

# NEMS GP Out-of-Hours Service

## Quality Report

NEMS Platform One Practice  
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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.

# Summary of findings

## 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 

# Summary of findings

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# Summary of findings

## Overall summary

We carried out an announced comprehensive inspection at NEMS GP Out-of-Hours Service on 12 and 13 November 2015. Overall the service is rated as good.

Our key findings across all the areas we inspected were as follows:

- Patients said they were treated with compassion, dignity and respect and pleased with the care and treatment they received from the service.
- There were innovative approaches to accessing relevant patient information. A system called the Medical Interoperability Gateway (MIG) had been introduced which gave greater access to patient records and made care more effective and safer.
- Staff understood their needs to raise concerns. There was an open and transparent approach to safety. However the system in place for reporting and recording significant events needed clarification.
- Patient care was assessed and delivered in a timely way according to need. The service performed well against the National Quality Requirements for GP out-of-hours care.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However there were some gaps in training.
- There was a system in place for carrying out audits and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- Information about services and how to complain was available and easy to understand.
- The treatment centres had good facilities and were well equipped to treat patients and meet their needs. The vehicles used for home visits and patient transport were clean and well equipped.
- There was a clear leadership structure. Overall staff felt supported by management.
- The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

- The service worked proactively with other organisations and providers to develop services that supported hospital admission avoidance and improved the patient experience.

We saw areas of outstanding practice:

- The provider had recognised that their patient population in Nottingham City had low car ownership and many patients could not afford to pay to travel to the treatment centre. Additionally Nottinghamshire County residents without transport were subject to limited public transport in rural areas and had longer distances to travel. In order to reduce the inequalities associated with access they provided a free patient transport service to collect patients from their homes, bring them to the treatment centre and return them home following their consultation, when it was necessary. We received feedback from a number of patients which reflected that they particularly valued that transport was provided and commented that they would not have been able to attend without it.
- The provider had worked with the local Deaf Society to raise awareness of the out- of -hours service. As a result introduced a 'walk in' option for urgent problems for this patient group as they had recognised that telephone assessment was problematic for the deaf.
- The service liaised with the local police force to carry out 'safe and well' checks if there were assessed concerns for patients who had not attended appointments or who they had not been able to contact.
- The service carried out urgent blood tests during home visits if required and continued to oversee the patient until the outcome of the test was determined..

The areas where the provider should make improvements are:

- Strengthen the current system for incident reporting to ensure appropriate investigation takes place.

# Summary of findings

- Ensure all staff receive training at appropriate intervals, including safeguarding and chaperone training and an annual appraisal.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The service is rated as good for providing safe services.

- The service had systems in place for reporting and recording incidents and significant events and ensuring they were acted on. Although we found that some clarification of the systems were required the service responded quickly to review their processes.
- 'Safe and well' checks were carried out with the assistance of the local police when there were assessed concerns when patients could not be contacted or did not attend their appointment.
- Risks to patients were assessed and well managed.

There were robust systems in place for the safe management of medicines used by the out-of-hours service.

Good



### Are services effective?

The service is rated as good for providing effective services.

- Data showed the service was consistently meeting National Quality Requirements (performance standards) for GP out-of-hours services to ensure patient needs were met in a timely way.
- A number of methods were used to ensure clinicians were kept up to date with best practice guidance such as National Institute for Health and Care Excellence (NICE) guidelines.
- Staff received appropriate support and training to carry out their roles. However we found some gaps in training which the provider had plans in place to address.
- There was a system in place for carrying out audits and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- Staff worked collaboratively with other services in the delivery of patient care and to improve the patient experience.
- There were innovative approaches to accessing relevant patient information in conjunction with other providers. A system called the Medical Interoperability Gateway (MIG) had been introduced which gave greater access to patient records and made care more effective and safer.

Good



### Are services caring?

The service is rated as good for providing caring services.

Good



# Summary of findings

- Data showed that patients rated the service similar to others in relation to the care they received.
- Patients said they were treated with dignity and respect by helpful kind and caring staff. Patients were satisfied that they were involved in decisions about their care and treatment.
- Staff were mindful to maintain patient confidentiality.

## Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- The service engaged with the local Clinical Commissioning Groups to provide services that were responsive to the needs of the patients it served.
- The service worked collaboratively with other providers to identify opportunities and develop schemes to improve the services patients received. They were piloting a direct access option for Learning Disability patients with the aim of improving involvement and access to appropriate healthcare for this group of patients.
- The treatment centre was in a purpose built centre with excellent facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits and patient transport were clean and well equipped.
- In order to reduce the inequalities associated with access the service provided a free patient transport service to collect patients from their homes, bring them to the treatment centre and return them home following their consultation. We received feedback from a number of patients which reflected that they particularly valued that transport was provided and commented that they would not have been able to attend without it.
- The provider had worked with the local Deaf Society to raise awareness of the out-of-hours service and as a result introduced a 'walk in' option for urgent problems for this patient group as they had recognised that telephone assessment was problematic for the deaf.

There was an accessible complaints system.

Good



## Are services well-led?

The service is rated as good for being well-led.

- The provider's overall aim was to provide a high quality, timely, safe, clinically effective service. Staff shared these aims.
- Governance and performance management arrangements helped to support high quality care.

Good



# Summary of findings

- There was strong and clear leadership and generally staff felt supported.
- The views of patients and staff were gathered by means of questionnaires and comments cards and responded to.
- In areas where we found some concerns, such as relating to the incident reporting system, the service responded quickly to address the issues raised from our feedback.



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 were the most recently available at the time of our inspection and showed the service was performing just below national averages in relation to patient satisfaction with the out-of-hours service. For example;

- 55% of patients said they were satisfied with how quickly they received care from the out-of-hours provider compared to the national average of 61%.
- 80% of patients said they had confidence and trust in the out-of-hours clinician they saw or spoke to compared to the national average of 81%.
- 66% of patients were positive about their overall experience of the out-of-hours GP service compared to the national average of 69%.
- 73% of patients said they were satisfied with how easy was it to contact the out-of-hours GP service by telephone compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 completed comment cards. All but two were positive about the standard of care received. Patients described the service they had received as excellent and the staff as caring, respectful and professional. The two negative comments related to the length of time waiting to be seen at the primary care assessment centre.

We spoke with six patients at the Platform One Practice site. All but one were impressed with the service they had received. They found staff polite, sensitive and caring. Patients particularly valued that transport was provided and commented that they would not have been able to attend without it.

## Good practice

- The provider had recognised that their patient population in Nottingham City had low car ownership and many patients could not afford to pay to travel to the treatment centre. Additionally Nottinghamshire County residents without transport were subject to limited public transport in rural areas and had longer distances to travel. In order to reduce the inequalities associated with access they provided a free patient transport service to collect patients from their homes, bring them to the treatment centre and return them home following their consultation, when it was necessary. We received feedback from a number of patients which reflected that they particularly valued that transport was provided and commented that they would not have been able to attend without it.
- The provider had worked with the local Deaf Society to raise awareness of the out-of-hours service. As a result introduced a 'walk in' option for urgent problems for this patient group as they had recognised that telephone assessment was problematic for the deaf.
- The service liaised with the local police force to carry out 'safe and well' checks if there were assessed concerns for patients who had not attended appointments or who they had not been able to contact.
- The service carried out urgent blood tests during home visits if required and continued to oversee the patient until the outcome of the test was determined..

# NEMS GP Out-of-Hours Service

## 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 GP specialist adviser, two further CQC inspectors, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to NEMS GP Out-of-Hours Service

NEMS Platform One Practice is the registered location for the out-of-hours GP service provided by NEMS (Nottingham Emergency Medical Service) Community Benefit Services Limited which is a not-for-profit company that provides urgent medical care and advice out-of-hours for patients in the areas of Nottingham City and the south of Nottinghamshire County. The service contracts with NHS Nottingham City Clinical Commissioning Group (CCG), NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG to provide primary medical services outside of usual working hours (out-of-hours or OOH) when GP practices are closed. The service covers a population of approximately 720,000 across the county of Nottinghamshire. Deprivation in Nottinghamshire overall is lower than the national average but in the city of Nottingham, it is higher than average with Nottingham's urban area being the largest in the East Midlands and the second largest in the Midlands.

Patients access the out-of-hours service via NHS 111. Calls from NHS 111 are received and triaged by the NHS 111 service provided by Derbyshire Health United. If the assessment concludes that the most appropriate course of action is for the patient to be managed by the GP 'out-of-hours' service for the area, NHS 111 staff transfer the details of their assessment on to NEMS electronically and NEMS then contact the patient to make a further clinical assessment to determine the best way to meet the patient's needs. Patients who need to be seen are allocated an appointment at the treatment centre or by a clinician visiting them at home. Patients may also receive a telephone consultation with a clinician.

The out-of-hours service is provided at two sites:

Platform One Practice, Station Street, Nottingham, NG2 3AJ

NEMS@QMC. This is located adjacent to the Accident and Emergency department at Queens Medical Centre, Derby Road, Nottingham. NG7 2UH

The service is provided at Platform One Practice on weekday evenings and overnight from 6.30pm to 8.00am and 24 hours a day at weekends and on bank holidays.

The satellite location adjacent to the accident and emergency department operates from 8am till midnight every day and is nurse-led until 6.30pm after which time a GP is also present. This service is specifically for patients that attend hospital and are identified as having conditions that would normally be treated by a GP practice team. Patients are identified by NEMS clinicians who carry out face to face assessments.

During our inspection we visited both the above sites as well as the provider's Head Office at Fanum House, 484 Derby Road, Nottingham. NG7 2GW.

# Detailed findings

The service is predominantly GP led. There are approximately 109 GPs contracted on a sessional basis to provide the out of hours service. The service also employs a variety of other clinicians (approximately 50) including nurse practitioners, emergency care practitioners and healthcare assistants. The service is supported by a team of non clinical staff.

The service was previously inspected as a pilot site for the new CQC inspection methodology in January 2014 and was found to be compliant with the regulations relating to the Health and Social Care Act 2008.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 12 and 13 November 2015. During our inspection we:

- Visited the sites at NEMS Platform One Practice and adjacent to the Accident and Emergency Department at Queens Medical Centre on the evening of 12 November 2015 and the head office at Fanum House, Derby Road, Nottingham the 13 November 2015.
- Spoke with a range of clinical and non clinical staff (including GPs, nurse and emergency care practitioners, shift leaders, reception staff, drivers and senior managers)
- Spoke with patients attending the primary care centre at NEMS Platform One Practice.
- Observed how people were being cared for.
- Reviewed documentation made available to us.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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?

Please note that when referring to information throughout this report, for example National Quality Requirement data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Summary of findings

The service is rated as good for providing safe services.

- The service had systems in place for reporting and recording incidents and significant events and ensuring they were acted on. Although we found that some clarification of the systems were required the service responded quickly to review their processes.
- 'Safe and well' checks were carried out with the assistance of the local police when there were assessed concerns when patients could not be contacted or did not attend their appointment.
- Risks to patients were assessed and well managed.

There were robust systems in place for the safe management of medicines used by the out-of-hours service.

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. The service had in place a Serious Incident Policy and a Serious Incident Reporting Procedure which ensured that staff were aware of incident reporting.

The system required some clarification and a more robust and consistent approach as we found that some incidents were not clearly recorded and others were not fully reviewed and analysed which would have enabled the extraction of greater learning from the incident. There was a variety of routes through which incidents were reported, for example through significant event reporting, safeguarding incidents and through healthcare professional feedback forms.

From September 2014 to September 2015 there were 52 internal incidents and 16 healthcare professional feedbacks recorded. There were multiple methods of disseminating learning from incidents and complaints to relevant staff and we saw evidence that improvements had been made as a result of learning from incidents.

The provider informed us following our inspection that they had discussed their incident reporting with the commissioning CCG and had introduced a more structured investigation and reporting process even for uncomplicated investigations. They planned to revise their policy to incorporate an investigation process which would better capture incidents which did not currently meet serious incident criteria but were nonetheless significant or serious.

### Overview of safety systems and processes

The service had a number of systems, processes and practices in place in order to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Staff had access to safeguarding policies and procedures for guidance if they had concerns about a patient's welfare, these included relevant contacts to agencies responsible for investigating and acting on safeguarding concerns. We saw evidence of safeguarding referrals which demonstrated the service had acted on concerns. Safeguarding concerns were also discussed so that any learning could be identified. All patients under the age

## Are services safe?

of five that had attended the out of hours service were reviewed by the Safeguarding lead and where required, referred to the relevant health visitor. A report to the CCG (September 2015) showed that 96% of staff had completed safeguarding children training and GPs were trained to level three. We saw evidence that further training was booked to address the shortfall. We found that some non clinical staff had limited awareness regarding safeguarding.

- If there were concerns for a patient, for example, if they had not attended their appointment, could not be contacted by telephone or entry had not been gained for a home visit there was a process in place to address this which was detailed in the provider's Failed Encounter policy. A risk assessment would be carried out by the nurse Clinical Triage Coordinator or a GP and consideration given as to whether police assistance was required. There was on-going work with Nottinghamshire Police for these 'safe and well' checks.
- Information was displayed at the two primary care centres we visited advising patients that they could request a chaperone during their consultation if required. A chaperone policy was in place which detailed the role of the chaperone such as where to stand during an examination. We found that not all staff who acted as chaperone had received a disclosure and barring check (DBS check). (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). Additionally, not all staff who acted as chaperones had undergone training. Following our inspection we received evidence from the provider that 91 members of staff had undertaken chaperone training and they had also secured access to online chaperone training for the remainder of staff who required training going forward. Only staff who had received a DBS check would be undertaking chaperone duties.
- The centres maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead nurse was the infection control clinical lead. There was an infection control policy in place and staff had received up to date training. Infection control was part of the service's mandatory training as well as regular updates which

included a questionnaire to check employees knowledge. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements required.

There were robust systems in place for the safe management of medicines used by the out-of-hours service.

- A Pharmacy Adviser was employed by the out -of- hours service and conducted a number of planned as well as ad hoc audits throughout the year. An example of this was a urinary infection prescribing audit from May 2015. In March 2015 there had been a medicines management review by the CCG pharmacy team, which found that generally the service demonstrated good systems and processes. This ensured prescribing was in line with best practice guidelines for safe prescribing.

- Medicines were kept securely but accessible to authorised staff. Procedures were in place

for example in relation to accessing prescription pads which required signing in and out. We

saw evidence that these were being followed. There was a system in place to replenish the

medicine boxes used for home visits on a daily basis. Weekly reconciliation checks were

undertaken of the medicines stocks held at the primary care centre and those used for

home visits and also checks took place to ensure they were in date. There were

appropriate arrangements for storing and checking controlled drugs. Controlled drugs are

medicines that require extra checks and special storage arrangements because of their

potential for misuse.

- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we found that some staff had not had a DBS check undertaken and neither was there a risk assessment in place. Some DBS checks dated back to

## Are services safe?

2003 and had not been renewed in line with national guidance. Following our inspection we received evidence that they had reviewed their DBS process, carried out risk assessments relating to the requirement of a DBS check and undertaken DBS checks for two members of staff who had been identified as requiring one and renewed 43 DBS certificates.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and health and safety training was updated annually. The provider had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were four vehicles used for home visits and a mini bus which was used to transport patients to the Platform One primary care centre if they were otherwise unable to get there. One of the home visit vehicles was kept at the out- of -hours headquarters as a back up vehicle. We inspected two vehicles and found them to be clean, tidy and well equipped. We saw service records to show that these were regularly maintained. We were told that the vehicles were cleaned internally on a weekly basis, with more frequent or deep cleaning as required. The mini bus was equipped to accommodate wheelchairs and baby seats. The drivers completed routine checks of the vehicles to ensure they were clean, fully equipped and to report any faults that needed to be actioned.
- We saw records which showed that equipment was checked regularly to ensure that it was safe to use and working properly. Staff told us they had the equipment they needed to do their job. Systems were in place to ensure clinical rooms and home visit equipment bags were routinely checked and restocked as required.

- Arrangements were in place for planning and monitoring the required staffing levels needed to meet patients' needs. In the eight months from February to September 2015 the service had consistently been fully compliant with the National Quality Requirement (NQR) which related to primary care consultations within required timescales and in seven out of the eight months been fully compliant for the NQR which related to home visit consultations within the required timescales. All providers of out-of-hours services are required to comply with the National Quality Requirements which are minimum standards set by the Department of Health. The service did not use locum GPs as all GPs were employed on a sessional basis and were local clinicians with an understanding of local services. In conjunction with the CCG demand was predicted based on analysis of previous activity, seasonal variations, the impact of predictable events such as extreme weather and seasonal infectious diseases and staffing levels planned accordingly. There was a system in place whereby there were GPs on the rota who were on call and the shift leader was able to call on if necessary.

### Arrangements to deal with emergencies and major incidents

The provider had robust arrangements in place to respond to emergencies and major incidents.

- All staff were issued with a personal alarm which if activated would trigger four indicator panels throughout the building to identify where help was needed..
- Basic Life Support training was included as part of the service's mandatory training. Clinical staff we spoke with and records we viewed confirmed they had received annual basic life support training. A report to the CCG dated September 2015 showed that some staff were not up to date with basic life support training and action was taken to address the shortfall.
- There were emergency medicines available in the treatment room.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the building and all staff knew of their location. All the medicines we checked were in date and fit for use.

The provider had a comprehensive business continuity plan in place for major incidents such as power failure or

building damage. The plan included emergency contact numbers for staff and had been regularly updated. Additionally there was a flood and major weather event policy.



# Are services effective?

(for example, treatment is effective)

## Summary of findings

The service is rated as good for providing effective services.

- Data showed the service was consistently meeting National Quality Requirements (performance standards) for GP out-of-hours services to ensure patient needs were met in a timely way.
- A number of methods were used to ensure clinicians were kept up to date with best practice guidance such as National Institute for Health and Care Excellence (NICE) guidelines.
- Staff received appropriate support and training to carry out their roles. However we found some gaps in training which the provider had plans in place to address.
- There was a system in place for carrying out audits and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- Staff worked collaboratively with other services in the delivery of patient care and to improve the patient experience.

There were innovative approaches to accessing relevant patient information in conjunction with other providers. A system called the Medical Interoperability Gateway (MIG) had been introduced which gave greater access to patient records and made care more effective and safer.

## Our findings

### Effective needs assessment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The service had systems in place to support clinical staff in keeping up to date. There was a robust Central Alert Policy in place for managing NICE guidance and safety alerts that were received. The Clinical Strategy & Development Lead was responsible for the receipt, incorporation and dissemination of new guidance received from organisations such as NICE, the MHRA and Public Health England (PHE). There were different methods of dissemination, for example through the service's clinical record (Adastra) email system and also as an email to individuals through the web based rota system. This was a robust method of dissemination as clinicians were unable to book shifts until they had acknowledged that they had read the communication. Guidance could also be accessed via the communication 'hub' on the provider's computer system.
- The provider monitored that these guidelines were followed through prescribing audits, and individual clinician audits for both GPs and nurses.

### Management, monitoring and improving outcomes for people

The service used National Quality Requirement (NQR) and other quality indicators which it submitted to the responsible Clinical Commissioning Group (CCG) to monitor the quality of the service patients received. NQRs for GP out-of-hours services were minimum standards set by the Department of Health to ensure these services were safe and clinically effective. We reviewed the NQR standards for the previous six months and found that the service had been fully compliant with all NQRs with the exception of one occasion within the requirement for seeing a home visit patient in under an hour. The provider advised us this had been due to a delay at the preceding complex home visit.

In addition to National Quality Requirements, the provider undertook Commissioning and Quality Innovation (CQUIN) measures which were set in conjunction with the CCG. They



# Are services effective?

## (for example, treatment is effective)

focused on improving quality and safety; signposting carers to appropriate services, signposting non-registered patients to relevant services for advice, audit and reduction of antibiotic prescribing and assessment of feverish children under 3 months within 15 minutes. The provider's CQUIN performance was reviewed quarterly by the CCG.

Clinical effectiveness was monitored by individual clinician audit, pharmacy and infection control audit. We were told that all consultations ended with 'safety netting' or 'worsening advice' which aimed to ensure that the patient knew what signs to look out for that would indicate that the problem was not improving and that they should seek further help.

There was a GP clinical audit group in place. They carried out individual clinician audit and met quarterly to discuss completed audits. The results were fed back to GPs on an individual basis. Where learning themes were also identified which could benefit the whole organisation or other clinicians these were disseminated to relevant staff. We saw evidence of examples of feedback to GPs and nurses following the most recent clinical audit group which related to; documentation around mental capacity assessment, checks to make regarding urinary tract infections, checks regarding correct dosages for anticipatory drugs and correct recording procedure to follow when a death had occurred. We were shown data which illustrated that 100% of GPs and nurses that were eligible in the first three quarters of 2015 had been individually audited.

Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment. We saw evidence of a clinical audit relating to urinary infection prescribing which had been undertaken in May 2015, the findings of which had been to review medication pack sizes. We saw evidence of audit findings being shared with staff.

### Effective staffing

- Staff confirmed that they received an induction specific to their role. This enabled new members of staff to familiarise themselves with systems and processes used within the service and opportunities to shadow more experienced staff.
- All GPs were sessional, with no locums being used and the induction process they undertook was thorough with an early audit of their work incorporated.

- Staff were required to complete the service's mandatory training which included safeguarding, basic life support, infection prevention and control, fire safety, the Mental Capacity Act, information governance, health and safety and equality and diversity. Staff we spoke with during our visit confirmed they had received mandatory training. A report to the CCG dated September 2015 outlined some gaps in staff training but we saw evidence that further training was booked to address the shortfall.
- The learning needs of staff were identified through a system of appraisals and individual performance audits on consultations. We looked at six staff files and found one member of staff had not had an appraisal since 2013.
- GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). This was monitored by the service.  
We were given examples where action had been taken to address underperformance and saw evidence that this had been done in a supportive way for example through further training. Improvement was monitored through further audits.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

- A clinical team co-ordinator was employed in conjunction with a non clinical shift manager to oversee the shift and ensure patients were seen according to priority. This enabled them to deploy staff as appropriate to meet patients' changing needs.
- Staff we spoke with found the systems for recording information easy to use and had received training on induction. Clinical staff undertaking home visits also had access to IT equipment so relevant information could be shared with them while working remotely.

# Are services effective?

(for example, treatment is effective)

- There was evidence of collaborative working to develop and streamline services with other providers. The out-of-hours service were able to access Summary Care Records with patient consent, which helped with information about medication and allergies.
  - The provider participated in the Connected Nottinghamshire Health and Social Care IT Summit events hosted by Rushcliffe CCG, along with other healthcare providers. As part of this initiative a programme called the Medical Interoperability Gateway (MIG) was introduced and as a result, for the first time, the provider had access to coded information from GP surgery records, again with patient consent. This enabled clinicians to see the main medical problems that the patient had, as well as investigations and tests completed and planned, making care more effective and safer.
  - The service was meeting NQR standards for transferring information relating to patient consultations to the patients' GPs by 8am the next day. Data relating to October 2014 to September 2015 showed that the service was fully compliant.
- Consent to care and treatment**
- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff told us that they recorded consent given for care and treatment on the patient record. Staff had access to information such as do not attempt resuscitation orders through special patient notes so that they could take it into account when providing care and treatment.
  - Staff we spoke with were aware of the Mental Capacity Act 2005, as well as consent in relation to the children and young people.
  - The Mental Capacity Act 2005 formed part of the service's mandatory training.

# Are services caring?

## Summary of findings

The service is rated as good for providing caring services.

- Data showed that patients rated the service similar to others in relation to the care they received.
- Patients said they were treated with dignity and respect by helpful kind and caring staff. Patients were satisfied that they were involved in decisions about their care and treatment.
- Staff were mindful to maintain patient confidentiality.

## Our findings

### **Kindness, dignity, respect and compassion**

During our inspection we observed that members of staff at all levels were sensitive and helpful to patients both face to face and through telephone conversations.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Telephone consultations took place in a purpose built operations room which was totally separate from patient areas.
- Reception staff were respectful of confidentiality and there were a number of private rooms which they told us were available if a patient wished to discuss sensitive issues or appeared distressed.
- The provider had considered the needs of children who might have a long wait at the treatment centre and told us they had introduced a 'long wait' toy box with age appropriate toys and comics.

Feedback we received from patients from the 32 completed CQC comments cards and our conversations with six patients during our visit was very positive. All but three patients were satisfied with the service they had received. They found staff polite, sensitive and caring and felt they were treated with respect.

Results from the national GP patient survey published in July 2015 showed patient satisfaction with the service received was slightly below the national average. For example:

- 55% of patients said they were satisfied with how quickly they received care from the out-of-hours provider compared to the national average of 61%.
- 80% of patients said they had confidence and trust in the out-of-hours clinician they saw or spoke to compared to the national average of 81%.

## Are services caring?

- 66% of patients were positive about their overall experience of the out-of-hours GP service compared to the national average of 69%.
- 73% of patients said they were satisfied with how easy was it to contact the out-of-hours GP service by telephone compared to the national average of 77%.

The provider obtained feedback on from patients by means of an on-going patient survey, welcome cards and a Friends and Family Test. The results of the patient survey from the previous year were available on the provider's website. The latest results of the patient survey which covered January to September 2015 showed:

- 95% of patients who visited the primary care centre rated the respect they were shown as good, very good or excellent.
- 98% of patients who received a home visit rated the respect they were shown as good, very good or excellent.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with or feedback we received from them reflected that they felt listened to, they received sufficient information which was explained in a way they could understand to enable them to make informed decisions about their care and treatment.

The latest results of the patient survey which covered January to September 2015 showed:

- 96% of patients who visited the primary care centre rated the clinician's ability to listen to them as good, very good or excellent.
- 100% of patients who received a home visit rated the clinician's ability to listen to them as good, very good or excellent.
- 92% of patients who visited the primary care centre rated the way the clinician explained things to them as good, very good or excellent.
- 98% of patients who received a home visit rated the way the clinician explained things to them as good, very good or excellent.

Clinicians made use of Special Patient Notes (SPN) from the patients usual GP during consultations. SPN's are a way

in which the patient's usual GP can raise awareness about their patients who might need to access the out-of-hours service, such as those nearing end of life or with complex care needs and their wishes in relation to care and treatment. As part of the provider's induction process GP's were encouraged to look for special patient notes. At the time of our visit the provider held 3200 SPNs in their patient record system and these had been viewed 351 times in September 2015. There was a staff member responsible for updating these records on a weekly basis to ensure they were still current.

The provider often initiated the creation of a SPN by suggesting to the patient's own GP practice that it would be helpful. This was particularly for newly identified terminally ill patients, patients who needed management plans for challenging behaviours or patients who were frequent users of the service.

The provider was piloting a direct access option for Learning Disability patients and planned to ask GP practices to identify patients on their Learning Disability Register who were frequent users of Emergency Department services with a view to offering the option of a walk in assessment at the out- of- hours service. As part of this details about the patient would be requested which would be contained in their patient held 'This is me' health and care planning profile. The aim was to improve involvement and access to appropriate healthcare for this group of patients.

For patients who did not have English as a first language, a translation service was available if required. We were told that patients generally preferred to use a family member or friend to translate for them.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The local knowledge of the clinicians meant they had a good awareness of local support organisations and were able to signpost patients appropriately. For example to a local alcohol and advice service called 'Last Orders.'

When patients had been allocated a home visit, a call handler made regular 'comfort calls' which provided reassurance and support for patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

The service is rated as good for providing responsive services.

- The service engaged with the local Clinical Commissioning Group to provide services that were responsive to the needs of the patients it served.
- The service worked collaboratively with other providers to identify opportunities and develop schemes to improve the services patients received. They were piloting a direct access option for Learning Disability patients with the aim of improving involvement and access to appropriate healthcare for this group of patients.
- The treatment centre was in a purpose built centre with excellent facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits and patient transport were clean and well equipped.
- In order to reduce the inequalities associated with access the service provided a free patient transport service to collect patients from their homes, bring them to the treatment centre and return them home following their consultation. We received feedback from a number of patients which reflected that they particularly valued that transport was provided and commented that they would not have been able to attend without it.
- The provider had worked with the local Deaf Society to raise awareness of the out-of-hours service and as a result introduced a 'walk in' option for urgent problems for this patient group as they had recognised that telephone assessment was problematic for the deaf.

There was an accessible complaints system.

## Our findings

### Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services:

- The provider had recognised that their patient population in Nottingham City had low car ownership and many patients could not afford to pay to travel to the treatment centre. Additionally Nottinghamshire County residents without transport were subject to limited public transport in rural areas and had longer distances to travel. In order to reduce the inequalities associated with access they provided a free patient transport service to collect patients from their homes, bring them to the treatment centre and return them home following their consultation. We received feedback from a number of patients which reflected that they particularly valued that transport was provided and commented that they would not have been able to attend without it.
- The provider had worked with the local Deaf Society to raise awareness of the out of hours service and as a result introduced a 'walk in' option for urgent problems for this patient group as they had recognised that telephone assessment was problematic for the deaf.
- In January 2015 the provider introduced 'welcome cards'. A card is given to each patient on arrival at either site and gives a simple explanation of what to expect on their visit both in text and pictorially and an opportunity to give written feedback on the service received. The card also asks patients how likely they would be to recommend the service. The card is an effective means of gathering feedback as well as a source of information for patients. As there was a relatively high Polish population in the area served, a Polish version of the card had also been introduced originally but had been discontinued due to lack of uptake.
- The Platform One Practice site was located in a modern, purpose built, well equipped primary care facility with ample on site free parking for patients.
- We found that both sites were accessible to patients with mobility difficulties including wheel chair access and baby changing facilities were available.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Access to the service at Platform One Practice was through the NHS 111 telephone service and patients who came as a walk-in patient were encouraged to use this number. However, for patients who did arrive as a walk-in, provision was made for patients to be assessed by a clinician and their needs prioritised as appropriate.
- NEMS@QMC was for patients that attended the local hospital A&E department and who were identified as being in need of Primary Care expertise (patients with conditions that would normally be treated by a GP practice team). Patients were identified by NEMS clinicians who carried out face-to-face consultations.
- Deprivation in the city of Nottingham, was higher than average with Nottingham's urban area being the largest in the East Midlands and the second largest in the Midlands. Clinicians were local and understood the health challenges within the population, as well as the availability and appropriate use of local health services
- The service was working collaboratively with other providers to respond to local needs and was involved in various schemes to improve services provided to patients. The provider played a part in the local health community response to outbreaks of infectious disease and major incidents. They had regularly participated in the management of outbreaks of meningitis.
- The service was able to carry out urgent blood tests during home visits and their urgent blood test policy included a management plan to hold patients safely in the system until the outcome of the test was determined. This potentially avoided hospital admissions and an example of this was a hyperkalemia assessment. (Hyperkalemia is an elevated potassium level in the blood).

### Access to the service

The out-of-hours service was provided at NEMS Platform One Practice on weekday evenings and overnight from 6.30pm to 8.00am and 24 hours a day at weekends and on bank holidays. Patients accessed the out-of-hours service via NHS 111. Calls from NHS 111 were received and triaged by the NHS 111 service provided by Derbyshire Health United. If the assessment concluded that the most appropriate course of action was for the patient to be managed by the GP out- of -hours service for the area, NHS 111 staff transferred the details of their assessment on to NEMS electronically and NEMS then contacted the patient to make a further clinical assessment to determine the best

way to meet the patient's needs. Patients who needed to be seen were allocated an appointment at the treatment centre or by a clinician who visited them at home. Patients may also have received a telephone consultation with a clinician.

The satellite location NEMS@QMC, adjacent to the accident and emergency department operated from 8am till midnight every day and was nurse-led until 6.30pm after which time a GP was also present. This service was specifically for patients that attend hospital and were identified as having conditions that would normally be treated by a GP practice team. Patients were identified by NEMS clinicians who carried out face to face assessments.

Patients were prioritised and seen according to need. We received 32 completed comment cards. All but two were positive about the standard of care received. The two negative comments related to the length of time waiting to be seen at the primary care assessment centre.

We spoke with reception staff who told us there was a sign to indicate to patients the waiting time if they were behind schedule and we were also told that they tried to keep patients informed of any delays.

### Listening and learning from concerns and complaints

The provider had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance.
- There was a designated responsible person who handled all complaints.
- We found that there was an open and transparent approach towards complaints. a complaints leaflet available at the treatment centre to take away. This provided patients with information about avenues of support available to help them to raise a complaint, details of expected time scales for handling the complaint and where to escalate their complaint if not satisfied with the response received.

The service reported that there had been 35 complaints received in the last 12 months, 18 of which had been upheld. The ratio of number of complaints to patient



# Are services responsive to people's needs?

(for example, to feedback?)

contacts was 0.04%. We saw evidence that complaints had been handled appropriately and in a timely way. The provider completed a quarterly complaints summary and regularly reviewed them.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of

care. For example, following a complaint by a patient about a staff member not introducing themselves the service had initiated their, 'Hello, my name is' campaign which highlighted to staff the principles of a proper introduction in order for all staff to adopt their philosophy. Staff we spoke with told us this had been well received by patients.

# Are services well-led?

Good 

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

## Summary of findings

The service is rated as good for being well-led.

- The provider's overall aim was to provide a high quality, timely, safe, clinically effective service. Staff shared these aims.
- Governance and performance management arrangements helped to support high quality care.
- There was strong and clear leadership and generally staff felt supported.
- The views of patients and staff were gathered by means of questionnaires and comments cards and responded to.
- In areas where we found some concerns, such as relating to the incident reporting system, the service responded quickly to address the issues raised from our feedback.

## Our findings

### Vision and strategy

The provider's overall aim was to provide high quality, timely, safe, clinically effective urgent primary care services, which met the needs of local patients and healthcare providers in a cost effective way, whilst being perceived as 'positive' experiences by patients and professional service users.

We saw evidence of the provider's commitment to this aim and their proactive approach to working with other providers and commissioners to develop services that met patients' needs and improved patient experience. Staff we spoke with reflected that commitment and shared their ideas for the future.

### Governance arrangements

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This included:

- A clear staffing structure with staff who were aware of their own roles and responsibilities. The service employed a range of staff with different skill mixes. Shift leaders or clinical co-ordinators were aware of these skills and could therefore utilise them appropriately. For example in relation to patients with poor mental health.
- There were service specific policies implemented, embedded and available to all staff. Staff were regularly notified of any updates or information they needed to be made aware of.
- There was a robust system for reviewing performance. The service had performed well against NQRs but despite this reviewed breaches of any standards in order to deliver improvements.
- A programme of clinical and internal audit which was used to monitor quality and make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The board met on a regular basis and minutes we reviewed reflected that areas discussed related to risks, performance, audit and strategy. Complaints, incidents and healthcare professional feedback were



# Are services well-led?

Good 

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

discussed. However, we did identify some issues around incident reporting which the provider acted on following our inspection. We also found that some staff were not up to date with all aspects of training.

- The service was proactive in using learning from feedback, identified incidents and complaints to improve the service and outcomes for patients.
- The service produced Quarterly Clinical Governance reports for the local CCG.
- A variety of meetings at different levels were held to discuss performance and the running of the service and ensure relevant information was shared with staff. Actions from meetings were logged to ensure they were completed.

## Leadership and culture

Throughout our inspection we found staff at all levels were open and responsive. We found the management team welcomed comments and feedback received about the service and were fully committed to improving the service that patients received. The majority of staff we spoke with felt the leadership of the service was visible. However one member of staff told us senior management were approachable but felt it would be beneficial for senior management to be more visible. The provider had reviewed their structure and strengthened leadership at board and management levels.

There was a clear leadership structure in place and staff felt supported by management.

- There were systems in place for ensuring staff including those who worked on a sessional basis were kept up to date with information. This included an information and resource tool called 'the hub' which was accessible from all computers. Staff were familiar with this and knew that all updates and information were available there. There was also a regular staff newsletter. Clinicians also received information through the rota booking system.
- Staff told us felt listened to and that managers were supportive. They knew who to go to if they had any concerns and felt able to raise issues or concerns.
- Staff said they felt valued and supported. The provider contributed to the cost of indemnity cover for clinical staff.

- There was a whistleblowing policy in place which staff were aware of.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. We found they were prepared to learn from incidents and near misses but had not always categorised incidents at an appropriate level.

## Seeking and acting on feedback from patients, the public and staff

The provider positively encouraged and valued feedback from patients, other providers and staff. It proactively sought patients' feedback and engaged different groups of patients in the delivery of the service.

- The service had previously had a physical Patient Participation Group (PPG). The service questionnaire had been initiated as a result of feedback from the PPG and car parking had been raised as an issue. This had been resolved when the provider moved to new purpose built premises with ample parking. The provider was now moving to a virtual PPG in order to try and widen membership.
- Patients were given opportunities to provide feedback on the service through an on-going patient questionnaire and through the welcome card which every patient was given on arrival. Survey results were available on the provider's website.
- The service sent out a staff survey to 130 members of staff in October 2015. At the time of our visit 100 had been returned. The results had not yet been analysed.
- There was an annual open day for salaried staff to discuss and review the service.
- When compliments were received about staff, an email was sent to the appropriate staff members to share the information and congratulate them.
- There was a handover system in place to enable the shift leader to give an overview of the shift and raise any issues or concerns.
- There was a system in place for two way feedback with other healthcare professionals and we saw evidence that issues raised had been acted on.

# Are services well-led?

Good 

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

## Continuous improvement

There was a strong focus on continuous learning and improvement within the service. The service was looking ahead and was part of local pilot schemes to improve outcomes for patients in the area. These included schemes with other health care providers and patient groups to deliver a joined up services and reduce hospital admission such as:

- Working with the Clinical Commissioning Group and other providers in Nottingham to introduce the Medical Interoperability Gateway (MIG) in order to allow access more information from patient records in order to make care more effective and safer.
- The provider played an integral part in the on-going work of the local Urgent and Emergency Care Vanguard.
- The service was piloting a direct access option for Learning Disability patients on GP Registers focusing on

frequent users of Emergency Department services to offer the option of a 'walk in' assessment at the out of hours service in order to reduce attendance at the Emergency Department.

- The provider had worked with the local Deaf Society to raise awareness of the service and now offer a 'walk in' option for urgent problems to address the difficulty with telephone assessment for the deaf.
- The service had increased their use of strategies which prompted clinicians in order to improve clinical care and decision making.
- The provider was working with the Nottingham coroner and other agencies to develop an unexpected death protocol.

The service provides training opportunities in the out- of-hours service for doctors training to be GPs. However there were some gaps in training updates. The provider had an action plan in place to address this.