

# GP Hub Swiss Cottage

## 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?

Good 

Are services well-led?

Good 

# Overall summary

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

The key questions at this inspection 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 GP Hub Swiss Cottage on 10 January 2019 as part of our inspection programme.

At this inspection we found:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a second CQC inspector, two GP specialist advisors and an inspection manager.

## Background to GP Hub Swiss Cottage

GP Hub Somers operates from Swiss Cottage Surgery, 2 Winchester Mews, London NW3 3NP and provides GP led, pre-booked extended access service for assessment and treatment of adults and children. The service is one of the four GP hubs in Camden commissioned by the local Clinical Commissioning Group (CCG) and provided by AT Medics Limited; the service is available to Camden residents or those who are registered with a Camden GP and serves a population of 270,000. Local patients can call between 8am and 8pm and directly book an appointment in one of the hubs. The service is commissioned to provide 34,480 appointments per annum of which 30% (10,344) could be carried out by nurses and the remaining 24,136 by GP's. The service provides 25,231 GP appointments which is more than what the service was commissioned for. The service operates in the premises with another GP practice.

The service is open from 6:30pm to 8pm on weekdays and from 8am to 8pm on Saturdays. The provider has centralised governance for its services which are co-ordinated by service managers and senior clinicians.

The clinical team at the hub is made up of one clinical lead GP and 13 long-term locum GPs, a nurse lead, an assistant nurse lead and five locum practice nurses. The non-clinical service team consists of a service director, service manager, assistant service manager and 10 administrative or reception staff members.

The provider is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

# Are services safe?

**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 appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Clinicians were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to either level 2 or level 1. They knew how to identify and report concerns. Learning from safeguarding incidents were discussed at relevant meetings. The provider informed us that they had reported only one safeguarding concern since the start of this service.
- Notices were displayed to advise patients that a chaperone service was available if required. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. We observed the premises to be clean and tidy. We saw evidence of cleaning specifications and records were in place to demonstrate that cleaning took place on a daily basis. The service undertook regular infection prevention and control audits and acted on the findings.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- All administrative staff were fire marshals and had undertaken fire marshal training.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The service did not store a medicine to deal with high blood pressure, heart failure and oedema; however, the service had carried out a risk assessment for not having these medicines and had not identified any patient risk.

## Are services safe?

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The service had reviewed its antimicrobial prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

### Track record on safety

The service had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed safety using information from a range of sources.

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- 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. The provider informed us that all incidents were reviewed centrally for all four GP hubs and any learning from these incidents was shared with staff. The service carried out a thorough analysis of significant events; all incidents were risk rated to assess their impact to ensure they were appropriately managed. All the incidents were shared with the local Clinical Commissioning Group (CCG) and the CCG confirmed they were informed of safety issues when required.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service held a log of all the medicines and safety alerts and actions undertaken for relevant alerts. The provider informed us they discussed medicines and safety alerts in clinical meetings and minutes of these meetings were disseminated to all clinical staff to ensure learning; we saw evidence to support this.

# Are services effective?

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

## Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Reception staff also knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.

## Monitoring care and treatment

The service used the information collected for the local Clinical Commissioning Group (CCG) and performance against contractual key performance indicators to monitor outcomes for patients. This information was available on a performance dashboard, monitored locally and regionally.

Information recorded and presented in the service performance for December 2017 to December 2018 included:

- The percentage of available appointments booked by type (nurse, GP, and Urgent Care/111) was 84.6% (7792 appointments) which was above the target of 80% local CCG target.
- The Did Not Attend (DNA) rate by type (nurse, GP, and Urgent Care/111) was 16.4% (1272 appointments) which was above the target of 12% local CCG target; the service was aware of the high DNA rate and had audited the DNA rates over the last year and had improved from 21% in February 2018 to 16.4% in December 2018.
- The service had achieved the target of 90% of calls answered within one minute and a target of 5% call drop rate.

There was evidence of quality improvement and they routinely reviewed the effectiveness and appropriateness of the care provided.

- The service undertook quarterly antimicrobial prescribing audits to ascertain if antimicrobials were prescribed according to evidence based guidelines; they discussed the results with high prescribers. All GPs had access to the Camden GP Website which had local prescribing guidelines.
- The service reviewed the notes of long term locum GPs using the RCGP criteria and one to one feedback was provided if any concerns were identified and we saw evidence to support this.
- The service had undertaken an audit to ascertain the reasons for rejected routine referrals as they had noticed a high rejection rate at the start of their service. In the first cycle of the audit (June 2018) the service found 16 rejected referrals. After the audit GPs were given additional training on the local referral pathways and a referral lead was appointed who flagged any rejected referrals and to identify trends. They also devised a protocol to deal with rejected referrals. In the second cycle of the audit (September 2018) the service only found five rejected referrals which is a significant decrease when compared to the first cycle of the audit. Following this audit, the service started to maintain a referral spreadsheet and monitored it on a daily basis.
- The service undertook another audit to ascertain the did not attend (DNA) rate for the service. In the first cycle of the audit (February 2018) the service found that the DNA rate was 21%. After this audit the service contacted patients who did not attend their appointments to ascertain reasons and did the following interventions. The service signed up to a system which sends text appointment reminders for patients and another service which sends a text message with appointment details at the time of booking. The service also sent communications to all Camden practices about how to check or cancel booked appointments. In the second cycle of the audit (July 2018) the service found that their DNA rate had dropped to 13.6% which is a significant improvement when compared to the first cycle of the audit. The service informed us they were continually monitoring DNA rates to reduce their DNA rates and were contacting patients who had missed their appointments to ascertain reasons and to explain the importance of cancelling appointments they no longer need.

## Effective staffing

# Are services effective?

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

- Staff had appropriate knowledge for their role.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Mandatory training for staff included Anaphylaxis, Accessible Information Standard, Basic Life Support, Bullying and Harassment, Chaperoning, Deprivation of Liberty, Display Screen Equipment, Equality and Diversity, Fire Safety, Infection Control, Data Security and Protection Toolkit, Mental Capacity Act, Moving and Handling, Health and Safety, Prevent, Privacy and Dignity, Safeguarding adults and children, National Early Warning Score, Whistleblowing and General Data Protection Regulation.
- The service provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. All staff had an appraisal within the last 12 months.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The GP and nurse clinical leads directly supervised the new clinicians and worked across all four hubs on a rota basis.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The patients who used the service had a report detailing their care (discharge summary, test results, hospital letters) they received sent to their GP at the end of each clinic; the next shift staff double checked to ensure the report was sent.
- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The service shared clear and accurate information with relevant professionals
- Patients received coordinated and person-centred care.

## Helping patients to live healthier lives

As a GP Hub, the service was not able to provide continuity of care to support patients to live healthier lives in the way that a GP practice would. However, we saw the service demonstrate their commitment to patient education and promotion of health and well-being advice.

Staff we spoke to demonstrate a good knowledge of local and wider health needs of patient groups who may attend the GP Hub. GPs and nurses told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

## Consent to care and treatment

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

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

# Are services caring?

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

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All of the seven patient Care Quality Commission comment cards we received and feedback from the one patient we spoke to were positive about the service experienced. This is in line with feedback received by the service. Patients reported that the service provided was excellent and staff were friendly and helpful.

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

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Information leaflets, including easy read format leaflets were available. The service had posters in other languages including Bengali and Somali.
- 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.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

The service had received five positive comments and a rating of 5/5 stars (based on five ratings) on NHS Choices.

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

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

- The service understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. Patients had access to translation services and there was a hearing loop in place in the reception area for patients who had hearing difficulties.
- The service had multilingual staff who could support patients.
- The service informed us that homeless patients and unregistered patients would be seen at this service. Unregistered patients were advised to register with a GP and were signposted to NHS Choices website to help them do this.
- The service was advertised in Camden GP practices websites and a monthly newsletter about the service was sent to all Camden GP practices.
- The provider had developed videos on how to book patients in Camden GP hubs to help staff in GP practices across Camden.
- The service undertook cervical smear recalls for all Camden practices to improve uptake of all local practices.
- The provider attended Camden Mela (local community event) and all patients were offered free NHS health checks and were informed about the service.

The service obtained regular feedback from patients through the Friends and Family Test (FFT). The service had obtained 337 responses so far. The results indicated the following.

- 94.4% (318 patients) of patients indicated that they were either extremely likely or likely to recommend this service to their friends and family.
- 98.8% (333 patients) of patients indicated that they definitely or to some extent have confidence and trust in the doctor or nurse they saw.

## Timely access to care and treatment

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

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times and delays were minimal and managed appropriately.
- The service was open between 6:30pm to 8pm Monday to Friday and between 8am to 8pm on Saturdays. Local patients can book appointments by calling the Camden GP hub call centre between 8am and 8pm 7 days a week. Patients could also complete an online form in the Camden GP hub website and request a call back to book their appointment. The appointments also be booked through their own practice, via 111/Urgent Care or A&E.
- Reception staff knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.

## 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 complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

**We rated the service as good for providing a well-led service.**

## 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.
- 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 service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

The service had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. 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 strategy was in line with health and social care priorities across the region. The service planned its services to meet the needs of the service population.
- The service monitored progress against delivery of the strategy.

## Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. 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 governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The local management team included a service manager, assistant service manager, a GP lead, a nursing lead who were overseen by a service director and GP director.
- The service held regular governance meetings including weekly hub manager meetings, monthly administrative, GP, nurse and regional governance meetings. To improve staff engagement the provider held regular virtual meetings with staff using a video conferencing system.

## 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.

# Are services well-led?

- The service had processes to manage current and future performance. Service leaders had oversight of safety alerts, incidents, and complaints.
- Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The service had plans in place and had trained staff to deal with major incidents.
- The service considered and understood the impact on the quality of care of service changes or developments.

## 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. The service had a bespoke dashboard to monitor the delivery of care which had information about number of patients seen and number of patients who did not attend (DNA) appointments.
- The service used information technology systems to monitor and improve the quality of care.
- 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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The

provider engaged with Camden patients (Camden Patient and Public Engagement Group) before the service was started; the service was designed based on feedback from patients which included the following:

- **No queuing for calls:** The provider set up a call centre which operated from 8am to 8pm seven days a week.
- **The need for there to be three to four GP Hubs:** The provider set up four hubs covering all neighbourhoods.
- **For locations to be near to GP practices and close to good transport links and parking facilities:** The provider set up the hubs in existing GP practices.
- **Good signposting:** The provider used consistent branding across all four sites so that the patients could locate the sites easily.
- **Good awareness of the service:** The provider put a marketing strategy plan in place to popularise the service; door to door leaflets were distributed, posters were given to pharmacies and GP surgeries, flyers, bus stop advertisements, adverts in local magazines and newspapers.
- **To have a platform for honest feedback about the service:** The provider set up profiles for each of the GP hubs on NHS Choices website where patients can leave feedback for any of the hubs.
- The service obtained feedback from patients from a range of sources including local Healthwatch, NHS choices, complaints, comments and suggestions, direct feedback during clinical encounters, patient survey and friends and family test. The provider informed us that they attended the local Patient Participation Group (PPG) meetings to obtain feedback about the service.
- The staff we spoke to informed that they were always consulted before making any changes that may affect their work.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider attended Camden Mela (local community event) and all patients were offered free NHS health checks and were informed about the service.
- The service used a business social media platform to communicate with staff which could be accessed in a computer or through a mobile application. The staff could access local policies, protocols and updates through this platform and used it to share knowledge and experience.

## Continuous improvement and innovation

## Are services well-led?

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

- There was a focus on continuous learning and improvement.
- To improve staff engagement the provider held regular virtual meetings with staff using a video conferencing system.
- The provider recently started a pilot project in their local accident and emergency (A&E) department where suitable patients were redirected to Camden GP hubs; the triaging nurse in the A&E identified patients deemed suitable for redirection and passed the patients to the

care navigator from the provider who then booked the patients into the Camden GP hubs and ensure they attend these hubs. The provider informed us this would help reduce local A&E attendances.

- Staff knew about improvement methods and had the skills to use them.
- 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.