Local Primary Care GP Federation

Inspection report

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Date of inspection visit: 30 August 2019
Date of publication: 07/10/2019

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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good.

The key questions are rated as:

Are services safe? – Good Are services effective? – Good Are services caring? – Good Are services responsive? – Good Are services well-led? – Good

We carried out an announced, comprehensive inspection at the Local Primary Care GP Federation on 30 August 2019. This was the first inspection of this extended hours service. Our inspection included a visit to the service's headquarters, to a new branch of that headquarters and to one of the sites where the service operated.

The Local Primary Care GP Federation provides extended access appointments with GPs for patients of all practices within the Blackburn with Darwen clinical commissioning group (CCG) during evenings and weekends, and asthma and cervical screening clinics at weekends with nurses. The provider also works closely with the CCG to produce and help practices deliver a quality improvement programme aimed at improving the health of the local population. The service offers a repeat prescribing hub service for seven practices and a workflow management hub service for four practices. Both of these hubs are at the pilot stage.

The service director of operations is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection, 19 people provided feedback about the service. All of them were very positive about the service. Patients described the service as excellent and praised the staff and GPs for their caring and understanding attitude. They told us they were listened to and they valued the service highly.

Our key findings were :

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was a strong focus on quality improvement. Audit was meaningful and informed by service outcomes.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. Patient feedback on the service was consistently positive.
- Continuous learning and improvement were central to the organisation. Practice and patient needs were used to inform service development and were fundamental to the organisation aims and values.

We saw the following outstanding practice:

- The service had developed a five-year quality improvement plan (QOEST) in collaboration with the local clinical commissioning group (CCG) to address and improve the health of the population of Blackburn and Darwen. They provided training and workshops to practices and support for those practices who needed it in order to achieve QOEST targets. We saw data (some as yet unverified) that showed large improvements in the care and treatment of patients with long term conditions. Data also indicated improved access to GP practices by the use of care navigation, directing patients to appropriate services for care and treatment, following training provided by the service.
- The service also provided cervical screening clinics for all CCG patients at weekends. We saw figures (some as yet unverified) to show cervical screening across the CCG increased by 1.4% in 2017/18 and an additional 2.5% in 2018/19. These increases were the first since 2012.

Overall summary

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

- The new process to ensure actions taken as a result of significant events are reviewed in a timely way should be embedded into practice.
- Implement the confidential health questionnaire for new staff to ensure working conditions are appropriate.
- Introduce a formal chaperone policy to review chaperone arrangements during patient extended hours appointments.
- Implement the service policy for taking action following any practice operating as an extended access host site which is found to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Local Primary Care GP Federation

The provider, Local Primary Care GP Federation, is a healthcare federation created by an amalgamation of 23 GP practices. The service operates under a contract with the Blackburn with Darwen clinical commissioning group (CCG) and provides healthcare services to all residents in the CCG.

The service headquarters is located next to a GP practice premises in the Barbara Castle Way Health Centre on Simmons' Way, Blackburn, BB2 1AX. At the time of our inspection, the provider had recently leased further office space at the Blackburn Enterprise Centre at Furthergate, Blackburn, BB1 3HQ which it was operating as a branch of its headquarters. There were plans in place to move some staff to the new office in the near future.

The service provides patient appointments to support primary care services by enabling patients to obtain a pre-booked appointment outside of their own practice's core opening hours. Appointments can be booked through a patient's own GP practice or the NHS 111 service and are available seven days a week, between 4pm to 8pm or 5pm to 9pm Monday to Friday, and 8.30am to 2.30pm on Saturday and Sunday. The service does not accommodate walk-in patients.

Surgery sessions are run from four GP practice sites. These sites are in Blackburn at The Family Practice, Level 2, Barbara Castle Way Health Centre, Simmons Street, BB2 1AX; The Cornerstone Practice, Shadsworth Surgery, Shadsworth Road, BB1 2HR; The Little Harwood Health Centre, Plane Tree Road, BB1 6HP and in Darwen at Darwen Healthcare, Darwen Health Centre, James Street, BB3 1PY. For this inspection we visited the provider headquarters, the new branch of the headquarters and The Family Practice service during the operation of the evening surgery.

The service weekday and weekend surgeries operate using GPs to offer patient appointments, and weekend clinics for cervical screening and patients with asthma are staffed by practice nurses. Receptionists offer support to these surgeries during their operation. These receptionists are provided through a service level agreement with the host practices although the service also employs reception staff if needed. A team of managers and administrative staff supports the service.

The provider also holds service agreements to act as a pilot service for patient repeat prescribing and a workflow management service for some GP practices. This report covers the provision of the extended access service only.

At the time of our inspection, the service directly employed a team of five directors, both clinical and non-clinical, an operations manager, two clinical pharmacists and a team of 13 administrative staff to operate the quality improvement plan, the two pilot schemes and general administrative duties.

The provider is registered to provide three regulated activities; diagnostic and screening procedures, maternity and midwifery and treatment of disease, disorder or injury.

How we inspected this service

Before the inspection we reviewed information from stakeholders, information provided by the service and information provided to us by patients.

During our inspection, we spoke with a range of staff and spoke with patients who used the service, observed how patients were being cared for in the reception area, reviewed comment cards where patients and members of the public shared their views and experiences of the service and looked at information the service used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

We rated safe as Good because:

The provider worked to keep people safe and safeguarded from abuse. Generally, there were safe systems in place and risks to patients and staff were well-managed. At the time of our inspection, the service was not using a health questionnaire for new staff to ensure working conditions were appropriate and there was no formal chaperone policy to review chaperone arrangements during patient extended hours appointments. Also, should any host practice be found to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the service had not comprehensively considered its response to the breaches found.

The service had a good safety record and learned and made improvements when things went wrong. They made changes to the significant event procedure during our inspection to allow for actions taken as a result of significant events to be reviewed in a timely way.

Safety systems and processes

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

- The service had signed service level agreements (SLAs) with each of the practices whose premises, equipment and staff they used to provide extended access patient appointments. These were the "hub" or "spoke" practices. These SLAs gave the provider assurance that these remained safe. In addition, the service conducted quarterly visits with the practices to assess compliance with the agreements.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse and staff we spoke with were clear on using these systems.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate, although they did not use a confidential health questionnaire for new staff to determine whether working conditions were appropriate. Disclosure and Barring Service (DBS) checks were undertaken. (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). Practice SLAs required reception staff working within the service to have a DBS check in place or a relevant risk assessment. One of the practices used as a host site for the service had been found to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at a CQC inspection in December 2018. One of the breaches concerned a lack of completed risk assessments for non-clinical staff. The provider told us they had worked with the practice to ensure action was taken but could only show us the risk assessment process and a generic risk assessment form used for staff working in reception for the service. They told us they allowed six months from the date of publication of the practice CQC inspection report for the practice to complete all the required actions. On the day of this inspection, they decided it would be safer to insist all staff working for the service had a DBS check in place and we saw they had communicated this to the practice and set a timescale of two weeks for this to be completed. The service offered to pay for this themselves to ensure it was done. Staff also told us if a practice was rated less than good at inspection they would arrange an urgent meeting, agree actions and obtain any necessary assurances. This would be added into the SLA with practices. Following our inspection, we saw evidence this had been done in detail.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Because there was limited staffing at extended access practice sites, the service did not offer chaperones to patients. The service policy required patients booking appointments to be told this at the time of booking and asked if this was acceptable. We asked doctors working in the service how they managed this situation and were assured they had safe processes in place, although they felt having a chaperone would be more acceptable. The provider told us they would discuss the non-chaperoning policy at the next extended access meeting and produce a formal policy.

Good

Are services safe?

- There was an effective system to manage infection prevention and control. We saw copies of practice host sites' infection prevention and control audits on the provider's online information and governance system, with action plans. The provider reviewed all action plans in a timely way to ensure actions were completed.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. Practice SLAs included the requirement for checks and safe management of equipment and practices reported any problems to the service if necessary.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. We saw risk assessments covering all aspects of health and safety.

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. Rotas were published one month in advance and staff and GPs we spoke with told us they were generally filled easily by regular staff. If reception duties were not covered by the hub practices, the provider was able to cover them.
- There was an effective induction system for agency staff tailored to their role. We saw a comprehensive compliance checklist in place and an induction process for all new staff which included induction with the provider and with the host practice.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. The service had added training in recognising and managing the symptoms of sepsis to the list of mandatory training for all staff working to offer extended access.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. The provider kept records of staff indemnity on its online information and governance system and received reminders when this was due for renewal.
- There was a comprehensive business continuity plan in place. This had been summarised for staff into a one-page step-by-step flow diagram which set out immediate actions to take in the various emergency situations. There was a copy of the business continuity plan in place at each of the service delivery sites. Following a recent IT failure, staff were provided with laptops at all but one of the spoke practices and had developed a proforma to record information should it become necessary.

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. All staff and clinicians working in the extended access clinics had full access to patient records through a clinical system linked to the patients' own practice patient record system.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Clinicians were unable to directly refer patients for testing or to other services, but there was a process in place to communicate with the patient's own GP to ask this be done. The provider kept a record of all such requests and recorded the outcomes to ensure action was taken. There was a rigorous process and procedure in place for patients who were indicated as needing an urgent, two-week-wait referral. Patients referred for urgent appointments were closely monitored and there was also an audit of this process.
- If patients did not attend appointments, GPs would review the reason for the appointment and contact the patient if they thought it necessary. All patients who did not attend were notified to their own practice by email. The provider recorded when the email was sent on the patient record system.

Good

Are services safe?

- Clinicians requested appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service's SLAs with the spoke practices allowed for the safe management of emergency equipment and medicines and we saw this was done at the practice we visited. There were also arrangements for the safe use and storage of prescription stationery. The service did not use any vaccines or medicines other than those kept for emergency use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The provider had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. There was a quality improvement plan in place, QOEST, that was regularly reviewed, and reports of activity were comprehensive and used to monitor progress against provider and contractual targets.

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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There was a significant event form stored on the shared computer drive and staff could use this and/or directly contact a service administrator or manager. Incidents were shared at staff meetings and were a standing agenda item. Any changes brought about by an event were shared immediately with staff. During the year before our inspection, staff had reported six incidents.
- 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, when a patient arrived at a spoke practice at the weekend just after the building had closed with a child who had been booked to see a GP, they were told they could not be seen. The patient contacted the extended access service and the GP carried out a home visit. The service reviewed the event and arranged for building closing times to be adjusted to allow for any late arrival or GP clinics running late. They also instructed GPs to take leadership in such events and overrule administrative procedures when clinically indicated. At the time of our inspection, the provider did not routinely review the effectiveness of action taken as a result of an event, however, on the day of our inspection we saw they added a review process to their significant event procedure on their online governance system to allow for timely and appropriate review.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence. Joint reviews of incidents were carried out with partner organisations, including patients' own GP practices.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. All safety alerts were stored on the service central information and governance online system.

Good

Are services effective?

We rated effective as Good because:

Clinicians delivered care in line with best practice guidelines. They had the necessary skills and qualifications to do this and the performance of the service was constantly monitored to aid improvement. Staff worked well together and also with patients' own GP practices and other 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 (relevant to their service).

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. They also produced their own relevant clinical protocols which were stored on the shared online information and governance system, for example for the management of asthma and for cervical screening.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. If patients needed referral to other services, the patient's own GP was asked to do this and the provider monitored all requests for referral.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We saw examples where patients had been referred to safeguarding services.
- Clinicians had enough information to make or confirm a diagnosis when appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider reviewed clinician consultation records and ensured they met best practice. There were comparative reviews of consultations undertaken between two GPs which were published anonymously on the shared online system. There was no prescribing by non-medical prescribers.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. There was ongoing monitoring of practice patient appointment utilisation and also monitoring of the number and type of appointment. This was used to shape the service and to inform practices.
- The impact of the services offered was also closely monitored. For example, the uptake of cervical screening. We saw unverified data that showed that since the provision of cervical screening clinics at weekends in December 2017, cervical screening figures for Blackburn with Darwen had increased for the first time since 2012. For the year 2017/18, cervical screening increased by 1.4% (an additional 916 screening tests done, of which 347 attended the weekend clinics) and for the year 2018/19, there was a further increase on the previous year of 2.5%. This gave an overall CCG achievement in 2018/19 of 68.9%.
- We also saw unverified data that showed large improvements in the care and treatment of patients with long term conditions. Figures showed for the year 2017/18, 90% of COPD patients received a care plan compared with 29% the previous year and there was a 48% reduction in diabetic patients with a HbA1c greater than 82mmol. Data also indicated improved access to GP practices by the use of care navigation following training provided by the service.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, there was ongoing audit of prescribing of antibiotics and inappropriate medicines. Audits were published on the shared online system and letters and announcements sent to GPs to notify them. The service also used newsletters for staff and practices to inform them of quality improvements and actions to be taken.

Effective staffing

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

Good

Are services effective?

- All staff were appropriately qualified. The provider had set criteria for nursing qualifications needed before employment was considered. The service had a comprehensive induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation. Registration details were held on the shared information and governance online system.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The provider had set up a list of training they considered mandatory and ensured all staff working to offer extended access, even if directly employed by the hub practices, carried out that training in a timely way.
- The provider also delivered care navigation training to all 23 practices in the federation. This helped reception staff to direct patients to the most appropriate service or clinician for their care and treatment.
- Staff whose role included cervical cytology and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.
- Nursing staff were supported by GPs working at the same service delivery site. There were designated times allocated to allow nurses to discuss patients with GPs and make medication changes if needed.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. Liaison with patients' own practices was good and there were safety systems in place to monitor communications were sent appropriately and action taken where necessary.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Following a significant event, the provider reviewed its safeguarding processes and procedures and added additional referral forms to the online shared information system to allow referrals to be made quickly for patients outside the local area.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services. The provider ensured that patients needing to be referred for urgent, two-week-wait appointments, were dealt with urgently by the patient's own GP practice. We saw where the provider had chased up a requested referral with a practice on one occasion when necessary. This had been treated as a significant incident.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients were given healthy lifestyle advice and the patient's own GP asked to refer to relevant support programmes such as stop smoking services.

Good

Are services effective?

- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Good

Are services caring?

We rated caring as Good because:

Staff treated patients with respect and compassion; they helped them to be involved in decisions about their care and respected their privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. We received many comments regarding the understanding and empathy shown by staff and clinicians.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff had trained in equality and diversity.
- The service gave patients timely support and information. All clinical staff were required to train in the mental capacity act (MCA) and the deprivation of liberty standards (DoLs).

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- The patient feedback we received was wholly positive about the service. Patients told us, through comment cards and in person, they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or 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 patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The service was organised to meet patient needs and offered patients timely access to care and treatment. Patient complaints were taken seriously and used to inform and improve care and treatment.

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 provider understood the needs of their patients and improved services in response to those needs. For example, because one of the service delivery sites was in a central urban location, parking could be difficult, and patients were occasionally late for appointments. This led the service to review their policy for late patients and try to accommodate an appointment whenever possible. They also arranged for the later closing of another building used to deliver spoke services to allow for late running clinics or patients being delayed.
- All patient appointments with GPs were 15 minutes long.
- The facilities and premises were appropriate for the services delivered. Service Level Agreements (SLAs) with host practices assured the provider they were sufficient to allow easy access to all patients.
- In the event that a surgery session had to be cancelled, for example because of unexpected clinician illness, staff contacted patients and arranged for attendance at another surgery at a suitable location if necessary.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Longer appointments could be made when necessary. Clinicians had full access to patient records and alerts on the clinical record system and access to any care plans in place.

Timely access to the service

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

- Patients had timely access to care and treatment. Clinics were scheduled to run when patients' own GPs were not offering formal sessions and patients could attend any spoke practice delivering the extended access service. The service operated from Monday to Friday for four hours each evening from either 4pm or 5pm to 8pm or 9pm and at weekends from 8.30am to 2.30pm. A total of 64 appointments with GPs were offered across all spoke practices each weekday evening and 21 each day on Saturdays and Sundays, with 12 of these being directly bookable by the 111 service. In addition, 14 appointments were offered at weekends in each asthma or cervical screening clinic with nurses.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. Staff always recorded the reason an appointment had been requested. In a difficult situation, for example when a child was brought to a clinic without an appointment, GPs would always consider whether an urgent appointment was clinically indicated.
- Patients reported the appointment system was easy to use. They praised the availability of the service and said how much they valued it.

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. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service had received four complaints in the year before our inspection. We saw examples of complaints regarding clinical care and treatment and saw they were handled responsibly and with the full input of the clinician concerned. Clinicians were supported to review and reflect on care given and learn for future patient consultations.

Good

Are services well-led?

We rated well-led as Good because:

Leaders had the skills to deliver high-quality care and the vision and strategy to achieve this. The service had an open and supportive culture and governance systems were comprehensive. Risks to the service were generally well understood and managed and quality improvement was embedded into practice.

The provider had not fully considered its response to any practice who has failed to meet the requirements of the signed Service Level Agreement (SLA) held with the practice.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. In 2016, they had developed a five-year quality improvement plan (QOEST) in collaboration with the local clinical commissioning group (CCG) to address and improve the health of the population of Blackburn and Darwen. This plan was adopted by all practices in the CCG in 2017 and the provider monitored achievement and facilitated practices to achieve targets. They provided training and workshops to practices and support for those practices who needed it. The plan was reviewed with the CCG each year and adjusted to meet the needs of the population.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The service planned to increase the board membership from five directors to eight to include the primary care network clinical directors and improve sustainability.

Vision and strategy

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

- There was a clear vision and set of values. The provider mission statement was, "Local Primary Care exists to promote the success of its constituent practices in providing excellent primary care services. It will do this through facilitating and supporting practices to work together where it offers benefit to practices and their patients." The service core values were, "Transparency, Trust, Excellence, Ethical, Caring."
- The service had a realistic strategy and supporting business plans to achieve priorities. The provider statement of purpose covered all areas of best practice patient care and allowed for collaborative working with GP practices and other stakeholders to reduce unwarranted variation in patient care and treatment. The service focused on working at scale with practices to provide primary care services, preserving personalised healthcare and continuity of care, supporting development of general practice workforce and leadership and working in partnership with other health and care organisations in new collaborations.
- The service developed its vision, values and strategy jointly with staff and external partners with a view to both local and national strategic plans. The business plan and strategy were based principally on the QOEST plan. The provider offered quarterly workshops to practices to review and address QOEST and offer question and answer sessions.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy. There were regular updates on progress at QOEST meetings and dashboards on areas of achievement against the plan were displayed in staff rooms.

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. Staff we spoke with told us they could always offer suggestions for improvement and felt they were listened to.
- The service focused on the needs of patients. They conducted regular patient surveys of the service and used patient comments, significant incidents and complaints to review service delivery.

Good

Are services well-led?

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. The responsible officer supported GPs when appropriate.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Patients were fully informed of outcomes of incidents and complaints and received a full apology when necessary. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. GP support was always available to nurses during their clinics and all staff had access to telephone support from managers and leaders whenever needed.
- 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 had received equality and diversity training. Staff felt they were treated equally.
- There were 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 effective. The provider online information and governance system was used to good effect and all staff knew how to access and use it. Managers also used an overarching online management tool to produce action plans, reports and risk registers to ensure the governance of the service. 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. Staff we spoke with knew who to contact in any specific event and told us they could do this without any problem. There were noticeboards available in staff rooms giving information on the management structure and staff roles and responsibilities, with photographs of service leaders.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. All staff working for the service had access to these policies.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Areas of service delivery were regularly monitored and communicated to leaders and staff and risk registers updated on an ongoing basis.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints. Performance was regularly discussed at management and board level.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. There was a copy of the business continuity plan at every service-delivery site as well as on the shared online system.
- Service level agreements (SLAs) were in place for those practices used to provide extended access appointments for patients, although the system to address practice arrangements following a breach of the conditions of the SLA needed review. Following our inspection, we saw the provider had changed the SLA to allow for this situation and to address it comprehensively.

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- The service was very responsive to any possible identified risk. Leaders reacted quickly and made changes to systems where this inspection indicated possible risk.

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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses; data informed the selection of quality improvement work and was used to inform the QOEST plan.
- The service submitted data or notifications to external organisations as required.
- There were strong arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Any potential breach of confidentiality was reported as a significant incident and escalated to the risk register.

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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Staff were encouraged to make suggestions for service developments such as the development of proformas for practice communications. Locum GPs working at host practices were also asked to evaluate the host practice induction and facilities. The provider regularly used "task and finish" groups to effect service developments. A regular locum GP we spoke with told us they valued their involvement in a group to examine working arrangements with local projects. The provider had also conducted a practice feedback exercise to determine the effectiveness of the service. Practice feedback was used to structure the way appointments were provided.
- The service also conducted patient surveys. We saw results of surveys related to the use of the extended access service that demonstrated very high levels of patient satisfaction.
- GP practice staff were also asked for feedback following workshop events and we saw evidence of very positive responses for these.
- Staff could describe to us the systems in place to give feedback. They said they could send emails, telephone managers or use the online information system.
- The service was transparent, collaborative and open with stakeholders about performance. There were regular locality meetings with GP practice staff and clinicians and meetings with the CCG.
- The provider had worked with managers in the 23 practices to put together a shared management skills resource. They identified the areas of service delivery where managers felt they could offer support, such as with complaint handling, HR and information governance and used the information to offer assistance to practices when needed.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Areas of quality improvement were regular agenda items. We saw evidence of many workshops where feedback from GP practice staff and other stakeholders was encouraged and used to shape future services.
- 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. The provider supported the federated GPs' leadership development programme and facilitated a service strategy planning day.
- There were systems to support improvement and innovation work. At the time of our inspection, the

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provider was piloting a repeat prescription "hub" service for seven GP practices. Comprehensive policies and procedures had been developed and the hub was handling requests from patients for repeat prescriptions, either by telephone or online. The provider was also piloting a workflow management "hub" service for four practices. This handled items of communication sent to the practices and ensured they were scanned and coded appropriately and seen by the relevant clinician. We saw this process was audited to ensure patient safety.