

Portland Place Outpatient Centre, Cleveland Clinic London

Inspection report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

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 unannounced comprehensive inspection of the Portland Place Outpatient Centre, Cleveland Clinic London as part of our inspection programme. The Portland Place Outpatient Centre provides outpatient services; diagnostic services including radiology; and a GP service. The Portland Place Outpatient Centre has not previously been inspected.

This report focuses on our findings in relation to the GP service at Portland Place Outpatient Centre. The GP service is a primary care medical service, open to patients of any age.

Our key findings were:

- The service had clear systems in place to safeguard patients identified as being at risk of abuse or neglect. However, systems for checking parental authority were not consistently in place and were not formalised.
- Patients' immediate and ongoing needs were fully assessed.
- The GPs were able to readily refer patients for further diagnostic testing and specialist consultation as required on the same site or through the provider's nearby hospital service.
- Care records were generally written and managed in a way that kept patients safe. However, the GPs did not always clearly record the 'safety netting' advice provided to patients or clarify the presence or absence of 'red flag' symptoms (that is, symptoms that might indicate a more serious illness). Safety-netting refers to the advice given to a patient about the actions to take if their condition fails to improve or deteriorates after the consultation.
- Patients were treated with compassion, kindness, dignity and respect.
- We saw evidence of consistently positive feedback from patients using the GP service.
- The service actively sought and acted on feedback from patients using the GP service to improve the service.
- The service used information about care and treatment to make improvements and the GPs were actively involved in leading quality improvement activity.
- The service was accessible. Patients were able to consult with a GP within an appropriate timescale for their needs.
- Staff we spoke with understood the vision, values and strategy and their role in achieving them.
- The GP service was underpinned by clear systems of governance and processes for managing risk, issues and performance.

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

- Introduce a consistent system to check that adults accompanying children to see a GP always have parental authority.

Overall summary

- Take steps to consistently record and audit 'safety netting' advice given to patients and any 'red flag' symptoms in the patient notes in line with General Medical Council guidelines.
- Take steps to ensure that staff, including non-clinical staff, who have GP patient-facing roles, are aware of the risks of sepsis and relevant protocols.
- Formalise a policy on the range of prescribed medicines where the patient's NHS GP should be kept informed for safety reasons and the appropriate response if patients refuse consent to share this information with them.
- As the GP service develops, increase clinical improvement activity and obtain more focused patient feedback on the quality of clinical care.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC inspector. This team included 2 additional CQC inspectors and 3 specialist advisors including a GP specialist advisor.

The GP service was inspected by a subset of the team, that is, one of the CQC inspectors and the GP specialist advisor.

Background to Portland Place Outpatient Centre, Cleveland Clinic London

The Portland Place Outpatients Centre, Cleveland Clinic London is an independent health service which is located at 24 Portland Place, London, W1B 1LU. The service offers outpatient appointments and a wide range of diagnostic services including phlebotomy, ECG testing and radiology and a GP service.

The GP service is known internally as the 'GP Institute' and is located on the fourth floor of the building. The service is fully accessible to patients with mobility issues.

The GP service employs 8 GPs (approximately 5.6 whole time equivalent) who are supported by health care assistants, administrative and reception staff and service managers. The lead GP is responsible for clinical oversight of the GP service and has leadership and representative roles on various governance committees, working alongside the directors responsible for quality and safeguarding. All the GPs are listed on the GMC GP register.

The GP service sees patients of any age although, in practice, most patients are adults. The GPs provide primary care services including contraceptive services, childhood immunisations and cervical screening and have access to blood testing and other diagnostic testing on site. They can make referrals to specialists within the provider group or externally. Most patients are seen on the premises or by telephone consultation as preferred and clinically appropriate. Home visits can be accommodated when required although we were told this is rare. The GP service does not include antenatal or postnatal care. Patients can choose to see a male or female GP.

The provider is registered with CQC to provide the following regulated activities: treatment of disease, disorder or injury; diagnostic procedures; and family planning.

The service is accessible out-of-hours. Patients can contact the provider's call centre 24 hours a day. Out-of-hours calls will be initially assessed by a nurse manager who has access to the patient notes. If appropriate, the patient will then be transferred to one of the GPs on an on-call basis.

The provider also offers inpatient, specialist and surgical services at another site in the area which is registered with CQC separately.

How we inspected this service

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. We used the following methods to inspect the GP service:

- We carried out an unannounced site visit on 11 January to inspect the environment and interview clinicians and staff
- During the visit we also reviewed a sample of clinical records
- We reviewed documentary evidence supplied by the service following the visit
- We reviewed publicly available information for example, on the provider's website and on a verified online patient review site.

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.

Are services safe?

We rated safe as Good because:

The service had systems in place to keep patients and staff safe. We found there were clear policies and procedures in relation to safeguarding; infection prevention and control; safe recruitment; medicines optimisation and the implementation of safety alerts. There were systems in place to report and learn from incidents and errors. The service was prepared for medical emergencies.

We identified the following areas for improvement:

- The service did not have a consistent system to assure itself that adults accompanying children to see a GP had parental authority.
- The GPs did not always record the 'safety netting' advice given to patients or record whether 'red flag' symptoms were seen in the patient consultation notes.
- Not all non-clinical staff (who had patient-facing roles in the GP service), were aware of the risks of sepsis and relevant protocols.

Safety systems and processes

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

- 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.
- Safeguarding policies were comprehensive and covered female genital mutilation and modern slavery.
- The service had some processes in place to check that an adult accompanying a child had parental authority but this was not consistently implemented or formalised.
- 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 safeguarding lead was able to provide a recent example where the GPs had followed-up a safeguarding concern with the appropriate agencies.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all clinicians and staff in line with the provider's policy. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- 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.

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.

Are services safe?

- The practice had recruited sufficient numbers of staff that it did not need to use agency staff to cover vacancies or planned leave.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The clinicians we interviewed knew how to identify and manage patients with severe infections, for example sepsis, but they told us sepsis had not been discussed as a topic at a clinical meeting.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. An unexpected medical emergency occurred on the day of the inspection. The clinical teams responded promptly to the alert and the designated clinical lead (one of the GPs) led the response.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

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. However, the GPs did not always record the 'safety netting' advice they had given or clarify 'red flag' symptoms in the patient record in line with General Medical Council guidelines.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients were encouraged to allow the GPs to share relevant clinical information with their NHS GP.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made 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 vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service issued prescriptions electronically.
- The service carried out medicines audit, for example of antibiotic prescribing, to ensure prescribing was in line with best practice guidelines.
- The GPs did not prescribe high risk medicines to patients, if patients refused to allow this information to be shared with their NHS GP.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

- 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.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. All incidents were reported into an electronic system (known as 'Radar') which then triggered next steps and classified the incident with a traffic light system. The system prompted the relevant team to engage the patient and obtain their feedback. The significant event system included an expected timeline for completion of the investigation which was normally within 7 days. The lead GP and the GP service manager would be notified via high alert email when an event was logged and would decide whose input was needed.
- We reviewed one recent significant event which had occurred within the GP service involving an inappropriate request from a patient for a controlled medicine. The incident had been identified and reviewed and the risks recognised before the medicine had been prescribed.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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.
- There was a centralised, electronic incident reporting system. Any significant incidents were reported through the governance committees and the board. This enabled learning to be shared across departments as appropriate.
- There was a daily safety 'huddle' to review any incidents, issues and developments before the service started each morning. The GPs and staff told us this they found this an effective way to communicate and update the team.
- The provider was aware of and complied with the requirements of the Duty of Candour. We were told that the provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. No notifiable safety incidents had occurred at the GP service since it had opened.
- 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.

Are services effective?

We rated effective as Good because:

Patients' needs were assessed and care was provided in line with national guidelines. There were processes in place to audit clinical aspects of the service. Staff were qualified and had the skills, experience and ongoing development to carry out their roles.

We identified the following area for improvement:

- The service did not have a formal policy on the range of prescribed medicines where the patient's NHS GP should be kept informed for safety reasons, and the appropriate response if patients refused their consent to share this information.

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

- 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- The service registered patients and kept ongoing records of advice, treatment and prescribing provided over time. Patients could choose to see a preferred GP for continuity.
- Staff assessed and managed patients' pain where appropriate.
- The GPs could refer patients for blood tests and a wide range of other diagnostic investigations on site.
- The GPs could readily refer patients for consultations with specialist clinicians at Portland Place Clinic or they could refer externally if 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. For example, the service had carried out clinical audit of antibiotic prescribing. This showed that the GPs were prescribing antibiotics appropriately and in line with guidelines.
- The GPs used an electronic patient records system to write patient notes and issue private prescriptions. However, the system did not include functionality to support clinical audit and audit activity had to be designed and carried out separately.
- The service routinely sought patients' feedback to monitor the effectiveness of the treatment provided.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

Are services effective?

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council and were up to date with revalidation. The GPs were listed on the GMC GP register.
- 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.
- Staff whose role included immunisation and reviews of patients with long term conditions could demonstrate how they stayed up to date.

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.
- 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 risk assessed the treatments they offered. They had identified certain 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.
- However, there was no written policy about the range of medicines where this approach applied. We were not fully assured that the GP team was consistent in their approach, for example, in whether they would prescribe medicines for long-term conditions in the absence of patient consent to share this information with the NHS GP and mitigating actions.
- The service had relatively few patients in vulnerable circumstances. However, the GPs were able to tailor the approach to individual needs and to coordinate care and treatment with other services if required.
- 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.

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.
- Where patients' needs could not be fully met by the service, staff directed them to the appropriate service for their needs, including useful online resources and voluntary organisations for example specialising in specific conditions.
- The GP service offered 'well woman' and 'well man' health checks.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Are services effective?

- Staff 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.

Are services caring?

We rated caring as Good because:

The service treated patients with kindness and respect and took steps to protect patient privacy and confidentiality.

Kindness, respect and compassion

Staff treated treat patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. The service asked patients to complete an online review of their experience on a verified health reviews website (<http://iwantgreatcare.org>). There were 63 reviews about the GP service which were overwhelmingly positive. Patients were asked to rate how well the service performed against the following categories: safe; facilities; teamwork; information and experience. The service scored highly on all these categories.
- We were told that the patient population was diverse. Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- The service provided patients with an electronic interface that allowed them to book appointments; review tests results; request repeat prescriptions and communicate with their GP and view their medical records.
- Translation services were available for patients who did not have English as a first language. We were told that to date most patients were able to communicate in English but the translation facility was available with information on how to access it available on the website.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. The service did not keep registers of patients with more complex needs but was able to add an electronic flag to the patient record so this would be evident to any members of staff having contact with the patient or their carer.
- GP appointments were long enough to enable the GPs to explore patients' individual circumstances and involve carers and family members.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read resources were available online.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The service was accessible with same day or next day appointments available. The GP service was located within the larger outpatient centre enabling them to offer a 'one-stop shop' for primary care consultations, phlebotomy and diagnostic tests. The service was responsive to individual patients' needs and learned from feedback and complaints.

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.

- They GPs provided services to patients with an ethos of providing accessible and individualised care and treatment, considering and respecting the wishes of patients.
- The facilities and premises had been recently finished and were well-designed for the services delivered and well equipped.
- Reasonable adjustments had been made so that people in vulnerable circumstances or with varying degrees of mobility or long-term health could access and use services on an equal basis to others.
- The service offered consultations to anyone who requested and paid the appropriate fee and did not discriminate.

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 initial assessment, test results, diagnosis and treatment. The GP service was located within the larger outpatient centre enabling them to offer a 'one-stop shop' for primary care consultations, phlebotomy and diagnostic tests. The GPs told us the level of integration facilitated good communication with other professional colleagues, for example, they could easily meet with a radiologist to discuss scan results as they were located in the same building.
- Referrals and transfers to other services were undertaken in a timely way. The GPs were frequently able to refer patients to other specialties and healthcare professionals within the same provider group underpinned by standardised systems and ready communication.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. Patients could schedule appointments online if they wished.

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.

Are services responsive to people's needs?

- The service had 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. To date the GP service had not received any complaint about the quality of care.
- We reviewed a recent complaint from a patient who had experienced difficulty booking an appointment. The service had reviewed the complaint; investigated and identified the cause of the problem and responded to the patient the next day. The complaint had been reviewed for potential learning and the findings shared with the team.

Are services well-led?

We rated well-led as Good because:

The service was underpinned by a clear vision, values and systems of governance and processes for managing risk, issues and performance.

We identified one area for improvement:

- There was scope to increase clinical improvement activity and obtain more focused patient feedback on the quality of clinical care.

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, for example in building up a relatively new independent GP service, and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills. As a relatively young service, leadership capacity at senior and operational and clinical department levels had been considered in setting up the service.

Vision and strategy

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

- There was a clear vision and set of values.
- The service was part of a larger international organisation with a focus on innovation in healthcare. The service had applied this vision at Portland Place Outpatients Centre and developed a local strategy with the involvement of managers, clinicians and staff.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- 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.

Culture

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

- Staff felt respected, supported and valued. They told us that patients received an excellent service and they were proud of this.
- The service focused on the needs of patients.
- There were systems in place to address behaviour or performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service provided patients with a holistic experience through access to integrated primary, diagnostic and acute services.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Are services well-led?

- 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. 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 time for professional development and evaluation of their clinical work.
- The service promoted equality and diversity. It had systems to identify and address the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between different departments 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.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- However, we did identify certain areas where the GP service did not have formalised policies in place where this would have been helpful, for example in relation to checking parental authority; and governing communication with NHS GPs, for example around higher risk or long-term prescribing. Clear and consistent communication with NHS GPs would reduce the risk to both patients and the private GPs responsible for prescribing medication.

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.
- 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.
- The GPs were carrying out clinical audit on areas where they currently had enough data, for example, antibiotic prescribing and prescribing of controlled drugs. The electronic records system allowed for analysing prescribing by individual GP. However, audit remained quite limited in scope. Patient cohort level reporting was not readily facilitated by the electronic clinical records system.
- The provider had plans in place and had trained staff for major incidents.

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

Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to improve.
- Staff could describe to us the systems in place to give feedback, for example through the daily huddles; meetings; appraisals; staff surveys and direct communication with managers. Staff told us that the results and actions were fed back and discussed. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The GP service was collaborative and open in relation to stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on innovation, continuous learning and improvement.
- The GPs had a monthly team meeting. There were also multidisciplinary team meetings with specialist consultants to review more complex cases.
- There was also a weekly 'grand round' at the Portland Place Outpatient Centre (that is, a presentation on a clinical topic) which the GPs could attend and regular education events which included external speakers.
- The GP service made use of reviews of incidents and complaints and external learning, for example, on safeguarding as appropriate. 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.
- As a relatively new service, clinical improvement activity within the GP service to date had been somewhat limited. There was scope to increase this type of work and obtain more focused patient feedback on the quality of clinical care.