

# Primary Care Access Hub - Meir Primary Care Centre

## Quality Report

Primary Care Access Hub - Meir Primary Care Centre

Meir Primary Care Centre

Stoke on Trent

Staffordshire

ST3 6AB

Tel: 01782 987585 (provider telephone number)

Website: [www.nsgpfed.org.uk](http://www.nsgpfed.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 service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Key findings

## Contents

### Key findings of this inspection

Letter from the Chief Inspector of General Practice

Page

2

### Detailed findings from this inspection

Our inspection team

4

Background to Primary Care Access Hub - Meir Primary Care Centre

4

Detailed findings

5

## Letter from the Chief Inspector of General Practice

### **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Primary Care Access Hub - Meir Primary Care Centre on 10 March 2018 as part of our inspection programme.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for recording, reporting and learning from significant events. When incidents did happen, there were arrangements in place to ensure learning was shared to improve processes.
- There were systems in place to keep patients safe and safeguarded from abuse and for identifying, assessing and mitigating risks to the health and safety of patients. However, the oversight of safety checks needed strengthening.
- There was a system in place that enabled sessional GPs providing treatment to access patient electronic records. Written agreements were in place for sharing information with staff and external partners to enable them to deliver safe care and treatment.
- The service managed patients' care and treatment in a timely and effective way.

- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Patients told us they felt listened and involved in their care and treatment and were treated with compassion, kindness, dignity and respect. They spoke highly of the care and treatment they had received and told us they would highly recommend the service.
- The service worked proactively with other organisations and providers to ensure patients had access to alternatives to hospital admission or urgent care services where appropriate, which improved the patient experience.
- The service sought feedback from staff and patients, which it acted on.
- There was a clear leadership structure and staff felt supported in their work. There was a strong focus on learning and improvement and a commitment to improve continuing care for local patients in addition to reducing demand on other parts of the healthcare system such as A&E services.
- The service only employed local GP partners and salaried GPs who were therefore familiar with all the local systems, referral pathways and prescribing formulary. The service had a comprehensive system for post consultation messaging to local GP practices with frequent examples of personalised follow up by a

# Summary of findings

clinical director. For example, telephone calls were made to patients registered practice to confirm urgent referrals had been made or investigation requests actioned to ensure continuity of care.

- The service had a detailed and extensive customisation of directory of services with the local NHS 111 service to ensure only the patients that would benefit from this service were provided with an appointment.
- There was a detailed and systematic review of the quality of consultations undertaken by a clinical director providing evidence of individual feedback and learning.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider **should** make improvements are:

- Review policies to ensure they are specific to the service, inform practice and are dated to ensure they are reviewed and updated within an appropriate time frame and reflect latest guidance.

- Develop documented systems to gain assurances that safety checks on emergency medicines, equipment and health and safety checks are carried out and actioned at the premises where the service is delivered from.
- Review significant events to ensure they are recorded in line with policy.
- Review the complaint policy to ensure people who complain are advised of the escalation process and ensure complaints about clinical matters are considered and investigated as significant events.
- Review the system for receiving and acting on external safety alerts.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Primary Care Access Hub - Meir Primary Care Centre

## 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 advisor and a second CQC inspector.

## Background to Primary Care Access Hub - Meir Primary Care Centre

Primary Care Access Hub-Meir Primary Care Centre-is registered with the Care Quality Commission to provide an out-of-hours service. The service is managed by North Staffordshire GP Federation (NSGPFed), a not for profit private limited company which was established in 2015, following the demise of the previous GP Federation. The service currently supports 76 GP practices across the Stoke-on-Trent and North Staffordshire area covering 500,000 patients. Members are independent practices who are working together to represent primary care as a provider in the development of services and new models of service provision and has a board of nine directors, including two clinical directors. Their aim is to provide continuing care for local patients, and to reduce A&E attendance by patients for whom primary care services are more appropriate. More information about the provider is available on their website at [www.nsgpfed.org.uk](http://www.nsgpfed.org.uk)

The Primary Care Access Hub (PCAH) is a service commissioned by the North Staffordshire and

Stoke-on-Trent Clinical Commissioning group (CCG) and provides an out -of-hour's general medical service every Saturday and a number of bank holidays from 8am till 4pm. The service is run from the second floor of Meir Primary Care Centre, Stoke on Trent, Staffordshire ST3 6AB, which is a large purpose built primary care centre providing a range of services. The Primary Care Access Hub provides a GP led service from Willow Bank Surgery that is also open on a Saturday from 8am till 4 pm for its registered patients. The PCAH utilises space within the surgery including consultation rooms, the waiting area and reception services provided by the surgery. All appointments are booked directly through the NHS 111 service who determine whether the patient is suitable to be seen by the GPs at the PCAH. Each appointment is 15 minutes and available between 8:30am until 12 noon and between 12.15pm to 3.45pm. The service is staffed by two GPs in the morning and two GPs in the afternoon, providing a total of 56 appointments.

The provider has in excess of 40 GPs working for them on a sessional basis that all work locally in Stoke-on-Trent or North Staffordshire GP practices. The management team consists of the manager and deputy manager of Hanley Primary Care Access Hub, which is also run by the provider, with operations overseen by the provider's business manager and the board of directors. GPs have access to patients' clinical records and provide assessment, treatment, order tests in addition to prescribing and making urgent referrals where appropriate. The outcome of each consultation is sent electronically to the patient's registered practice for the following working day so that the patient's usual registered GP practice is kept fully informed of the outcome of the consultation in a timely manner.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The service had systems in place to safeguard children and vulnerable adults from abuse. Staff we spoke with were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The GPs and the reception staff had received safeguarding training and knew how to identify and report safeguarding concerns. The service had systems in place to ensure all of the sessional GPs had received safeguarding children level three training. We saw staff had access to external local safeguarding contacts in addition to children and vulnerable adult policies, which included a range of case scenarios. However, the vulnerable adults safeguarding policy did not reflect updated categories or definitions of the types of abuse such as modern slavery or female genital mutilation (FGM).
- The provider had a chaperone policy in place and notices offering this service were available in the consultation rooms that the GPs were using on the day of the inspection. There were designated staff to act as chaperones who had received training for the role and had a Disclosure and Barring Service (DBS) check.(DBS
- We reviewed a selection of staff files for GPs and reception staff and found the provider had ensured that
- There was a system to manage infection prevention and control (IPC). Staff had received training and had access to an infection control policy. However; the policy was a generic IPC policy and not specific to this service. We saw the last audit was carried out in April 2017 by staff at the practice the provider utilised, however it was not clear if issues identified in the audit had been actioned. There were systems for safely managing healthcare waste where appropriate.
- There were systems in place to ensure that the practice facilities and equipment used by the provider were safe and equipment was maintained according to

manufacturers' instructions. Although relevant safety checks had been carried out and the provider had access to these checks, a greater oversight was needed to ensure checks were carried out at the required frequency and any actions identified had been completed and documented.

- The provider had not conducted their own safety risk assessments as these had been completed by property services. Staff had access to health and safety policies and these were regularly reviewed and communicated to staff. We saw risk assessments to include fire and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) had been completed by NHS property services who were responsible for maintaining the building. Checks on emergency lighting, fire safety systems and drills had also been carried out and a record of checks carried out was maintained.

### Risks to patients

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

- There were effective arrangements in place for planning and monitoring the number and mix of staff needed. The rota was completed and monitored by the clinical directors and managers. The provider regularly monitored the uptake of the service to ensure sufficient resources were in place. Since the service had become operational over 99.7% of the sessions had been filled by GPs providing continuity of care and treatments for patients.
- GPs were all sessional local GPs who worked on behalf of the provider and were therefore familiar with all the local systems, referral pathways and prescribing formulary.
- There was an effective induction for all new GPs who worked at the hub that included detailed information for identifying risk of serious illness and the associated level of risk, for example, low, intermediate and high risk in addition to detailed information regarding onward referral of patients.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention and had received training in basic life support to respond to patients presenting with medical

# Are services safe?

conditions such as chest pain and seizures.

Consultation rooms and the clinical system had panic buttons in place to alert other staff if they required immediate medical assistance with any patient. There were procedures in place to alert security staff to ensure prompt access for the emergency services.

- The GPs told patients when to seek further help. They advised patients what to do if their condition deteriorated, for example if they required hospital treatment.

## Information to deliver safe care and treatment

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

- The service had information sharing agreements in place for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We saw GPs had full access to patients' clinical records for practices that had the EMIS Web clinical system in place providing a full medical history of patients accessing the service. This included details about prior consultations with their usual GP practice, current medicines prescribed and any allergies they may have. This enabled the GP to make a safe and informed judgement on the patient's presenting condition and their medical history. For patients who attended who were registered with a minority of practices that used an alternative clinical system, the provider utilised the Summary Care Record, an electronic summary of key clinical information about the patient created from GP medical records held on a central database.
- The outcome of each consultation was fully documented and sent electronically to the patient's registered practice for the following working day. This ensured that the patient's usual GP practice was kept fully informed of the outcome of the consultation in a timely manner.
- GPs were able to prescribe in addition to making urgent referrals if required in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- We saw the service had access to emergency medicines and equipment located within the GP practice it provided a service from. These were regularly checked by the practice staff to ensure all of the suggested emergency medicines and equipment were available, stored securely and safe for use. Although there was no formalised documented agreement in place for this arrangement, the business manager told us they occasionally checked these when they visited the service. The service did not provide consultations in patients own homes and therefore did not require GPs to carry emergency medicines.
- The service was unable to access the electronic prescribing service (EPS), therefore prescription stationary was used. We saw stationary was secure and arrangements were in place to monitor its use.
- The GPs prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance and complied with the North Staffordshire and Stoke on Trent prescribing formulary. There was a policy not to prescribe controlled drugs other than in exceptional circumstances.
- The service had recently audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

## Track record on safety

The service had a good safety record.

- There were risk assessments in relation to safety issues for example, fire and legionella in addition to a health and safety policy.
- There were arrangements in place to report, record, investigate and share significant events and discussed with partner organisations for example, the clinical commission group (CCG).
- The provider had a documented service continuity plan and risk assessment in place however this related to the providers other registered service. We saw formal arrangements had recently been agreed with a nearby GP practice to use their premises in the event of the service not being able to be provided at this location. For example, in an emergency to ensure continuity of the service for patients.

# Are services safe?

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff told us they were encouraged to raise concerns and report incidents and near misses. We saw the provider had a system and procedure in place for significant event monitoring and analysis. There was a standard template recording form available that was accessible to staff and any event was reported to clinical directors. There were systems in place for reviewing and investigating when things went wrong. These systems ensured that there was the opportunity for lessons to be learned and shared any action taken to improve safety in the service. For example, a significant event had been raised in relation to security staff failing to turn up to open the building on a bank holiday despite assurances been given that suitable arrangements were in place. However, a health professional arrived for work and was able to open up the building to enable the service to be provided. As a result written assurances had since been requested and received and the management team now had access to emergency contact telephone numbers. This incident was shared with the staff team in addition to the CCG as part of the contract review meeting held.
- We saw three significant events had been reported, recorded and investigated since the service became operational. These were shared in meetings held with Board members and in internal updates and newsletters. We found the provider had also received a complaint but this had not been recorded as a significant event in line with their policy. However, we saw the complaint had been fully investigated by the GP concerned and the complainant was provided with the outcome of the investigation, a written apology and the outcome shared with staff to aid learning in addition to the CCG.
- There was not a formalised system for receiving and acting on external safety alerts. The provider already identified this as an area for development and had put together a spreadsheet to log all safety alerts going forward and clinical directors had recently registered for alerts and National Institute for Health and Care Excellence (NICE) updates. We checked recent alerts with a clinical director and found there were no specific recent examples relating to this service.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. For example, we saw GPs had access to a NICE based 'sick child' template and the management of child fever which was specifically included in the GP induction process. GPs also had access to a wide database of evidence based guidelines on the intranet to refer to.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The effectiveness of GP consultations were regularly audited by a clinical director.

### Monitoring care and treatment

The service was monitored in a variety of ways.

- The provider monitored its performance in line with the NHS England Standard Alternative Provider Medical Services Contract.
- 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 NQRs are used to show the service is safe, clinically effective and responsive. The NQR for GP out-of-hours services were not applied to this service as this was not how the provider was commissioned by the clinical commissioning group (CCG) so these requirements were not relevant. However, the provider had clear quality

requirements commissioned by the CCGs to measure their performance of the service provided and these were reported to the CCGs on a weekly and monthly basis. These included reporting requirements about performance in relation to numbers of patients seen, discharge summaries completed, staffing arrangements, referrals made in addition to audits performed in relation to the number of patient records accessed. Monthly commissioner meetings were held to discuss and review performance and meetings were recorded. The CCG told us the provider was meeting its key performance indicators in relation to this service.

- The electronic clinical system that provided GPs with access to patients' health records was regularly audited. This ensured that the service was being delivered in accordance with the agreed information data sharing agreements that the provider had in place with each GP practice. This was a detailed agreement that allowed GP practices within the locality to share practice patient records with the provider and enabled to help them assess and address the urgent needs of patients attending the service in a timely manner and avoided patients attending other healthcare services such as A&E.
- There were effective systems in place to regularly review the clinical performance of each of the sessional GPs that worked within the service.
- Regular audits were undertaken. We saw an audit had been carried out on 49 appointments arranged by the NHS 111 service. Forty eight patients had attended. One patient had failed to attend. All 48 appointment bookings were deemed appropriate. Seventeen patients had added value by being seen in this service rather than another service, for example, A&E for referrals and arranging routine investigations. Results showed 15 patients could otherwise have ended up attending A&E if they had not been seen in this service.
- The service had recently monitored the quality of their antibiotic prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The provider had approximately 40 GPs who regularly undertook sessional work at this location. Only regular local GPs were used who were partners or salaried GPs at practices in either Stoke-on-Trent or North Staffordshire. Therefore they were familiar with all the local systems. We sampled a number of employment records and saw GPs were appropriately qualified and had the skills, knowledge and experience to deliver effective care and treatment. The provider ensured that all staff worked within their scope of practice. The provider utilised designated reception staff within the practice the service was provided from. We saw the provider had access to these staff records and ensured they had received the required recruitment checks and the essential training required to support the service.
- The provider understood the learning needs of staff. All clinicians had received a comprehensive induction and training guidance on the clinical system. Further guidance was provided on an ongoing basis by the clinical directors.
- The provider maintained up to date records of skills, qualifications and training. Staff were encouraged and given opportunities to develop. The provider had part funded e-learning training across all local GP practices to support GPs working for the provider and reception staff supporting the service with their essential training.
- Staff were provided with ongoing support. This included information shared through a closed instant messaging texting service and remote support provided by clinical directors. Staff also had annual personal development reviews to discuss their competencies, knowledge and skills to function well in their role and identify any learning needs to meet the requirements of the position held. An internal information sharing event had been held for GPs to update them on the service. Staff had access to a wide-ranging and well developed intranet with extensive clinical resource.

### Coordinating care and treatment

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

- All patients were triaged and assessed by the local NHS 111 service who then determined whether the patient was suitable to be seen by the GPs at Primary Care Access Hub (PCAH) We saw there was a set clinical profile (directory of service) for the NHS 111 service to

use to ensure appointments were only made for patients presenting with the health conditions specified. We saw the provider regularly engaged with managers from the local NHS 111 and had developed positive working relationships with them. They had also taken a collaborative approach to developing the service with the CCGs and NHS 111 service to deliver effective care and treatment.

- The service had access to key information about the patients they saw. This helped the GPs in understanding the patients' needs. We saw they worked with other service providers in meeting patients' needs. For example, the outcome of the consultation was sent electronically to the patient's registered practice the next working day to ensure the patient's usual practice were aware that their patient had been seen by the service and the outcome of the appointment. Patients who could be more appropriately seen by their registered GP or an emergency department were referred on.
- 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. A weekly report detailing the number of discharge summaries sent to a patient's own registered GP practice was sent to the CCG as part of the providers' contractual obligations.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- Risk factors, where identified, were highlighted to patients and their registered GP so additional support could be given. For example, patients and their carers were advised about signs to look for if their condition should deteriorate and what action they should take. If during a consultation the GP identified the patient was overdue a medication review or health review for a specific condition, for example, asthma, we were told this would be documented in the patients' discharge summary and the patients' usual registered GP practice would be advised and challenged where necessary.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service.

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

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.
- Patients consented to receiving a service upon booking an appointment.
- GPs were prompted to gain the consent of patients before accessing their records.
- The provider monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Patients received timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Feedback gained in discussions we held with patients on the day of the inspection and through the 31 Care Quality Commission comment cards we received demonstrated patients were treated with kindness and respect. Patients told us that staff were friendly, courteous, and helpful and took time to listen to them and were reassuring, thorough and attentive to their needs. Patients consistently described the service they received as excellent and efficient.

We saw patient experience had been obtained through a short questionnaire. On the day of the inspection 19 questionnaires had been completed by patients that had used the service. Twelve patients described their overall experience as excellent. Patients reported that they had been treated with respect and dignity.

### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that the service was excellent, efficient, thorough and reassuring. They felt supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

### Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The provider complied with the Data Protection Act 1998.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- A private area was available should a patient wish to discuss sensitive issues.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs in partnership with the clinical commissioning group (CCG). The provider engaged with and had strong links with local GP practices, the local NHS 111 service and the clinical commissioning group (CCG). The provider told us they were passionate about their local area and about improving services for the local population.
- The service had been extended to cover bank holidays to provide patients with improved access to primary care and therefore reduced the demand placed on other healthcare services such as walk-in centres and A&E.
- The facilities and premises were appropriate for the services delivered. The provider utilised the facilities within a local existing GP practice based in a large purpose built primary care centre which was accessible to the local population it served.
- Level access and a passenger lift were available for patients with mobility problems.
- Patients were advised by the local NHS 111 service where they needed to attend for their appointment, however we saw signage could have been improved at the main entrance to the building to better direct patients to the service.

### Timely access to the service

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

- The Primary Care Access Hub was commissioned to provide 56 extended hours appointments on a Saturday from 8am until 4pm. They had also provided bank holiday cover. Appointments were available from

8.30am until 12 noon and 12.15pm until 3.45pm and were booked directly through the local NHS 111 service. Patients were able to access care and treatment at a time to suit them between these hours.

- Feedback received from patients we spoke with and completed CQC comment cards suggested patients were seen in a timely manner. Patients described the service as very fast and efficient. The majority of patients told us they were seen on time.
- The provider monitored the number of appointments available, numbers of patients that attended and did not attend in addition to patients referred to other healthcare services such as A&E to ensure they met their contractual arrangements.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available but not readily accessible. For example, we saw the reception staff did not have access to patient complaint leaflets for this specific service should a patient wish to raise a complaint. However, discussions with them demonstrated they knew the procedure to follow. The provider had a complaints and comments procedure however, these were not specific to this service.
- The service had received one formal written complaint since it became operational. We saw the complaint had been acknowledged and investigated and the complainant had received a written response to their concerns and provided with an apology. The response showed evidence of reflection and learning. However, the complainant had not been advised of the escalation process should they have been dissatisfied with the initial response to their complaint.
- The service learned lessons from the individual concern and had shared these to improve the quality of care. This included advising the clinical commissioning groups (CCGs).

# Are services well-led?

Good 

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

## Our findings

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

### Leadership capacity and capability

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

- The provider was a stable organisation with strong leadership from the Board of nine directors, to include two clinical directors who led on internal quality assurance in conjunction with the management team.
- The clinical directors and business manager demonstrated that they had the experience, capacity and skills to deliver the service and provide high quality care. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the service had been developed specifically to improve patient access to GP appointments locally and to trial some of the new ways of working particularly around extended access to enhance patient experience and reduce demand on secondary care services.
- Leaders were visible and approachable. They worked closely with staff and other partner organisations to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

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

- The vision was to support enhanced, integrated, patient centred care and transform the delivery and protect the future of primary care by creating a united, resilient and sustainable service benefitting the local northern Staffordshire community.
- The provider had plans to further develop and expand the service and shared these with us.
- The service developed its vision, values and strategy with staff and external partners and had taken a collaborative approach to developing the service with

the clinical commission groups (CCGs) and the local NHS 111 service provider. This was in line with health and social priorities by delivering extended access and new ways of working.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service and were supported by enthusiastic and innovative clinical leadership.
- The GPs and receptionist we spoke with were considered valued members of the team. They were able to raise concerns and suggestions to improve the service and were encouraged to do so and had confidence that these would be addressed.
- The provider had developed positive working relationships through extensive work with partner organisations.
- The service focused on the needs of patients. Feedback from patients demonstrated they felt respected and listened to and involved in their care.
- The service demonstrated that a process of openness, honesty and transparency would be used when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management although some areas required strengthening.

- Structures, processes and systems to support good governance and management were set out and understood. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.

# Are services well-led?

Good 

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

- Appropriate systems were in place for monitoring the service provision including clear quality requirements monitored by the clinical commissioning groups (CCGs) to measure the service performance.
- We saw there were a range of policies and procedures in place. Although these were accessible, they were not specific to this service, dated or signed. There was no documentary evidence available that the service had assured themselves that the required checks to include external patient safety alerts, health and safety, infection control and emergency medicines and equipment had been completed and actioned by the practice or building the service operated from. The provider told us they checked these but did not document their findings.

## Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- Performance of sessional GPs could be demonstrated through audit of their consultations, prescribing and referral decisions. We randomly selected five GP consultations that had been assessed by a clinical director. We found these were detailed and clearly provided evidence of individual feedback and learning in relation to performance.
- Leaders had a good understanding of service performance against key performance indicators. Performance was regularly discussed at board level and shared with staff and the local clinical commissioning groups (CCGs) as part of contract monitoring arrangements. The provider had clear quality requirements commissioned by the CCGs to measure their performance of the service provided and these were reported each week and monthly. Monthly commissioner meetings were held to discuss and review performance and meetings were recorded. A representative for the CCGs confirmed with us that the provider was meeting its key performance indicators in relation to this service and had taken a collaborative

approach to developing the service with the them and local NHS 111 service provider. They told us that the provider responded promptly to any queries and reporting from a contractual perspective.

- Learning outcomes from significant events, complaints and incidents were shared with all staff.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability was discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

At the time of the inspection the service had not involved patients, the public, staff and external partners in a formal review of the service due to the limited time the service had been operational although the provider encouraged and valued feedback from patients, the public, local GP practices and staff.

- We saw that staff working at the service were transparent, collaborative and open with stakeholders about their performance.
- The service had very recently developed patient experience questionnaires for patients to complete post their consultation. We saw 19 questionnaires had been completed by patients that had used the service on the day of the inspection. Twelve patients described their overall experience as excellent, others rated the service as very good or good. We saw patients were asked how the service could be improved.
- Patients did not currently have the facility to provide a review of the service on NHS Choices, a website that

# Are services well-led?

Good 

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

provides information to patients about health services and enables them to leave their reviews on their experiences of service. The business manager told us they were looking to introduce the NHS Friends and Family Test in line with their contractual obligations.

- The provider had collated feedback received from their GP practice partners they represented. We saw feedback was complementary and included comments about the enhancement of the patient journey and supporting the wider health economy.
- There were effective arrangements in place that ensured staff were involved and up-to-date with any changes introduced. The service used a closed instant messaging texting service to communicate quickly and urgently with all of the sessional GPs and board members and provided monthly updates about the Federation to staff and the 76 local GP practices they supported.
- The provider had arranged events for local GP practices, for example a practice manager's training day had recently taken place and feedback from attendees was very complementary. The provider had also assisted towards the funding of on-line training packages for local GP practice staff to ensure they had access to essential learning.

- The service engaged closely with managers from the local NHS 111 service.

## **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 provider was implementing the learning from this service to further develop the service going forward and shared the provisional future plans with us.
- The service had effective arrangements in place to monitor and achieve key performance indicators and regularly met with commissioners and managers from the local NHS 111 service.
- GPs had remote access to patients' electronic clinical records. This enabled the GP to make a safe and informed judgement on the patient's presenting condition and their medical history. The clinical directors were available remotely to support the sessional GPs in their work.