

# Primary Care Manchester Ltd

## Inspection report

Victoria Mill  
10 Lower Vickers Street  
Manchester  
M40 7LH  
Tel: 0161224964  
[www.cmgppo.org.uk/](http://www.cmgppo.org.uk/)

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.**

The key questions are rated as:

Are services safe? – Requires Improvement

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 Primary Care Manchester Ltd. on 21 July 2022 as part of our inspection programme as the service had not yet been inspected.

At this inspection we found:

The service was operating an effective, caring, responsive and well-led service. Systems, processes and governance arrangements were in place and working, although these would benefit from strengthening in some areas, in particular in relation to assurances sought from operational sites in relation to the safe key question, which is rated require improvement. The service delivered achieved key performance indicators and benchmarking standards and received generally positive feedback from the patients that used it.

For example:

- The practice had systems to manage risk so that safety incidents were less likely to happen, but these were not always fully effective. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided and reported this regularly and openly to key stakeholders including the commissioners of the service. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients feedback that they generally rated the service excellent or good and would recommend it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. In particular in relation to audits conducted by the service that ranged from consultation and treatment decisions, to referrals and the use of controlled drugs.

We saw one area of outstanding practice:

- We saw that the provider also ran a service to care homes that modelled the integrated care systems, incorporating care home staff, primary care staff and secondary care staff to provide proactive care and treatment to reduce admissions and increase general health for this vulnerable group. This service provided additional training for care home staff to ensure their participation in the health of their residents. Of the 361 patients in the service, all had had an

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annual review and medicines review, non-elective admissions were at 0.1% (target 0.4%) and all patients that were admitted were reviewed following the admission. Of the 361 patients, 81% had advanced care plans in place and 96% had had a flu vaccination. Of those patients that were at the end of their lives, 77% were facilitated to die in their preferred place of death.

The areas where the service should make improvements are:

- Ensure systems of assurance regarding infection prevention and control (IPC) are consistent and accurate.
- Review Service Level Agreements (SLAs) to ensure staff training is fully considered.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of General Practice

## Our inspection team

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

## Background to Primary Care Manchester Ltd

Primary Care Manchester Ltd. provides the primary care access to extended hours requirements for the central region of Manchester. They operate out of seven locations within central Manchester. The service headquarters is located at Victoria Mill, 10 Lower Vickers Street, Miles Platting, Manchester, M40 7LH.

The Manchester Primary Care Partnership Ltd (MPCP) was formed in February 2015, is a not for profit organisation by the three Manchester GP Federations. These are Northern Health GPPO (North Manchester), Primary Care Manchester (Central Manchester) and South Manchester GP Federation (South Manchester).

The MPCP, through its member Federations, is in a privileged and unique position of having the backing of all 90 independent local GP Practices across the Manchester local authority area, covering a total patient population of over 600,000. The MPCP provides a second-tier governance structure to the three Manchester Federations, which sharing learning and incidents and peer discussions are raised in the meetings.

Primary Care Manchester Ltd. mission is to develop and provide high-quality, safe and effective health services, to support and improve primary healthcare.

Appointments can be booked through the receptionist at the patients local GP practice, where a time and location will be provided. The services operate out of seven community hubs throughout Manchester between the hours of 17:00 and 20:00 on weekdays and at weekends between the hours of 9am and 1pm.

The service operates using GPs to offer patient appointments and administration staff, provided by the operational sites, offer support during their operation at each hub location.

Primary Care Manchester Ltd. is registered with the Care Quality Commission (CQC) to provide the regulated activities; treatment of disease, disorder or injury and diagnostic and screening procedures.

Regulated activities are delivered to the patient population from the following addresses:

- Chorlton health centre, 1 Nicolas Rd, Chorlton-cum-Hardy, Manchester, M21 9NJ
- Dickensens road medical centre, 357-359 Dickensens road, Longsight, M13 0WQ
- The Robert Darbishire practice, Walmer Street, Longsight, Manchester, M14 5NP
- West Point medical centre, 167-169 Slade Lane, Levenshulme, Manchester, M19 2AF
- West Gorton medical centre, 2 Clowes St. West Gorton, Manchester, M12 5JE
- Cornbrook medical centre, 63 Booth St. W, Manchester, M15 6PR
- Ashfield Surgery (Hot COVID-19 clinic), 171 Upper Chorlton Rd. Manchester, M16 9RT

The service has a website that contains information about what they do to support their patient population:  
<https://cmgppo.org.uk/index.html>

The service does not accommodate walk-in patients or attend home visits.

# Are services safe?

**We rated the service as requires improvement for providing safe services.**

## Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse, but these were not always fully effective.

- The service, Primary Care Manchester (PCM), conducted wide ranging safety risk assessments but had not fully considered all risks. For example, in relation to not having all recommended emergency medicines at all operational sites. Following the inspection, the service assured us that these risks had been considered.
- The operational sites had safety policies that outlined clearly who to go to for further guidance, including safeguarding and health & safety policies, which were regularly reviewed and available to staff on an online portal. We saw that there was a suite of policies on the portal, managers told us that these were available to all Primary Care Manchester (PCM) staff, staff at operational sites had hard copy policies in a PCM folder. The service had systems to safeguard children and vulnerable adults from abuse. At operational sites we visited, we found that local safeguarding information, including out of hours numbers were available in clinical rooms.
- The service worked with others to support patients they saw and protect them from neglect and abuse. For example, regular communication with patients own GP and any palliative care professionals that were relevant.
- The service carried out checks on the staff that worked for them; directly for those employed at the main location and the GP locums used. This occurred 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).
- Staff who acted as chaperones were trained for the role and had received a DBS check. Staff we spoke with at the operational sites were aware of their roles in chaperoning and how to complete the task successfully.
- The service demonstrated that PCM staff received up-to-date safeguarding and safety training appropriate to their role, they received safety information as part of their induction and refresher training. Through this training we saw that staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches to their dignity and respect.
- Staff knew how to identify and report concerns. The system to ensure staff working at operational sites had agreements with the service that appropriate training for their role was in place, but we found that this was not fully responsive to changing circumstances and staff. For example, we found at one site that two-reception staff were not trained in any area including safeguarding and the service had not been made aware of this. These staff were supervised by a more senior member of staff and the service told us that this was due to an outbreak of COVID-19 at the site, which had limited the staff pool. The service acknowledged that this was not the standard they would expect and immediately tightened their protocols to ensure that staff could be shared amongst member practices should this occur again to ensure that no untrained staff were on duty. Following the inspection, the provider told us that one of these staff had had safeguarding training as part of another position held at the same time as employment at the host site. They were unable to provide any evidence that they had sought formal assurances of this.
- The system to manage infection prevention and control (IPC) was not fully effective. We found that despite seeking assurances from operational sites, the service was unable to demonstrate that these were accurately reflected at all operational sites. We reviewed IPC documents at the main site for both Dickensens road and West Point medical practice and found that these had been completed by hand and showed compliance. When we undertook the operational site visits, we found that these did not reflect the IPC policy or meet the service level agreement at these sites.
- At Dickensens Road, we found that one sharps bin had been left in a clinical room since 2019 and that elbow operated taps were not in place. The IPC audit completed on site, stated that the taps had not been installed but did not provide for any actions to be taken as a result (this was not reflected in the IPC audit at the main site). We asked the managers

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there who stated that these would be installed during a refurbishment. Cleaning schedules were in place but did not state what had been cleaned and consisted of tick box checklists and there was no documented oversight of these duties. Following the inspection, the provider gave us more information that showed the actual duties the cleaners were expected to perform.

- At West Point Medical Centre we found that three sharps boxes had not been completed with the date or signed. PCM told us that they did not provide vaccines or injections to the patients that are seen by them, during their operational hours, but had not effectively sought assurances from the operational sites that IPC status was reflected accurately. The service could not demonstrate that there was documented oversight of cleaning at this site. Cupboard tops were left uncleaned, and we found that curtains in the clinical room had not been changed since June 2020.
- The premises were otherwise clinically suitable for the assessment and treatment of patients. Facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely removing healthcare waste.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. The service demonstrated that appointments were managed proactively to ensure that no surges of demand are experienced. Senior staff were contactable for staff to escalate any concerns. The service had a well-established on-call rota that included clinical staff where necessary.
- There was an effective induction system for temporary staff tailored to their role.
- We were told that staff at member GP practices, who made appointments, understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. That they knew how to identify and manage patients with severe infections, for example sepsis. Only patients that were appropriate for extended access appointments were allowed to book into the service. Those who were more complex were referred back to their own GP for an appointment. Protocols we saw supported this.
- In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. The service had split the appointments into telephone and face to face appointments but had recently begun offering more telephone appointments and less face to face due to utilisation data they had analysed. This had caused a drop in do not attend (DNA) appointments.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff, the service had not always assessed and monitored the impact on safety. At West Point medical practice, the COVID-19 outbreak had not been fully assessed in terms of its impact on untrained staff being used to staff the site. Protocols put in place immediately would ensure that this did not occur again.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Extended hours staff had access to the clinical system and all other systems used by the participating practices to ensure consistency. We saw that the service audited consultations of their staff to ensure that these were completed appropriately.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

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- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. We also saw that the service ran referral audits to ensure that these had been completed. We found several examples where the service had identified where referrals had not yet been actioned by the participating practices and fed back to them.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, equipment, controlled drugs and vaccines, minimised risks. The service did not always fully consider risks involving emergency medicines. For example, we found that not all recommended emergency medicines were in place at all operational sites. Following the inspection, they advised us that this risk had been considered but no formal risk assessment was provided. Through the factual accuracy process, the provider showed us a risk assessment from one of the host sites, regarding missing emergency medicines was present at the time of the inspection, but the other remained absent.
- The service used electronic prescription services (EPS) and had not need for prescription stationery.
- The service carried out regular audits of consultations, including prescribing decisions to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Medicines were prescribed to patients and advice given on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health in relation to the use of medicines was passed back to the patients GP and not monitored by the service. We were told that only short-term medicines were prescribed and records we reviewed confirmed this.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms until they were able to see their own GP.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The service conducted unannounced compliance visits to their sites to ensure that they were delivering services in line with the service's stated aims and within regulations. These were tick lists, lacked detail and showed full compliance at all sites, which was not always accurate. Each operational site had to provide evidence that all correct safety certificates were in place as part of the "Service Level Agreement" (SLA).
- The service monitored and reviewed activity, including conducting mock inspections of their operational sites using compliance checklists; these were not fully effective as they identified no concerns across the two sites that we visited. This helped it to understand risks at operational sites but was not fully accurate.
- There was a system for receiving and acting on safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Service staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so and were on hand to help them when they did not know.

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- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, we saw that two incidents in relation to two-week wait referrals had been identified, logged and addressed with the operational sites.
- 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 and agency staff.

# Are services effective?

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

## **Effective needs assessment, care and treatment**

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The service monitored that these guidelines were followed with a comprehensive system of regular audits.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included a structured assessment tool.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Patients that were initially assessed to be vulnerable by their GP would fall under the service's guidance for not booking those patients into an extended hours service and would be referred back to their GP.
- There was a system in place to identify frequent callers and patients with particular needs. For example, palliative care patients; care plans, guidance and protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- Service staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

- Clinical appointments were 15 minutes in duration, to allow the clinician time to familiarise themselves with the patients notes and to allow time to discuss matters with the patient.
- From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR were used to show the service was safe, clinically effective and responsive. Providers were required to report monthly to their commissioner, the integrated care system (ICS) on their performance against these standards. These included: audits; response times to phone calls: whether telephone and face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality. We saw that the service was meeting these requirements. We also saw that the service had used this data to adjust their offer to patients, providing more telephone appointments over face to face, driving improvements in patients attending their appointments.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. We received evidence of controlled drugs audits, Did Not Attend (DNA) audits, consultation and referral audits. We saw that the service used utilisation data to improve the service offer to patients. We saw the service had run audits for medicines prescribed as anticoagulants and for epilepsy (that should not be prescribed in childbearing aged women), which demonstrated that issues had been identified and fed back to the patient's own GP. We also found that individual GPs that did not meet agreed consultation standards, were offered further support and guidance.

## **Effective staffing**

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

# Are services effective?

- All service staff were appropriately qualified and we saw that the service sought appropriate assurances that staff working in their operational sites were qualified too, with the exception of some reception staff who had not yet been trained, but were being supervised by a senior member of staff. The service had an induction programme for all newly appointed staff. This covered topics, such as safeguarding. A new protocol was put in place to ensure that only trained staff could be deployed in operational sites, during operational hours.
- The service ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service facilitated staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The service could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We saw that a disciplinary process was in place and the service had employed a Human Resources (HR) company to address any concerns they had.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services or when they were referred. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the clinical system that was used by all participating practices.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services. Staff were empowered to make direct referrals and appointments for patients with other services.

## Helping patients to live healthier lives

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

- The service identified patients who may be in need of extra support. For example, those patients that were booked into the service by their own GP practice had alerts if they needed extra support, such as an interpreter. Both operational sites that we visited had hearing loops installed to aid people with hearing impairments. Sites were fully accessible for those with physical impairments and staff told us that anyone with a visual impairment would be helped by staff to access their appointment.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.

# Are services effective?

- Where the service felt the patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs, this was usually their own GP practice.

## **Consent to care and treatment**

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

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

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff we spoke with understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. The service had assured themselves that most staff that were utilised by the service had appropriate training in mental health awareness, although we found that staff did not have learning disability awareness, but these patients would not be referred to extended hours services.
- We saw that the service also ran a care home service that modelled the integrated care systems, incorporating care home staff, primary care staff and secondary care staff to provide proactive care and treatment to reduce admissions and increase general health for this vulnerable group. This service provided additional training for care home staff to ensure their participation in the health of their residents. The service told us that the reduction in accident and emergency (A&E) attendance had dropped by 60% since the baseline data was taken in 2013; this level had been maintained but not further improved upon.
- In 2021/22, of the 361 patients in the care home service, all had had an annual review and medicines review, non-elective admissions were at 0.1% (target 0.4%) and all patients that were admitted were reviewed following the admission. Of the 361 patients, 81% had advanced care plans in place and 96% had had a flu jab. Of those patients that were at the end of their lives, 77% were facilitated to die in their preferred place of death.
- The service took into account patient feedback and provided opportunities following each consultation for them to feed back. Patients could also feedback through the complaints process. For the care home service, we saw that feedback was last collected in 2019 but the service intended to re-establish this going forward following the pandemic.
- The service also gathered feedback from operational sites, which were split into hot and cold clinics (referring to whether they saw COVID-19 positive or suspected patients or not) questions asked by the service were not in relation to the caring key question, but did ask patients if they would recommend their service and to rate their overall experience.
- For the cold clinics (not COVID-19 services), of the 216 patients surveyed, 216 responded to the opportunity to rate their overall experience; 56% rated the service excellent, 25% rated it good, 5% rated it poor and 6% rated it very poor.
- For the hot clinics (patients with suspected COVID-19); of the 68 patients surveyed 63% rated the service excellent, 26% good, 4% poor and 3% very poor.
- Of the 216 patients surveyed, 211 responded to whether they would recommend the service; 82% said they would. For the hot clinics; of the 68 patients surveyed, 67 responded, 91% of whom would recommend the service.
- The service was unable to provide data on the feedback that had been received from the post consultation questions sent to patients.

## **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Information leaflets could be obtained in easy read formats, to help patients be involved in decisions about their care where necessary.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

# Are services caring?

- For patients with complex social needs family, carers or social workers were appropriately involved.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times, we saw that protocols and policies were in place to support this.
- Appropriate staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The service consultation audits were in place to ensure this.
- The service monitored the process for seeking consent appropriately.

# Are services responsive to people's needs?

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

## **Responding to and meeting people's needs**

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

- The service understood the needs of its population and tailored services in response to those needs. For example, they tailored their appointment types, using utilisation data, to best suit their patients need. More appointments were shifted to telephone format and less to face to face. This saw utilisation balance and DNA (Did Not Attend) rates reduced. The service engaged with commissioners to secure improvements to services where these were identified. The service engaged weekly with the commissioners to provide feedback on key performance areas and adjusted their services where necessary to meet the evolving demands set out by the commissioners and their patients.
- 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, someone at the end of their lives, however, these patients would not be booked into an extended hours service, although the service was aware of these patients, should they require attention during operational hours. Care pathways were appropriate for other patients with specific needs, for example, babies, children and young people.
- The facilities and premises facilitated appropriate access for the services delivered. This included ramps and clinical rooms downstairs. The service continued to make reasonable adjustments when people found it hard to access the service.
- The service told us that they surveyed patients following each consultation but were unable to provide us with this data. A survey conducted in March 2022 of patients at both the hot and cold clinics showed that patient satisfaction was high. Of the six questions that were asked in the survey, four were in relation to actual satisfaction. Two questions related to rating the service overall and if patients would recommend the service. The other two questions asked patients to provide written feedback about their experiences. These were generally positive, but those that were not were taken as learning tools.

## **Timely access to the service**

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

- Patients were able to access care and treatment at a time to suit them. The service operated seven days a week; during the week, the service operated from Monday to Friday from 5pm to 8pm. At weekends, the service operated on both Saturday and Sunday from 9am to 1pm.
- Patients could access the service only through being booked in by their GP surgery. The service did not see walk-in patients and a 'Walk-in' protocol was in place which clearly 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.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs, usually back to their own GP.
- The appointment system was clear and simply designed and was the same as those employed by the participating practices.
- Referrals and transfers to other services were passed to the patient's own GP in a timely way. At the end of each day, emails of patient consultations were sent to the patients GP along with any recommendations for necessary referrals. For example, two-week wait cancer referrals.

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

# Are services responsive to people's needs?

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. Staff we spoke with, knew to treat patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received since the start of 2021. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant services, and 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 example, in the case of a missed two-week wait referral by a participating GP, PCM staff suggested refresher training on the referral protocol to ensure this did not happen again.

# Are services well-led?

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

## **Leadership capacity and capability**

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services; however, their systems would benefit from strengthening to ensure that infection prevention and control systems were more effective. They understood the challenges to service delivery and were proactive and committed to addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use. We saw that documentation at each operational site was available and staff we spoke with knew how to access it.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

The service had a clear vision and 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 strategy and supporting business plans to achieve priorities and were able to articulate these at length and with considerable enthusiasm and passion.
- The service's mission statement was; Drawing on the experience of GPs and other primary care staff, Primary Care Manchester Ltd. (PCM) will develop and provide high quality, safe and effective health services to support and improve primary healthcare.
- The service developed its vision, values and strategy jointly with patients, staff and external partners and stakeholders.
- Service staff we spoke with 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 and was agreed with commissioning bodies locally (ICS). The service analysed and documented the needs of the local population, planning the service to meet these.
- The service monitored progress against delivery of the strategy, although monitoring processes were in place, they were not always effective. The service acknowledged this and took action to ensure this was more effective going forward.
- The service ensured that participating practice staff who worked in the operational sites felt engaged in the delivery of the service's vision and values.

## **Culture**

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

- Staff we spoke with felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.

# Are services well-led?

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Not all staff received regular annual appraisals in the last year due to changes in operational management, but these had restarted in 2022 with a plan in place to ensure all staff received these.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff records we reviewed demonstrated that they had received equality and diversity training. Staff we spoke with felt they were treated equally.
- There appeared to be positive relationships between staff and teams.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and generally effective except for infection control. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Service staff we spoke with were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended, but there were areas that needed further development.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- Other than some areas of infection prevention and control (IPC), there was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level and with commissioners. Performance was shared with staff and the local integrated care system (ICS – replaced the Clinical Commissioning Group) as part of contract monitoring arrangements.
- Clinical audit was limited due to the services limited clinical responsibilities, but what had been done had 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 services had plans in place and had trained their staff for major incidents.
- The service 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

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

# Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The service showed us that all their staff had the opportunity to attend meetings and contribute to the operation of the service.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care. The service had invested in a dashboard that allowed them to monitor the quality of service delivery and report this to key stakeholders such as the commissioners. They submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, patient feedback, complaints, internal meetings and conversations with key stakeholders.
- Staff we spoke with were able to describe to us the systems in place to give their feedback, such as one-to-one conversations and meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement at all levels within the service. The service's system of audit and quality improvement covered all aspects of service delivery and was able to demonstrate improvements were made and maintained.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the service had been involved in previous years, although not most recently; the service was committed to continue to seek out new ways to innovate. There were systems to support improvement and innovation work.