Primecare - Primary Care - Birmingham

Quality 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 service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Primecare – Primary Care – Birmingham on 14 April 2015. The overall rating for the service was requires improvement. The full comprehensive report on the April 2015 inspection can be found by selecting the 'all reports' link for Primecare – Primary Care – Birmingham on our website at www.cqc.org.uk.

This inspection was undertaken to follow up progress made by the provider since the inspection on 14 April 2015. It was an announced comprehensive inspection on 28 March 2017 and 29 March 2017. Overall the service is rated inadequate.

Our key findings across all the areas we inspected were as follows:

- There were systems in place for recording incidents however, they did not clearly demonstrate wider learning to ensure service improvement.
- Risks to patients were assessed but were not always well managed. We identified weaknesses in the management of safety alerts; safeguarding arrangements, chaperone arrangements, management of infection control and equipment checks.
- There had been improvements in the management of medicines since our previous inspection however, we identified issues relating to the safe management of controlled drugs and storage of medicines and prescriptions at one of the primary care centres.
- The provider was not consistently meeting the National Quality Requirements (NQR) (performance standards) for GP out of hours services and was unable to clearly demonstrate how it responded to breaches identified. For example reported data showed that patients' care and treatment was not consistently managed in a timely way. There were also some discrepancies in the NQR reports which made them difficult to understand and unreliable in supporting service improvements.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Consultations were audited and fed back to individual clinicians to support improvement.
- The provider did not have effective systems for sharing best practice guidance.
- There were systems in place for sharing relevant information with other services to support patient care and treatment.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand and there were effective systems for managing complaints. However, the provider did not proactively undertake local trend analysis of complaints and concerns to support service improvements.
- The provider was working with other organisations involved in the integrated urgent care pathway to help improve the patient experience.
- There was a lack of senior leadership in the running of the service and lack of clear lines of accountability. There were areas of responsibility that were not clearly defined or understood. For example, for addressing breaches in NQRs, health and safety issues within the primary care centres, acting on safety alerts and for following up audits. There was no safeguarding or infection control lead within the organisation. Managers were not always able to answer questions about the service.
- The service sought feedback from staff and patients, but staff could not demonstrate how this was utilised to support improvement.

The areas where the provider must make improvement are:

- Ensure effective systems are in place to assess, monitor and mitigate risks, for example, identifying trends in relation to local incidents and complaints and for sharing of the wider learning to staff to support improvement.
- Ensure effective systems for the management of risks to patients in relation to the safety alerts, safeguarding, chaperoning, infection control, equipment (including emergency equipment), medicines and health and safety of premises used.
- Ensure effective systems for communicating with all staff to ensure they are kept up to date and for disseminating best practice guidance.
- Ensure effective systems are in place to assess, monitor and improve the quality of the services, for example, managing and addressing issues relating to performance such as the national quality requirements, patient feedback and for improving the quality of service for example through completed audit.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The service is rated as inadequate for providing safe services and improvements must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, details of investigations were not always well documented, there was no evidence of trend analysis and the provider had difficulty demonstrating wider learning to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. This included: a lack of clear systems for managing safety alerts; staff spoken with were unaware of a safeguarding lead and staff did not have easy access to relevant safeguarding contact information; there was a lack of leadership in relation to infection control and for the follow up of audits and a lack of clear checks of equipment including emergency equipment.
- We found improvements had been made in the management of medicines since our previous inspection with clearer audit trails in place. However, at this inspection we identified issues in relation to the safe transportation of controlled drugs . There was also an issue of safe storage of medicines and prescriptions at one primary care centre.
- The provider was unable to demonstrate it sought assurance that appropriate risk assessments and checks were in place in relation to the premises used in the provision of the out of hours service.
- However, we did find effective systems for the recruitment of clinical staff, for ensuring sufficient staff were on duty and for managing fluctuations in demand. There was also effective systems in place for managing business continuity in the event of a major incident affecting the service.

Are services effective?

Inadequate

The service is rated as inadequate for providing effective services, as there are areas where improvements should be made.

- Data showed the service was not consistently meeting the National Quality Requirements (NQR) (performance standards) for GP out of hours services. For example, between May and September 2016 the provider was not meeting the standard for seeing emergency and urgent patients. There were also some

Summary of findings

discrepancies in the NQR reports which made them difficult to understand and unreliable in supporting service improvements. The provider was unable to explain discrepancies in the National Quality Requirement reports.
- Systems for sharing up to date national guidance was inconsistent.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Consultations were audited and feedback to individual clinicians to support improvement.
- There was evidence of clinical audits undertaken but none were full cycle to demonstrate that they were driving improvement in patient outcomes.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The service is rated as good for providing caring services.

- Feedback from patients through our comment cards and collected by the provider was positive.
- Patients said they were treated with compassion, dignity and respect and felt that they were listened to.
- Patients were supported to help them be involved in decisions about their care.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

Requires improvement

The service is rated as requires improvement for providing responsive services.

- The provider engaged with its commissioners to secure improvements to services where these were identified. This included working with other provider organisations involved in the provision of integrated urgent care.
- The service had appropriate facilities and was equipped to treat patients and meet their needs.
- Patients were treated according to urgency of need but performance data showed this was not always in a timely manner. The provider did not have a policy or guidance for managing walk-in patients (patients who had not called 111 in advance of turning up at a primary care centre) with urgent needs.

Summary of findings

- Patients could get information about how to complain in a format they could understand and individual complaints were effectively managed. However, there was no evidence that complaints trends had been reviewed to support learning and improvement.

Are services well-led?

Inadequate

The service is rated as inadequate for being well-led.

- The service did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- Although there was a documented leadership structure some areas of responsibility were not clearly defined or understood. For example, acting on performance issues, health and safety issues within the primary care centres, acting on safety alerts and follow up of audits. Staff were not aware of a safeguarding or infection control lead within the organisation.
- The provider held accountability meetings in which issues such as contracts, staffing issues and complaints were discussed however these were at a corporate level with no areas for actions evident.
- The provider did not have effective systems for communicating with staff and sharing learning.
- Feedback from patients and staff was sought but staff could not demonstrate how this was utilised to support improvements.
- There was limited evidence of systems being effective to assess and manage risks and use data to improve performance.

Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the out of hours service they received. Patient feedback was obtained by the provider on an ongoing basis. Data from the provider for the period of 1 January 2017 and 29 March 2017 based on 120 responses showed:

- 93% of patients rated their experience of the telephone consultation by the clinician as good, very good or excellent.
- 89% of patients rated the attitude of the doctor or clinician as good, very good or excellent.
- 89% of patients rated the promptness of treatment as good, very good or excellent.
- 90% of patients rated their overall satisfaction with the service as good, very good or excellent.

The national GP patient survey asks patients about their satisfaction with the out-of-hours service. However, as Primary Care – Birmingham is not the sole provider of out-of-hours services within the CCG areas covered the information must be reviewed with caution. Data from the GP national patient survey published in July 2016 found :

- 57% of patients in the Birmingham Cross City CCG area and 55% of patients in the Sandwell and West Birmingham CCG area said they were satisfied with how quickly they received care from the out-of-hours provider compared with 62% of patients nationally.
- 85% in the Birmingham Cross City CCG area and 83% in the Sandwell and West Birmingham CCG area said they had confidence and trust in the out-of-hours clinician they saw or spoke to compared with 86% of patients nationally.
- 65% in the Birmingham Cross City CCG area and 60% in the Sandwell and West Birmingham CCG area were positive about their overall experience of the GP out-of-hours service compared with 67% of patients nationally.

The provider participated in the friends and family test. Results for 2017 to date showed 92% of patients said they would be likely or extremely likely to recommend this service to others.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. The comments box was sent to the primary care centre at Broadway Health Centre. We received 22 comment cards which were all positive about the standard of care received. Patients who used the service described the staff as helpful and caring and told us that they were seen promptly. We spoke with three patients during the inspection attending the Neptune Health Centre. All three patients said they were satisfied with the care they received.

Primecare - Primary Care - Birmingham

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection took place over two days. On both days the inspection team was led by a CQC Lead Inspector**.**

On the 28 March 2017 when we visited two of the primary care centres (at Sandwell General Hospital and Neptune Health Centre) and the head office the team included a GP specialist advisor, a nurse specialist advisor, a practice manager specialist advisor and three CQC inspectors.

On the 29 March 2017, when we visited the head office the team included a GP specialist advisor and a practice manager specialist advisor.

Background to Primecare - Primary Care - Birmingham

Primecare - Primary Care- Birmingham (Primecare) provides primary care medical services outside usual GP practice working hours (out-of-hours or OOH). The provider holds contracts to provide out of hours services with two Clinical Commissioning Groups (CCGs). These are Sandwell and West Birmingham CCG and Birmingham Cross City CCG. The population covered by these two CCGs is approximately 1.25 million. Data from Public Health England showed deprivation in the area served is higher than the national average. The population is also ethnically diverse. Just over half the population are white British and approximately one quarter Asian or Asian British (the largest ethnic minority group). The provider also contracts directly with a small number of GP practices who have retained contractual responsibility for providing their own out of hours provision for their patients. Patients access the out-of-hours service via the NHS 111 telephone service or may contact Primecare – Birmingham, directly if their GP service has subcontracted with Primecare - Birmingham to provide primary medical services when they are closed.

Crystal Court is the main office for Primecare - Primary Care- Birmingham. This is where calls are received and triaged. Patients who need to be seen by a clinician are seen as a home visit or are referred by appointment to one of the three primary care centres located in Birmingham and Sandwell. They include:

Sandwell General Hospital, All Saints Way, B71 1RU

Neptune Health Centre, Sedgley Road West, Tipton DY4 8PX

Broadway Health Centre, Cope Street, Birmingham, B18 7BA

All the primary care centres are open in the evening Monday to Friday and all weekends and bank holidays. Home visits and telephone consultations take place throughout the out of hours period.

Staffing typically consisted of a GP and a receptionist at each primary care centre; three GPs and three drivers for home visits and, at the call centre, a duty manager and between two and four telephone clerks.

The service is predominantly GP led. There are approximately 109 clinicians who contract with Primecare-Primary Care- Birmingham on a sessional basis or through an agency to provide the out of hours service. Approximately 45% of GPs were regular locums. The provider also employed one Advance Nurse Practitioner.

Detailed findings

The service was previously inspected as a pilot site for the new CQC inspection methodology in March 2014 where we identified concerns relating to medicines management and the management of complaints. No ratings were given during the pilot inspections. It was re-inspected in April 2015 and rated requires improvement. Although there had been improvement in some areas we identify a number of issues, for example, in relation to medicines management and local governance arrangements.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We followed up breaches in regulations 12 (safe care and treatment) and 17 (good governance)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that were identified during our previous inspection in April 2015.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 28 March 2017 and 29 March 2017. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including GPs, clinical and operational managers, administrative staff, shift leaders, receptionists, drivers and dispatchers) and spoke with patients who used the service.
- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Looked at the vehicles used to take clinicians to consultations in patients' homes, and we reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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?

Please note that when referring to information throughout this report, for example any reference to the National Quality Requirements data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

At our previous inspection on 14 April 2015, we rated the provider as requires improvement for providing safe services as the provider did not have effective arrangements in place to manage risks and review trends specifically relating to the Birmingham branch and issues relating to the safe management of medicines.

When we undertook a follow up inspection on 28 and 29 March 2017 the provider was unable to demonstrate sufficient improvement had been made. We also identified additional areas for improvement. The practice is now rated as inadequate for providing safe services.

Safe track record and learning

There were systems in place for reporting and recording significant events. However, we found low levels of reporting and the provider had difficulty demonstrating how wider learning was shared among staff.

- Staff told us that they were encouraged to report incidents and that they would inform the clinical service manager or shift manager of any incidents that occurred.
- There was an incident reporting form available on the provider's intranet. Incidents were logged and picked up by the Clinical Services Manager who investigated them. Incidents were held corporately and discussed at incident review meetings.
- The systems for recording incidents were not easy to navigate or identify the number of incidents that had occurred. In examples seen details of the investigation were not always clearly documented.
- Between 1 January 2016 and 29 March 2017 the provider identified 33 clinical incidents and seven operational incidents within their Birmingham locations.
- We were advised that any learning from incidents was shared by email and memos on the noticeboards in the head office. For example, the sharps policy was sent out to clinicians following a used sharp being left out. However, none of the clinicians we spoke with were able to recall any learning shared from incidents.
- There was no analysis or review of any themes or trends.

The Clinical Services Manager was responsible for receiving and acting on safety alerts including those from the Medicines and Healthcare Products Regulatory Agency (MHRA). We were advised these were forwarded by email to clinicians. Staff were unable to provide any local examples of actions taken in response to any alerts received. Following the inspection the provider advised us that training had been provided to the Clinical Services Manager.

Overview of safety systems and processes

We identified areas for improvement in the systems, processes and services in place to keep patients safe and safeguarded from abuse:

- We identified some weaknesses in the arrangements in place to safeguard children and vulnerable adults from abuse. Safeguarding policies were accessible to all staff including staff working remotely however, this did not include direct access to contact details for local safeguarding services. Furthermore, the shift lead did not keep any details of these services. We were advised this was due to the number of different agencies and that the contact details changed frequently. At the time of inspection staff were not aware of asafeguarding lead. Following the inspection the provider assured us that there was a named safeguarding lead in place and that two clinical managers within the provider organisation had since been trained to safeguarding level four. The provider was unable to provide any examples of safeguarding referrals that had been made. Records showed 88% of the 109 clinical staff had completed safeguarding training. Of the three training files for clinical staff we reviewed we saw they were up to date and had been trained to child safeguarding level 3. Information received from a patients usual GP or social services was accessible to staff through special notes.
- No information was displayed in the primary care centres we visited to advise patients that a chaperone was available if required. The provider told us that all drivers who undertook chaperone duties were DBS checked, however we saw an example where the appropriate check had not taken place. The provider took action to address this.
- The primary care centres where patients were seen were located in shared accommodation (hospitals and health centres). We observed the premises to be clean and tidy and staff had access to personal protective equipment.

However, we were unable to verify from our conversations with staff what the cleaning arrangements were. We had not been able to verify these arrangements at our previous inspection as well. We saw infection control audits had been undertaken by the provider's audit team and action plans produced. However, there was no evidence the action plans had been addressed and some of the actions were ongoing from the previous audit. For example, appropriate labelling of sharps boxes, availability of sharps injury guidance and overfull sharps boxes. We found during our visits to the primary care centres that some of these issues had still not been addressed.Staff including managers were unclear as to who was the infection control lead for the out of hours service. Training data showed 65% of the clinicians had completed infection control training. Following the inspection the provider advised us that they had enlisted the support of an external infection prevention and control (IPC) company, to update IPC policies and procedures and to carry out IPC audits.

- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance. We saw evidence equipment had undergone portable appliance testing (PAT) and calibration checks where relevant. However, the provider did not maintain an asset register to ensure equipment that required checks were not missed. During the inspection we found items in the equipment boxes used for the primary care centres and home visits which had been missed from the latest checks. For example, two thermometers and an auroscope. We also found single use items in the equipment boxes which had passed their expiry dates for example needle which expired in 2010. The equipment boxes for home visits were checked by the driver before taking out to the vehicles however single use items were not included in the checklist. Clinical staff told us that they had access to the equipment needed and that this was usually well maintained.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.

Medicines Management

- At our last two inspections of this provider we identified concerns with the management of medicines. At this inspection we found improvements had been made however we continued to identify areas of concern. The systems for maintaining an audit trail of medicines and prescriptions used within the service had significantly improved since our previous inspections. We found safe storage of medicines and prescription stationery at the head office and two out of the three primary care centres. However, in one of the primary care centres the door to the medicines cabinet was broken, a diary entry indicated this had been noted a week prior to the inspection. The prescription log was also missing and a replacement had been set up on the day of the inspection. The shift manager was informed and we were advised the medicines would be returned to the head office for safe storage when the primary care centre closed.
- The service held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had standard operating procedures in place that set out how controlled drugs were managed in accordance with the law and NHS England regulations. There were appropriate arrangements for obtaining controlled drugs by clinicians however, we found that the provider did not have appropriate systems in place for the safe transportation of controlled drugs.

Monitoring risks to patients

Risks to patients were not consistently well managed.

- The premises used for the provision of the out of hours service were not owned by the provider. The provider was unable to demonstrate how they sought assurance that the premises were appropriately maintained and suitable for the delivery of services, something we had raised at our previous inspection. The provider was unable to demonstrate what contractual arrangements were in place. From information provided we were unable to determine whether appropriate Legionella, fire and COSHH risk assessments were in place for all of the primary care centres and that any actions had been followed up.
- Reception staff carried out a short environment check as part of the process for setting up and closing down at the end of the shift.

Inadequate

Are services safe?

- We looked at four vehicles used for the purposes of home visits. We found these clean and tidy. There were systems in place to ensure the safety of the vehicles. A check sheet was completed at the start and end of shift by the driver to ensure the vehicle was in working order and for reporting any issues. These checks included cleanliness of the vehicles, fuel levels and the lights were working. Vehicles were all within MOT dates and service histories were available. There were breakdown cover arrangements in place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The operational manager looked at previous years trends to identify staffing requirements. There was a shift lead who reviewed staffing levels during each shift and could reallocate calls to clinicians based on waiting time and clinical need.

Arrangements to deal with emergencies and major incidents

The service had arrangements in place to respond to emergencies and major incidents but there were areas for improvement. These included effective management of the arrangements for ensuring the safety and fitness of premises used for carrying out regulated activities and in relation to emergency equipment for use in an emergency.

- Staff received annual basic life support training. Training data from the provider showed 98% of clinical staff were up to date with their basic life support training.
- The service had a defibrillator and oxygen available in the vehicles and at the primary care centres. At one primary care centre the oxygen was obtained via the security guard however staff on duty during our inspection were not aware of this .We also found defibrillator pads were missing from one of the vehicles we checked, we were advised these had been removed to replace another set and the vehicle was not currently in use. However, there was nothing to indicate this. Children's oxygen masks were also not consistently available. Reception staff and drivers told us they checked the defibrillator and oxygen but records did not demonstrate this was the case
- Emergency medicines were available to clinical staff working remotely and staff knew of their location. All the medicines we checked were in date. We noticed that the provider held emergency medicines for the use of conditions such as asthma but did not have the necessary equipment (nebuliser) to administer it.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure, telephone failure or building damage. There were plans in place for each of the primary care centres and the head office where telephone calls were handled which reflected the different risks relevant to each site. There were shared agreements with Primecare's other out of hours services to support and cover calls in the event of systems or telephone failure. Staff told us that there had been situations in which they had successfully activated the plan. The plan also included emergency contact numbers for relevant staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 April 2015, we rated the provider as good for providing effective services. However, during the follow up inspection on 28 and 29 March 2017 we identified issues relating to clinical staff having consistent access to up to date best practice guidance. There was also a lack of detailed understanding of performance data such as national quality requirements and action taken to mitigate and address breaches.

There was some evidence to demonstrate the service assessed needs and delivered care in line with relevant and current evidence based standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Any NICE guidance the provider was aware of was stored in the providers intranet. However, there was no system in place to receive NICE weekly newsletter to support them in keeping up to date.
- All clinicians were able to access various guidance such as NICE, British National Formulary (BNF), toxbase and local antibiotic guidance from the computers. Copies of the British National Formulary were kept in the vehicles. Most copies seen were up to date however we noticed the BNF in one vehicle was dated 2011. We were told that this vehicle was not in use however there was nothing in place to indicate that this was the case. Following the inspection the provider advised us that copies of the BNF have been replaced in the vehicles and at the primary care centres with latest adult and paediatric versions.
- Clinical staff told us they kept up to date with best practice and latest guidelines in their role as a GP and that they received emails from the out of hours provider.

Management, monitoring and improving outcomes for people

From 1 January 2005, all providers of out-of-hours services have been 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 the clinical commissioning group on their performance against 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. However, we identified discrepancies in the provider contract monitoring reports against some of the NQRs. This made some of the reports difficult to understand and unreliable in supporting service improvements. The provider was unable to explain discrepancies in the National Quality Requirement reports.

Primecare – Birmingham shared some of the NQRs data with another provider responsible for delivering the NHS111 service. For example, initial telephone calls were received by NHS111 service.

The provider's reported performance against some of the NQRs were as follows:

NQR 4: Providers must regularly audit a random sample of patient contacts and appropriate action will be taken on the results of those audits. Regular reports of these audits will be made available to the contracting CCG.

The provider undertook a programme of consultation audits. Clinical staff had 1% of their consultations audited annually. The audits looked at areas such as history taking, assessments taken and prescribing. Where scores showed underperformance, clinicians received more frequent audits and further training where identified. Those of particular concern were included on the corporate risk register and discussed at board level. We saw evidence of this in board reports. New starters also had cases reviewed from their first session with the provider.

NQR 9: Telephone Clinical Assessment

Identification of immediate life threatening conditions:

Providers must have a robust system for identifying all immediate life threatening conditions and, once identified, those calls must be passed to the ambulance service within 3 minutes.

Definitive Clinical Assessment: Providers that can demonstrate that they have a clinically safe and effective system for prioritising calls, must meet the following standards:

- Start definitive clinical assessment for urgent calls within 20 minutes of the call being answered by a person.

- Start definitive clinical assessment for all other calls within 60 minutes of the call being answered by a person.
- Providers that do not have such a system, must start definitive clinical assessment for all calls within 20 minutes of the call being answered by a person.

The contract monitoring reports for Sandwell and West Birmingham CCG for May 2016 to January 2017 showed between 77% (December 2016) and 100% (July, August and October 2016) of urgent calls started their definitive clinical assessment within 20 minutes and between 97% (December 2016) and 100% (May, July, August, September and October 2016) of all other calls had started the definitive clinical assessment within 60 minutes.

The contract monitoring report for Birmingham Cross City CCG March 2016 to Feb 2017 showed between 98% (February 2017)and 100% (March, May, September, October, December 2016 and January 3017) of urgent calls had started their definitive clinical assessment within 20 minutes and between 97% (March 2016) and 100% (August and October 2016) for others within 60 minutes.

NQR 10: Face to Face Clinical Assessment

Identification of immediate life threatening conditions:

Providers must have a robust system for identifying all immediate life threatening conditions and, once identified, those patients must be passed to the most appropriate acute response (including the ambulance service) within 3 minutes.

Definitive Clinical Assessment: Providers that can demonstrate that they have a clinically safe and effective system for prioritising patients, must meet the following standards:

- Start definitive clinical assessment for patients with urgent needs within 20 minutes of the patient arriving in the centre.
- Start definitive clinical assessment for all other patients within 60 minutes of the patient arriving in the centre.
- Providers that do not have such a system, must start definitive clinical assessment for all patients within 20 minutes of the patients arriving in the centre.

We found discrepancies in the contract monitoring reports for Sandwell and West Birmingham produced between April 2016 and January 2017. The monthly reports produced by the provider detailed the current months performance against the standards and several months previous performance. Reports produced for the months of April, May, June, July and August, September and October 2016 showed the provider as compliant for the current month for urgent patients being seen within 20 minutes. However, when reported in the following month they no longer showed compliance for that month. For example the report for October 2016 showed achievement for this standard in: April (42.1%) May (61.5%) June (57.1%), July (75%), August (71.4%) and September (66.7%). While the July report showed compliance for all months April to July 2016. There was a similar pattern of inconsistency reported for the standard requiring all other patients to be seen within 60 minutes. The data could not be relied upon.

The contract monitoring reports for Birmingham Cross City for January 2016 to February 2017 showed between 86% (November 2016) and 100% (December 2016) of urgent face to face patients started the definitive clinical assessment within 20 minutes. The majority of months showed no urgent patients for this specific NQR. Between 90% (April 2016) and 100% (all other reported months) showed all other face to face patients started the definitive clinical assessment within 60 minutes.

NQR 11: Providers must ensure that patients are treated by the clinician best equipped to meet their needs, (especially at periods of peak demand such as Saturday mornings), in the most appropriate location. Where it is clinically appropriate, patients must be able to have a face-to-face consultation with a GP, including where necessary, at the patient's place of residence.

The provider reported the skill mix of clinicians was audited and that NHS 111 telephone service was able to directly book patients for face to face consultations.

NQR 12: Face-to-face consultations (whether in a centre or in the patient's place of residence) must be started within the following timescales, after the definitive clinical assessment has been completed:

- Emergency: Within 1 hour.
- Urgent: Within 2 hours.
- Less urgent: Within 6 hours.

We found inconsistencies in the contract monitoring reports for Sandwell and West Birmingham produced between April 2016 and January 2017 for this standard. The contract monitoring reports for Sandwell and West Birmingham April 2016 to January 2017 showed:

Inadequate

Are services effective?

(for example, treatment is effective)

Emergencies seen within 1 hour – ranged from 59% to 100% (between May and October 2016 average monthly performance was at 70% and improved between November 2016 and January 17 to 100%) Reports for April, May, June and July 2016 were stated this standard was being met for these months. However the report for August showed they were meeting this standard for the month of August but not between May and July. The report for September showed they were meeting this standard for September but not between April and August 2016. The report for October showed they were meeting this standard for the month of October but not between April and September 2016. From November 2016 the format of the reporting changed and performance was not shown before this month.

Urgent cases seen within 2 hours – The performance reports seen showed a similar pattern of discrepancies. The provider was unable to explain the inconsistencies in the data.

The contract monitoring reports for Birmingham Cross City for March 2016 to January 2017 showed:

Emergencies seen within 1 hour – ranged from 60% to 100% (averaging at 94%).

Urgent cases seen within 2 hours – ranged from 69% to 100% (averaging at 92%).

Less urgent cases within 6 hours – ranged from 96% to 100% (averaging at 98%).

The provider was unable to advise us what action had been taken in response to breaches in the NQRs. We saw one contract monitoring report which detailed individual breaches. This identified issues such as a high volume of calls and GPs not turning up for shift contributing to the breach. We noted from the latest contract meeting with Sandwell and West Birmingham CCG that greater detail had been requested from the provider in relation to the monitoring reports and breaches.

There was evidence of clinical audit but it was not clear how this was used to improve the service provided. The provider had a designated audit team. We reviewed several audits that had been completed over the last two years. These had been carried out at a corporate level. They included an audit which focused on the use of antibiotics in the treatment of Otitis Media (ear pain) and sore throats. This identified that 90% of patients were appropriately prescribed antibiotics. However, there were issues identified around the quality of documentation. Other audits seen included a review of the quality of patient records completed during daytime and night time. This audit identified significant variations. There was also an audit of the appropriateness of home visits which found 73% were justified. We saw one of the audits had been shared with clinical staff by a patient safety newsletter however this newsletter had not been sent out for several months since the senior staff responsible for audit had left the organisation. None of the audits seen were full cycle completed audits where improvements made were implemented and monitored.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff including locums. This covered such topics as safeguarding, infection prevention and control, health and safety and information governance. Staff including Clinical staff confirmed they received an induction where they went through processes and systems. An induction manual was also provided to new starters.
- We were advised that staff directly employed received annual appraisals although the provider was unable to provide any evidence of this. Clinical staff received appraisals as part of their revalidation process. Revalidation is the process by which doctors are required to demonstrate they are up to date and fit to practice. The quality of clinical consultations was also monitored and fed back to individual clinicians.
- There were systems in place for monitoring staff adherence to the provider's mandatory training. This flagged up when training was due and allowed administrative staff to follow up staff when training was due for renewal. Clinical staff told us they received support with training such as basic life support.
- There was an on call clinical manager to support GPs working in the out of hours service.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was gained from the patients through the NHS 111 service and in direct consultation with the patient. The provider had systems in line with national quality

Inadequate

Are services effective?

(for example, treatment is effective)

requirements for supporting the exchange of patient information between those who may be involved in providing care to patients with predefined needs. Any information received from GP practices or other services for example relating to patients with palliative care needs or patients who were at risk of harm were recorded in special notes which clinicians could access during consultations. The provider also had access to summary care records. Summary care records are a system for sharing important information about a patient between healthcare professionals such as details about medicines they are taking. Clinical staff confirmed they had access to this information.

There were systems in place for sharing relevant information with other services in a timely way, for example when referring patients to other services during out of hours period.

As part of the national Quality requirements (NQRs) providers must send details of all out-of-hours consultations (including appropriate clinical information) to the practice where the patient is registered by 8.00 a.m. the next working day.

The contract monitoring reports for Sandwell and West Birmingham May 2016 to January 2017 showed the provider achieved between 91% (November 2016) and 100% (July 2016) of consultations transferred before 8am the next working day.

The contract monitoring report for Birmingham Cross City (March 2016 to February 2017) showed the provider achieved between 94% and 100% of consultations transferred before 8am the next working day.

The provider worked collaboratively with the NHS 111 providers in their area in order to deliver a co-ordinated out of hours service, for example NHS 111 staff were able to directly book appointments to see an out of hours clinician.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and those relating to children and young people.

Good

Are services caring?

Our findings

At our previous inspection on 14 April 2015, we rated the provider as good for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect when visiting the primary care centres.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Information governance is part of the provider's mandatory training.

We received 22 completed patient Care Quality Commission comment cards, these were completed by patients who attended the primary care centre located at Broadway Health Centre. We also spoke with three patients who were attending the Neptune Health Centre. Comments received about the service experienced were all positive. Patients described the staff as helpful and caring and told us that they were treated with dignity and respect.

Out-of-hours providers are required to audit a sample of patient experiences as part of the National Quality Requirements. Primecare – Birmingham carried out an ongoing patient survey. Results from the provider's own survey based on 120 responses received between 1 January 2017 and 29 March 2017 showed:

- 93% of patients rated their experience of the telephone consultation by the clinician as good, very good or excellent.
- 89% of patients rated the attitude of the doctor or clinician as good, very good or excellent
- 89% of patientsrated the promptness of treatment as good, very good or excellent
- 90% of patients rated their overall satisfaction with the service as good, very good or excellent.

The provider also participated in the friends and family test which invites patients to say whether they would recommend the service to others. Of the patients who responded 92% said they would be likely or extremely likely to recommend this service to others.

The national GP patient survey asks patients about their satisfaction with the out-of-hours service. However, as Primecare - Birmingham is not the sole provider of out-of-hours services within the CCG areas covered the information must be reviewed with caution. Data from the GP national patient survey published in July 2016 found :

- 57% of patients in the Birmingham Cross City CCG area and 55% of patients in the Sandwell and West Birmingham CCG area said they were satisfied with how quickly they received care from the out-of-hours provider compared with 62% of patients nationally.
- 85% in the Birmingham Cross City CCG area and 83% in the Sandwell and West Birmingham CCG area said they had confidence and trust in the out-of-hours clinician they saw or spoke to compared with 86% of patients nationally.
- 65% in the Birmingham Cross City CCG area and 60% in the Sandwell and West Birmingham CCG area were positive about their overall experience of the GP out-of-hours service compared with 67% of patients nationally.

Care planning and involvement in decisions about care and treatment

Feedback received from patients told us that they felt listened to during their consultation. Clinicians made use of special notes to support decisions about care and treatment. (Special notes are a way in which patients' usual GP can raise awareness about their patients who might need to access the out-of-hours service, such as those nearing end of life or with complex care needs. It may also include details of advance directives in which patients have recorded their wishes in relation to care and treatment).

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Type talk was used to support patients with hearing impairments.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 14 April 2015, we rated the provider as good for providing responsive services. However, during the follow up inspection on 28 and 29 March 2017 we identified a lack of effective systems to address issues relating to the timeliness in which patients received their care. National Quality Requirements showed the provider was not consistently meeting standards required in relation to the timeliness of clinical assessments. There was no specific analysis of complaint trends to support and improve the quality of the local service.

Responding to and meeting people's needs

The provider engaged with its commissioners to secure improvements to services. The provider worked across two CCG areas. They sent monthly performance reports and met with them on a quarterly basis to discuss performance. With one CCG contract the provider was also meeting regularly with other providers involved in the provision of integrated urgent care. This provided a forum to discuss any issues in the patient journey as they moved between the different providers.

- Home visits were available for patients whose clinical needs resulted in difficulty attending one of the primary care centres.
- There were accessible facilities, including translation services available and the use of type talk for those with hearing impairments.
- At the two primary care centre we visited we saw they were accessible to patients with mobility difficulties.
- For those attending with young children baby changing facilities were also available.
- There was a failed home visit policy in place which set out the process to follow if patients could not be contacted by telephone or during a home visit or failed to attend their appointment at a primary care centre. This was included in the driver pack which went out with the vehicle. Staff we spoke with were aware to describe the processes in place and that the final decision to close a case would be made by the clinician.
- Comfort calls were undertaken on patients awaiting home visits if waiting times reached five hours.

Access to the service

Most patients accessed the service via the NHS 111 telephone service. The NHS 111 service would prioritise the call and were able to directly book patients at the primary care centres. Urgent calls would also be triaged by Primecare – Birmingham. Some GPs directly contracted with the Primecare – Birmingham in which case patient calls would come through directly to the service.

Contract performance reports for the two commissioning CCGs showed there were approximately 3000 patient contacts with the provider during January 2017. This included 1301 telephone assessments, 1672 attendances at a primary care centre and 460 home visits.

There was no policy or guidance in place for dealing with walk in patients who may be in urgent nee of care and treatment. Staff we spoke with about urgent walk in patients gave an inconsistent response. However the provider informed us that patients in need would be seen by a clinician.

There were arrangements in place for people at the end of their life so they could contact the service directly.

Feedback from patients (who attended the primary care centre located at Broadway Health Centre) via the CQC comment cards indicated that in most cases patients were seen in a timely way. Of the 22 responses received five patients commented on how quickly they were seen. Only one patient commented negatively on their wait.

Results from the provider's own survey based on 120 responses received between 1 January 2017 and 29 March 2017 showed:

- 89% of patients rated the promptness of treatment as good, very good or excellent.

We saw from the National Quality Requirements scores that the provider was not consistently meeting expected timescales for example, the contract monitoring reports for Sandwell and West Birmingham (May 2016 to January 2017) showed:

- That the provider did not meet the required standards in five out of the 10 months for patients that needed to be seen within 60 minutes at a primary care centre. The provider was achieving between 57% and 75% between May and September 2016.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- That the provider did not meet the required standards in six out of the 10 months for patients that needed to be seen with two hours as a home visit. The provider was achieving between 79% and 86% between May and October 2016.

Staff we spoke with were unable to provide any explanation for these scores.

Data from the GP national patient survey published in July 2016 found :

- 57% of patients in the Birmingham Cross City CCG area and 55% of patients in the Sandwell and West Birmingham CCG area said they were satisfied with how quickly they received care from the out-of-hours provider compared with 62% of patients nationally. However the national survey data should be used with caution as Primecare-Birmingham is not the sole provider of out-of-hours services within the CCG areas covered.

Listening and learning from concerns and complaints

As part of the National Quality Requirements out-of-hours providers are required to operate a complaints procedure that is consistent with the principles of the NHS complaints procedure and report anonymised details of each complaint, and the manner in which it has been dealt with, to the contracting CCG. All complaints must be audited in relation to individual staff so that, where necessary, appropriate action can be taken. The provider reported compliance in their contract monitoring reports to the commissioning CCGs against this national quality requirement.

The service had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations.
- There was a designated responsible persons who co-ordinated the handling of all complaints in the service. These were logged and forwarded to the local managers along with details of the consultation for review. Complaints were graded according to severity. There were 55 clinical and 14 operational complaints recorded between 1 January 2016 and 29 March 2017.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was available on display to take away from the primary care centres.

Between 1 January 2016 and 29 March 2017 the practice had received 55 clinical and 14 operational complaints. We looked at two complaints received during 2017 and found these had been dealt with in a timely way. Complaints shared with individuals via email who are involved in the response. There was a form for use by reception staff for recording verbal complaints received. However, there was no specific analysis of trends to support and improve the quality of care.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 14 April 2015, we rated the provider as requires improvement for being well-led as the provider did not have clear lines of accountability and systems for managing risks and ensure the quality of services provided locally. However, during the follow up inspection on 28 and 29 March 2017 we found these issues had not been adequately addressed and new issues were identified which highlighted significant weaknesses in the provider's governance systems and processes.

Vision and strategy

The service had a corporate website which set out details of the service provided. Clinical and non-clinical staff we spoke with during our inspection were unaware of any specific vision and values for the service.

Governance arrangements

The service had an overarching governance framework to support the delivery of the service which was part of a wider corporate framework.

- Performance was reported through the monthly contract monitoring reports and quarterly meetings with the commissioning CCGs.
- Service specific policies were implemented and were available to all staff (including those working remotely) though the provider intranet.

However, we found weaknesses in the governance arrangements.

- Staff were aware of their own specific roles and responsibilities but were not always clear of the wider governance arrangements and lines of responsibilities outside their own role. For example, we were unable to determine from our conversations with staff who was responsible for or evidence of action taken in response to performance issues such as, ongoing breaches in National Quality Requirements; for following up and acting on safety alerts; who the leads were for infection control and safeguarding within the organisation and who was responsible for seeking assurance on health and safety issues within the primary care centres used for carrying out regulated activities.
- We found that the provider was not proactive in using information available to support service improvements for example, trends in incidents and complaints.
- Although, we saw evidence of clinical and other audits these had not been completed to show any impact or improvements in the service delivered. Staff told us that the corporate governance lead had left the organisation in April 2016 and had not been replaced which had contributed to the lack of audit follow up and sharing of learning.
- The operational contracts manager told us that they discussed performance and risk at corporate accountability meetings which they attended. We were advised these were held on a monthly basis however, the latest report made available to us related to August 2016. We saw these were used to discuss contracts, staffing issues and complaints.
- There had been a lack of overall improvement in the service since our previous CQC inspection. We have inspected this service on three occasions and continue to find breaches in Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and 2014.
- The provider was unable to explain discrepancies in the National Quality Requirement reports.

Leadership and culture

Over the last year there had been significant changes to the local management team. Both the head of urgent care and contracts manager had left the organisation and a relatively new management team was in place. Local management consisted of an operational contracts manager and clinical services manager. There was a shift lead who supported the day to day running of the service including the out of hours period and a recently appointed local medical lead. The clinical services manager was the Registered Manager of the service who was not sufficiently senior within the organisation to oversee the running of the service and with a clear overview of the service.

At our previous inspection we identified a lack of clear lines of accountability for the service and we found at this inspection this was still the case. We found the provider unprepared for our inspection, despite advanced notice. There was a lack of senior leadership within the organisation. Local managers were not always able to provide responses to our questions. An organisation chart for the service showed only the managing director above the local managers.

Are services well-led?

Inadequate

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Patients were offered an explanation and an apology where appropriate.

Clear leadership was not consistently evident during the inspection.

- Communication between operational staff and management was mainly through shift reports which enabled staff to notify managers of any issues arising during a shift. Staff said they felt supported.
- There was an on call clinical or operation manager to support staff during out of hours.
- However, there were no clear arrangements in place to ensure the staff were kept informed and up-to-date or to be involved in discussions about the service such as, staff meetings. The new operations manager advised that they were setting these up to start during April 2017.
- Communications with clinicians were carried out on an ad hoc basis. The provider had previously sent out a patient safety newsletter for routine information sharing but this had not been sent since the clinical governance lead had left.

Seeking and acting on feedback from patients, the public and staff

The service sought feedback and from patients and staff. However, staff were unable to demonstrate how this feedback was utilised to support service improvement.

- The service had gathered feedback from patients through ongoing patient surveys and complaints received. The ongoing patient survey was analysed by the audit team who told us that they sent a monthly report to the clinical services manager and notified them of any comments they needed to be made aware of. There was no evidence of any local discussions or actions taken in response to feedback from the patient survey. Two out of the six questions in the survey did not relate to activities undertaken by this provider, these included 'ease of contacting the service' and 'helpfulness of the telephone call handler'. Staff told us that any concerns identified through patient feedback were dealt with through the complaints route.
- Feedback from staff was gathered from routine shift reports, informally through line managers, appraisals and staff comment cards (held in the head office) where staff could submit ideas to improve the service. Staff we spoke with were unable to provide any examples of feedback which had resulted in any changes to the service.

Continuous improvement

Managers told us that they were working in collaboration with the NHS 111 service to help develop policies and procedures for a new integrated triage system.