inspection we found:

- The leaders of Havering Health Ltd had the experience, capacity and skills to deliver the service strategy and address risks to it.
- There were clear and effective arrangements for booking appointments, and transfers to other services.
- Staff felt respected, supported, and valued. They were proud to work for the service.
- The service had good systems to manage risk, and protect vulnerable adults and children.
- 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 had the skills, knowledge and experience to carry out their roles.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. To ensure the service was responsive to patient's needs, the provider's questionnaire asked what made patients use the service.
- 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 because the GPs in Havering all used different computer systems. Although, recently GP practices had moved to one computer software system and the service was looking at ways of funding this system.
- All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results other feedback received by the service in April and May 2018. When patients were asked how do you rate the courtesy of the staff 100% of patients (48) described them as very helpful.

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.

Summary of findings

- The provider should continue to review the computer software used to enable the service to have access to the GP practice patient notes.
- The provider should consider the use of interpretation services to aid staff at the call centre.
- The provider should ensure they seek assurances from the locum GPs that their medical indemnity is correct for the service.
- The provider should have an agreement in place for locum GPs about their responsibilities whilst working for the service.
- 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

The Rosewood Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist adviser.

Background to The Rosewood Medical Centre

The provider of the service is Havering Health Ltd. 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. Havering Health Ltd has five directors who are all local GPs with practices in Havering. Havering Health Ltd 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 Havering 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 Havering Health Ltd management team are based at CEME Innovations Centre, Marsh way, Rainham Essex RM13 8EU. This is operated by a business manager and a rota manager assistant, two supervisors, and a team of call handlers. Havering Health Ltd uses a team of 20 locum doctors to cover the service.

The extended access service is located at The Rosewood Medical Centre, 30 Astra Close, Hornchurch, Essex, RM12 5NJ. This is open for appointments:-

- 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 Havering Health Ltd is registered with the CQC to provide the regulated activities family planning, treatment of disease, disorder and injury and diagnostic and screening procedures.

Are services safe?

Our findings

We rated the service as good for providing safe services.

Safety systems and processes

- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, the recruitment policy did not specify a full list of the documents required under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Schedule 3 (Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity). In addition, the provider had not sought written references for the locum doctors, however most were from GP practices in the local area and were members of the local Federation. Following our inspection, the provider demonstrated that they had commenced requesting references and had amended their policy.
- 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 regularly reviewed and were accessible to all staff. They outlined who was the safeguarding lead and who to go to for further guidance.
- Although, the service did not have access to all of the patients notes, information about all patients known to be at risk of abuse was shared with the provider using the computer system from The Partnership of East London Cooperatives server (PELC), this included the NHS 111 service, Out of Hours service and Accident and Emergency. (PELC is a not-for-profit social enterprise delivering NHS integrated urgent care services.)
- 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 PELC server. In addition, information was available from Social services who alerted the service on a daily basis 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 fully informed before they saw the patient.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Staff only offered appointments to patients who were registered with the Havering GP practices, and therefore relied on the GP practice staff to check the identity of children who used the service. The management team agreed to review their safeguarding policy to ensure this was included and to consider what further measures could be put in place to check the identity of children brought into the service.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice reviewed how often patients attended and reported this to the patient's GP if appropriate.
- There was an effective system to manage the prevention and control of infectious disease at the service. The service manager ensured they had oversight of the management of infection control at Rosewood Medical Centre where staff saw patients. The service managers liaised with the practice manager should the service staff report any concerns. The service used both Rosewood Medical Centre infection control policies and had their own. All non-clinical staff had completed infection control training.
- Equipment owned by the provider and used by the locum doctors was calibrated annually.
- The service had a system in place to ensure staff had received the necessary immunisations.

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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent

Are services safe?

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. For this scenarios the call handler would call on the patient's behalf.

- 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. When they presented for an appointment, the receptionist would ensure the doctor was aware of anyone with urgent needs.
- The doctors 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 managers assessed and monitored the impact on safety.

Information to deliver safe care and treatment

- Individual care records were written and managed in a way that kept patients safe.
- 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 provider explained initially the service had installed a computer system that was supposed 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 of the GP practices. 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.
- 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 used The Rosewood Medical Centre medical gases, emergency medicines and equipment. The manager had oversight of the medicine standard operating procedures at Rosewood Medical Centre to ensure staff checked the medicines and equipment regularly.
- The service kept prescription stationery securely and monitored its use. The service used Rosewood Medical Centres computer generated prescriptions where they added their own name and address.
- The service carried out regular medicines audit to ensure prescribing was in-line with best practice guidelines for safe prescribing. They had commenced a controlled drug prescribing audit. (Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Examples include: morphine.)
- 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 anti-microbial prescribing. There was evidence of actions taken to support good anti-microbial stewardship.
- Where a patient requested a repeat prescription, the doctors prescribed medication until the patient's GP practice was open or dependent upon the type of medication, one week's supply.

Track record on safety

- The business manager had oversight of the health and safety documents for The Rosewood Medical Centre. At the practice the service staff followed the risk assessments in place for The Rosewood Medical Centre and reported any issues to the service managers who would report these to the GP practice. However, we did not find a protocol in place to explain this arrangement to staff.
- The provider had a health and safety policy in place for the call centre but did not have a risk assessment because they had recently moved into the premises. The manager agreed to carry out a risk assessment following the inspection.

Are services safe?

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. Leaders and managers supported them when they did so. The lead clinician reviewed clinical events and the service manager reviewed events that affected the service. Significant events were discussed at supervisor meetings or at board meetings. Joint reviews of incidents to patients were carried out with the GP practice.
- From January 2017 to December 2018 the staff had recorded 14 significant events. This included when staff called ambulances for unwell patients, equipment not working and affecting patient records and use of equipment or medication at Rosewood Medical Centre.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety in the service. These were discussed at supervisor and board meetings. An example was when the computer system failed, which resulted in paper based notes used. The provider acknowledged the management of this incident was well co-ordinated but found staff had needed to be reminded of the process if this should occur.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff. The last three safety alerts actioned were about a Sodium Valproate license change, use of controlled drugs and the prescribing of Gabapentin.

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 the local protocols from East London Health and Care partnerships and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed as part of the notes audit.
- 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.
- 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 by the doctors. The service had an on-call senior doctor that could be consulted should further medical advice be required by the locum GPs.
- 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.
- In co-operation with PELC, there was a system and arrangements in place to identify frequent callers to the service.

- Staff assessed and managed patients' pain where appropriate.
- The service had local clinical pathways in place for patients with a mental illness.

Monitoring care and treatment

The service routinely reviewed the effectiveness and appropriateness of the care provided.

- 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 an positive impact on quality of care and outcomes for patients. The service carried out antibiotic audits and made recommendations to the doctors regarding their prescribing. A recent antimicrobial audit demonstrated 90% compliance with local advice.
- In addition, the doctor's notes were audited following the Royal College of General Practitioner standards by the medical director, three case notes for each doctor were reviewed six monthly. 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.
- The service also monitored frequent users of the service. This included individual patients and the GP practice they were registered with.

Effective staffing

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

- All staff were appropriately qualified. The call handlers had carried out infection control, safeguarding children and adults, fire safety, chaperoning, basic life support

Are services effective?

(for example, treatment is effective)

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 doctors completed an induction competency framework, that was overseen by the medical director and included patient notes auditing and a shadowing experience.
- 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 with the local CCG for GPs.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- The management team provided staff with ongoing support. For example, permanent staff had annual appraisals, call handlers' patient calls were listened to and audited. The medical director audited doctors and supported their revalidation. However, the service did not offer call handlers on zero hours contracts annual appraisals.
- 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 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.

- 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 Havering all used different computer systems. Although, recently more GP practices had moved to one computer software system and the service was looking at ways of funding this system.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, and referrals to other services. Staff were empowered to make direct appointments for patients with other 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.

Helping patients to live healthier lives

- Information was provided for doctors to inform patients about self-help for minor illnesses. For example, cough, ear infection, sore throat use of antibiotics during pregnancy, and the management of respiratory tract infections.
- Risk factors, where identified, were highlighted to patients and their GP practice so additional support could be given.

Consent to care and treatment

- 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.

Are services effective?

(for example, treatment is effective)

- The provider monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. 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 the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results other feedback received by Havering Health Ltd. For example, in April and May 2018, when patients were asked how do you rate the courtesy of the staff 100% of patients (48) described it as very helpful.

Involvement in decisions about care and treatment

- 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 patient questionnaire results for April, May and June, which patients were asked to complete at the end of the appointment, asked patients to rate the explanation and treatment by the doctor, all rated it as good or excellent.
- For patients with learning disabilities or complex social needs family, or carers were appropriately involved in decisions about treatments.
- The service had use of a hearing loop.
- The locum GPs working at Rosewood Medical Centre had access to a telephone interpretation service, where the patient's first language was not English. When a patient called the call centre who required interpretation services they were asked to call the NHS 111 service. This had an interpretation service and could book patients into the Rosewood Medical service.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

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

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 was commissioned by the local Care Commissioning Group to provide support to GP practices by providing treatment for patients that are assessed as having an urgent primary care need. It did not provide a service for patients with long-term conditions, palliative care, maternity care.
- To ensure the service was responsive to patient's needs, the provider questionnaire asked what made patients use the service, this showed patients used the service because there were no GP appointments available at the practice or because they wanted to be seen urgently. In addition, it asked where the patient would have gone if this service was not available 22%, stated they would have attended an accident and emergency department.
- The provider engaged with commissioners to secure improvements to services where these were identified. For extra appointments to ease winter pressures and at Easter.
- The provider improved services where possible in response to unmet needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, patients with dementia or learning disabilities.
- The facilities and premises were appropriate for the services delivered. When the service was commissioned the provider selected premises to 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 would provide 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 could access care and treatment at a time to suit them. Appointments were available 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. All 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 from April 2018 to May 2018 showed that most patients were seen within 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 did not prioritise patients, but 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 service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- From December 2017 to April 2018 the service had received four complaints. One directly from the patient, two from patients GP practices and one from staff. We saw evidence that they had been investigated and responded to in a timely manner and appropriately. Where an apology was required this was offered.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For

Are services responsive to people's needs? (for example, to feedback?)

example, following a patient receiving incorrect medical advice, the complaint from the GP practice was investigated by the clinical lead and the doctor agreed to attend further training.

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.

- The leaders of Havering Health Ltd 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.
- Members of the senior management team were accessible throughout the operational period, with an effective on-call system that staff were able to use.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- 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

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- 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.
- There was 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 set out, understood and effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established activities to ensure safety and assured themselves that they were operating as intended. However, the policies and standard operating procedures and agreements did not always reflect fully the services practices. For example, the policies or standard operating procedures did not state whether it was the providers or Rosewood Medical Centres responsibility to monitor risks. The provider also did not have an agreement in place for locum GPs about their responsibilities whilst working for the service.
- The service had required locum GPs to provide them with evidence of their medical indemnity. However, the provider did not have an agreement or system in place to seek assurances from the locum GPs that their insurance was the correct type or for enough medical sessions.

Are services well-led?

Good 

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

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. For example, the provider had a risk register that included risks to the service and a business continuity plan.
- 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 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 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 reported to the local Care Commission Group monthly and used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were 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 and culture. For example, the patient satisfaction questionnaire and monthly meetings with the local Care Commissioning Group.
- Staff were able to describe to us the systems in place to give feedback.
- Staff who worked remotely were engaged and able to provide feedback through the supervisors or on-call doctor.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider held call handler and reception staff meetings once every three months. In addition, the supervisors and manager met once every three months. Also, there was a daily handover sheet and the senior managers met weekly. All the necessary information was reported to the Havering Health Board who met monthly.
- The locum GPs were informed of changes by newsletter.

Continuous improvement and innovation

- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider has submitted a business case to the CCG to change the IT system. This would allow the doctors at the hubs to view the primary care record for the majority of practices in Havering.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in.
- The provider had moved the call centre into new more suitable premises in the last twelve months.