

# Urgent Care Centre Newham General Hospital Trust

## Quality Report

The Newham University Hospital,  
Glen Road,  
Plaistow.  
London  
E13 8SL  
Tel: 0207 511 8880  
Website: [www.newhamgpcoop.co.uk](http://www.newhamgpcoop.co.uk)

Date of inspection visit: 30 July 2018  
Date of publication: 07/09/2018

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

## Ratings

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

# Key findings

## Contents

### Key findings of this inspection

Letter from the Chief Inspector of General Practice

Page

2

### Detailed findings from this inspection

Our inspection team

3

Background to Urgent Care Centre Newham General Hospital Trust

3

Detailed findings

5

## Letter from the Chief Inspector of General Practice

**This service is rated as Good overall.** (Previous inspection 2 March 2017– Requires improvement)

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 at Urgent Care Centre Newham General Hospital Trust on 30 July 2018 to follow up on breaches of regulations.

At this inspection we found:

- 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.
- 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Review and monitor frequently attending older patients who may be vulnerable.

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

Chief Inspector of General Practice

# Urgent Care Centre Newham General Hospital Trust

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Urgent Care Centre Newham General Hospital Trust

Newham GP Cooperative Ltd provider is a non-profit company limited by guarantee and established in 1994 formed of 41 Newham GP Practices cooperative members in the Newham Clinical Commissioning Group (CCG), it does not provide any direct walk in services. The Newham GP Cooperative is governed by a board of members and provides a range of health services in the Newham CCG area:

- GP Out-of-Hours (OOH) services to 51 practices and an estimated 400,000 patients in Newham. This service runs from 6.30pm to 8am Monday to Friday and 24 hours a day during weekends and Bank Holidays.
- Extended hours services for 33 Newham CCG Practices from 10 locality hubs. This service provides pre-bookable appointments six days a week, Monday to Friday 6.30pm to 9pm and Saturday 9am to 1pm.

- A Newham wide 'Wrap Around' service from 8am to 8pm from three GP practice locality hubs, providing pre-bookable same day appointments seven days per week.
- A "See & Treat" GP consultation service operated by Barts Health NHS Trust for patients attending Newham University Hospital A&E department from 11pm to 3am. Patients attending this service are triaged by Barts Health NHS Trust prior to being referred on, where appropriate, to the see & treat Newham GP Cooperative GP located within the Newham University Hospital Urgent Care Centre.
- A GP led streaming service for patients attending Newham University Hospital A&E department, choosing the most appropriate clinical care pathway for the patient. We did not inspect this element of the service because it falls under a different provider that is Barts Health NHS Trust.

Newham CCG has 51 GP led services providing clinical services to a growing population. The CCG population has higher than national average deprivation indicators, including income deprivation affecting children and older people.

Urgent Care Centre Newham General Hospital is the registered location for the out of hours GP service provided by Newham GP Cooperative Limited (the provider). The service is co-located within the Accident and Emergency (A&E) Department and Urgent Care Centre (UCC) of Newham University Hospital, operated by Bart's Health NHS Trust. The full location address is Newham GP Cooperative Ltd, Newham University Hospital, Glen Road, Plaistow, London, E13 8SL.

## Detailed findings

The area of the hospital allocated to the provider consists of a separate patient waiting area with split height reception desk and patient and staff facilities. The waiting area and reception desk are accessed either through a separate external door with videophone entry system. Or through the connecting door of the GP streamer service, accessed via the main A&E reception desk/ waiting area. There is also staff access between the provider area and the main A&E department. There are five GP consultation and treatment rooms, a medicines store and an administrative office.

The staff team are 55 GPs who are self-employed collectively providing a whole time equivalent (WTE) of 18 full time GPs, 49 receptionists working across all sites collectively providing a WTE of 12.2, and six board level and headquarters staff collectively providing a WTE of six.

The service operates daily from 6.30pm until 8.00am and at all times on weekends and bank holidays. The service is open during operating hours to any patient presenting at A&E with a GP appropriate condition, any patient registered with a GP Practice in the Newham area requesting an out of hours appointment and any patient referred through NHS 111. The service manages approximately 4000 patient contacts per month including telephone assessments, home visits and face to face consultations.

The service was last inspected by CQC on 2 March 2017 and was in breach of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at that time.

# Are services safe?

## Our findings

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

At our previous inspection 2 March 2017, we rated the provider as requires improvements due to gaps in significant events and safeguarding policy and procedures, and a lack of needlestick injuries guidance in clinical rooms.

At this inspection 30 July 2018, all the concerns we identified at our previous inspection had been remedied.

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. For example, provisions for the safeguarding of patients at risk of radicalisation through the government counter terrorism strategy PREVENT, and patients who were victims or at risk of female genital mutilation (FGM). Policies and procedures outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. For example, through liaising with the local authority social services department, or the police where urgent concerns are identified and communicating less urgent concerns with the patient's own GP. 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. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- 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.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.
- 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. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

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

- The provider was linked to IT systems shared with both hospital and patient's own GP IT systems.
- 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

# Are services safe?

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

## Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment minimised risks. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The temperatures in the medicines store was safe and monitored and recorded daily.
- Emergency medicines and equipment were available at the OOH centre and for home visits. They were stored securely and there were regular checks in place to ensure these were managed safely. Arrangements were also in place to ensure medicines carried in vehicles were stored appropriately.
- The provider kept prescription stationery securely and monitored the use. All handwritten prescriptions were individually logged so there was a comprehensive audit trail in place.
- Prescribing was monitored and reviewed by local Clinical Commissioning Group (CCG) prescribing advisors and via monthly top 20 audits. This showed new good antimicrobial stewardship and guidance had been implemented, with cephalosporin prescribing declining significantly from March 2018 to June 2018.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Doctors prescribed from an appropriate formulary which included antibiotics and individual prescriptions were monitored to ensure that the formulary was followed.
- Processes were in place for checking medicines and staff kept accurate records of medicines. We saw that there were regular checks on the medicines returned to OOH centre after home visits.
- No schedule 2 controlled drugs were prescribed or dispensed. The service did not hold stocks of any controlled drugs or vaccines, but these were available for patients who needed them via the hospital A&E and Emergency Departments.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients own GPs were immediately get notified of changes to their medicines with their consent via a shared IT system.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

## Track record on safety

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 system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the A&E department, NHS 111 service and urgent care services.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. 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 acted to improve safety in the service. For example, after an IT failure when the service had implemented its business continuity plan. Staff met to review the incident and business continuity process. The incident was managed effectively, and events demonstrated the business continuity plan had worked well to keep the service running and patients appropriately cared for.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make

## Are services safe?

improvements to the service. For example, following a significant event that affected a patient with an acute onset of serious illness. Staff met internally and with

hospital colleagues to review the incident and implemented refresher staff training to ensure best clinical management for patients with the specific illness.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included use of a structured assessment tool for life threatening emergency calls management and transfer to clinicians.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. For example, there were shared IT systems alerts and special patient notes to identify and communicate vulnerable patients care needs and treatment on patient records.
- We saw no evidence of discrimination when making care and treatment decisions.
- There was a system in place to identify frequent callers for patients with particular needs, for example palliative care patients or vulnerable children. Care plans, guidance and protocols were in place as appropriate to provide patients with necessary support. Staff told us most of their patients were seen for common ailments not giving cause for wider concern and undertook an audit of frequent callers under the age of 18 after our inspection. Results showed 17 patients had three or four contacts with the service in the preceding quarter April to June 2018 and concurred with what staff told us as most patients attended with symptoms such a sore throat or high temperature, suitable for telephone advice such regarding medication, or requesting a further appointment. Patients streamed through to the

provider had already been checked on the child protection register, and no flags were highlighted. There were no injuries such as broken bones and burns as these were directed to the Urgent Care Centre or A&E / Paediatrics departments.

- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. For example, it had audited the prescribing of oral diazepam in February 2018 and again in July 2018 to raise GPs awareness and ensure prescribing only where necessary and in line with best practice guidelines. The audit showed there had been a reduction in the number of prescriptions and the quantity prescribed. Where appropriate clinicians took part in local and national improvement initiatives. For example, the GP led streaming service for patients attending Newham University Hospital A&E department was started as a pilot scheme to meet local demands and the service was currently developing a plan to integrate with the local London Ambulance Service and (LAS) and NHS 111 telephone services.

From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which includes: audits; response times to phone calls: whether telephone and face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality. We looked at the NQRs, which provide a clear and consistent way of assessing performance as they help inform our decisions about the quality of care.

- The provider actively monitored and had passed all its NQRs. Twenty six of its 29 results measured over the preceding year to end June 2018 were 100%.



# Are services effective?

## (for example, treatment is effective)

- Routine calls triaged within 60 mins performance was 94%; less urgent patients visited within six hours was 97%, and less urgent patients consulted within 6 hours was 98%. The pass threshold was 90% which the provider had consistently exceeded, including during periods of high demand and pressure such as during winter time which puts pressure on services nationally.
- The provider complied with nationally agreed pathways including for patients with mental health problems and life-threatening emergency calls.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- 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 provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable including appraisal and HR in processes in place such as grievance and disciplinary.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, to ensure appropriate on-going support for an older patient that was unaccompanied and disoriented. Staff triggered appropriate safeguarding processes and communicated promptly with patient's registered GP's so that the GP was aware of the need for further action and ensure continuity of care.
- There were established pathways for staff to follow to ensure callers were referred to other services for support as required. For example, patients who could be more appropriately seen by the emergency department were referred, and if patients needed specialist care the provider could refer to specialties within the hospital. The service worked with patients to develop personal care plans that were shared with relevant agencies.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and considered the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

### Helping 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.

- The service identified patients who may need extra support to ensure appropriate care in collaboration with allied health and social care colleagues, such as for vulnerable older people.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. For example, to ensure appropriate monitoring and care at home for patients receiving treatment for an infection.

# Are services effective?

(for example, treatment is 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 provider monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. Staff we spoke to were sensitive to and aware of specific patient health care needs requiring extra support.
- 30 of the 36 Care Quality Commission patient comment cards we received were entirely positive about the service experienced, four were mixed and two were negative. The only theme in the negative or mixed comment cards related to long waiting times and we noted these included patients attending from the A&E department. Patient comment cards showed they felt staff were professional and treated them with compassion and kindness.
- Staff showed us a patient satisfaction survey of 37 patients that was undertaken in May 2018 by an independent external organisation. The report showed all 37 (100%) of patients said reception staff were either helpful or very helpful, and all 37 (100%) were also satisfied with their appointment.

### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that 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 communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- 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.
- The service patient satisfaction survey undertaken in May 2018 asked patients to rate how well the treatment they received and how well it was explained. There were no neutral or negative responses as 62% of patients rated the service as good and 38% as outstanding.

### Privacy and dignity

The service respected and promoted patients' privacy and dignity.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, staff showed us an independent report that evaluated the effectiveness of the service in relation to the demographic population of Newham, and the opinions of 100 of its patients. The report showed 56% of patients had attempted to get an appointment with their own GP prior to attending the service which indicated the service appointments were needed for patients to attend within a suitable time frame and out of hours.
- 30 of the 36 Care Quality Commission patient comment cards we received were entirely positive about the service experienced, four were mixed and two were negative. The only theme in the negative or mixed comment cards related to long waiting times but we noted these included patients attending from the A&E department.
- The survey of 100 patients undertaken in May 2018 showed 63% of patients felt their problem was solved through their appointment with a further 29% not sure and 9% feeling their problem was not solved. The report noted a high proportion of the patients that were unsure or felt their problem had not been solved had a chronic issue which meant the nature of the illness that gave rise to their attendance would be on-going. 89% of patients were clear on their next steps and treatment advice.
- The service was flexible in meeting patient needs in changing and challenging circumstances and provided support and services to commissioners, such as in and out of hours services to practices needing immediate support, operational resilience during the London riots, winter pressures and strike action on the underground (supporting A&E when staff were unable to get to work)
- The service engaged with providers and commissioners to secure improvements to services where these were

identified. For example, it had a strong and embedded working relationship with Barts Health through delivering GP streaming to improve patient care, notably initial clinical assessment.

- The provider improved services where possible in response to unmet needs. For example, it was actively developing joint working plans with the London Ambulance Service (LAS) and NHS with a view to full integration by the end of 2018.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service such as alerts about a person being on the end of life pathway. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service and was responsive to the needs of people in vulnerable circumstances. For example, when patients could not be contacted at the time of their home visit or if they did not attend for their appointment, there were processes in place to follow up patients who were potentially vulnerable.
- The service patient satisfaction survey undertaken in May 2018 showed 100% of patients would recommend it which indicated patient's needs were appropriately responded to and met.

### Timely access to the service

- Patients were able to access care and treatment at a time to suit them. The service operated from 6.30pm until 8.00am and at all times on weekends and bank holidays.
- Patients could access the service as a walk in-patient if streamed or referred via the A&E department, via the NHS 111 service, or by pre-bookable extended hours and the 8am to 8pm Newham "Wrap Around" scheme.
- Patients without pre-bookable appointments were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on

# Are services responsive to people's needs?

## (for example, to feedback?)

sepsis and the symptoms that would prompt an urgent response. The receptionists and signage in the reception area informed patients about anticipated waiting times.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. We saw the most recent NQR results for the service from July 2017 to June 2018 which showed the provider was meeting the following indicators:
  - Less than 0.1% of telephone calls rang as engaged and 100% were answered within 60 seconds.
  - 100% of calls that needed to be passed to 999 were transferred within three minutes.
  - 100% of patients requiring an emergency visit were visited by a GP within 1 hour.
- There were no areas where the provider was outside of a target range for an indicator.
- Waiting times, delays and cancellations were minimal and managed appropriately for pre-bookable appointments and in line with the urgency of clinical need.
- The independent survey of 100 patients undertaken in May 2018 showed 73% of patients were satisfied with their waiting time, 50% were seen within an hour and 76% within two hours.
- Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited such as appropriate clinical prioritisation and effective partnership working with hospital colleagues, staff keeping patients updated and knowing how to recognise symptoms needing more urgent attention, sufficient seating, a drinking water fountain with disposable cups, and an accessible toilet and baby changing facilities.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way and in line with patient need though real time IT systems communications including with the patient's own GP.

### 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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. For example, after an allied health professional disagreed with the service referring a patient to an internal hospital department for specific clinical investigation and follow up. The service challenged their colleagues' decision and later reviewed the case that subsequently showed their decision to refer was appropriate. The service formalised a collaborative response to underscore the importance of referring on in that case.
- 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. For example, for a patient that was triaged twice and needed another service that was not actioned or followed up. The service contacted the patient to apologise and ensure appropriate care and revised an internal process to prevent future recurrence.

# Are services well-led?

Good 

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

## Our findings

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

At our previous inspection 2 March 2017, we rated the provider as requires improvements because the safeguarding policy was not up to date and in line with current guidelines, systems for identifying and managing significant events had gaps, and there were insufficient arrangements to ensure drivers and vehicles were safe, fit for purpose, and appropriately insured.

At this inspection 30 July 2018, all the concerns we identified at our previous inspection had been remedied.

### Leadership capacity and capability

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

- Leaders had the experience and skills to deliver the service strategy and address risks to it. All concerns we identified at our previous inspection were remedied and the service had bought a new vehicle for GPs home visits and implemented systems to ensure checking for drivers and that vehicles were safe to use, fit for purpose and appropriately insured.
- Leaders and managers 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.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider 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 care and promote good outcomes for patients.

- There was a clear set of values, a realistic strategy and supporting business plans to achieve priorities.

- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

### 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.
- 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 and the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. For example, the service held a log of "lessons learned" from both complaints and significant events which demonstrated it had consistently given clear explanations to patients where things had gone wrong and apologised, when this was appropriate.
- 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.
- All staff clinical and non-clinical were considered valued members of the team. They were given protected time for professional time for professional development and where relevant evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.



# Are services well-led?

Good 

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

- 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 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 including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider had an IT based HR system used for all aspects of HR process that were clear and well managed.

## 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 provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

- 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.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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 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. For example, through patient surveys, and meeting with partner teams such as Barts Health (Newham University Hospital Trust) A&E, Urgent care centre and Emergency Departments.
- Staff could describe to us the systems in place to give feedback such as appraisals, bi-monthly staff meetings

# Are services well-led?

Good 

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

for training and development, staff feedback and to discuss patient experience, and an open-door policy for staff to approach leadership or management at any time.

- Staff who worked remotely were engaged and able to provide feedback such as all GP staff were local GPs with wide local knowledge and experience. There were weekly email updates and bi-monthly meetings of all GPs working for the service led by Clinical Executive Directors and supported by the CEO for clinical training, operational development updates, GP peer feedback and experience sharing and discussing patient experience aimed at service improvement.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service including clinical audit and continuously sharing learning between clinical and non-clinical staff.
- 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.
- There was a strong history and culture of innovation evidenced by the service being the first in UK to establish Group Extended Services via 10 locality hub centres Monday to Saturday. Staff told us this marked a major turning point in Newham GP Practice culture when practices agreed for their patients be seen and have GP consultations at practice-based hub centres that were remote from their own practice.
- The service had successfully piloted GP streaming in Urgent Care.
- There were systems to support improvement and innovation work such as the service connected and integrated through hospital IT systems linked to the emergency department, LAS and 111, as well as an IT system that links all practices and locality hubs which led to maximising the use of Newham GP practices shared IT system and securing Data Sharing Agreements with each individual GP Practice.