Newmedica Ophthalmology Services, London

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Newmedica Ophthalmology Services, London is operated by New Medical Systems Limited. The support office is located in Elephant and Castle with the clinics being operated from 20 hubs around the country, based in mobile units, hospitals and other clinic settings, in accordance with contracts with individual NHS Trusts and Clinical Commissioning Groups (CCGs). At the time of our inspection, there were 20 'hubs' (for the purpose of this report, the sites where the provider carries out the activities for which it is registered with the CQC will be referred to as 'hubs') operating under the umbrella of the London location.

The services provide outpatients and surgery. We inspected both outpatients and surgery. We inspected this service using our comprehensive inspection methodology. We carried out announced inspections on 9 October 2017 at the Newmedica Glaucoma Monitoring Services at Kingston University Hospital, Kingston, Western Eye Hospital, Marylebone and the Two Rivers Medical Centre, Ipswich. On 10 October 2017 we carried out an announced inspection of the Newmedica Warwickshire Macular Service and cataract surgery provision hosted at the George Elliot Hospital, Warwickshire. On 12 October 2017 we carried out an announced inspection of the Newmedica central support office, Elephant and Castle. We carried out an unannounced inspection at the Newmedica Glaucoma service at Preston University Hospital, Preston on 25 October 2017. In total, we inspected six hubs and the support office.

At the support office we spoke with senior staff members and administrative staff. At the hubs we spoke to consultant ophthalmologists, optometrists, clinic assistants, administrative staff and people who use the service.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by the service was outpatient services. Where our findings on outpatient services – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the outpatient core service. We rated this service as good overall.

- The service had robust processes in place to ensure consistent, safe and effective care and treatment across all of the hubs under this location.
- All staff had an awareness of the safeguarding policy and reporting procedure and felt confident in identifying a potential safeguarding incident and the steps they would need to take.
- Newmedica was a learning organisation. Incidents, complaints and concerns were treated as learning opportunities, and learning was cascaded throughout the service.
- The service had policies, procedures, and guidelines, which were based on current legislation, evidence-based care and treatment and nationally considered best practice. These were regularly reviewed at the medical advisory committee (MAC) meetings.
- Hubs were regularly and effectively benchmarked to drive improvement across the service.
- The service submitted patient outcomes to the clinical commissioning groups (CCGs) and NHS Trusts as part of their contract.
- Staff demonstrated a clear commitment to providing the best standard of care. They were caring and compassionate.

Summary of findings

- The service made innovative use of telemedicine to ensure that patients received the best possible care, and to monitor outcomes and performance. Through this process, all clinical decisions were made or reviewed by a consultant.
- There was a strong, visible leadership team, who were committed to continuous improvement within the organisation.
- The governance team had clear oversight of the organisation nationally.
- There were effective channels of communication in place between staff working in the hubs and the senior leadership team, in both directions.
- There was a corporate and local risk registers in place, which the service regularly reviewed. All risks had an owner and mitigating actions recorded, and were audited for progress.
- Staff were proud to work for the service and embodied its vision and strategy. Staff, including those working remotely, described a feeling of belonging within the organisation.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Contents

Good

Newmedica Ophthalmology Services, London

Services we looked at
Outpatients and diagnostic imaging; surgery.

Summary of this inspection

Background to Newmedica Ophthalmology Services, London

Newmedica Ophthalmology Services, London is operated by New Medical Systems Limited. The support office is located in Elephant and Castle with the clinics being operated from 20 hubs around the country, based in mobile units, hospitals and other clinic settings, in accordance with contracts with individual NHS Trusts and Clinical Commissioning Groups (CCGs).

Our inspection team

The team that inspected the service comprised a CQC lead inspector and four other CQC inspectors. At the inspection of the support office, a specialist advisor, with expertise in clinical governance, assisted the team. Margaret McGlynn, Inspection Manager oversaw the inspection team.

Information about Newmedica Ophthalmology Services, London

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures(at George Elliot Hospital, Warwickshire)
- Treatment of disease, disorder or injury.

The service does not treat children, except at the clinic hosted at the George Eliot Hospital. During the inspection, we visited the outpatient departments at the Two Rivers Medical Centre, Ipswich; Kingston University Hospital, Kingston; Western Eye Hospital, Marylebone; Royal Preston Hospital, Preston and the Warwickshire Macular Service and ophthalmic surgery provision hosted at the George Eliot Hospital, Warwickshire. We visited the support office at Elephant and Castle. We spoke with 25 staff members, including; clinic assistants, optometrists, consultant ophthalmologists, administrative staff and senior managers. We spoke to 10 patients. During our inspection, we reviewed 18 sets of patient records. Activity (October 2016 to October 2017).

In the reporting period October 2016 to October 2017, there were 70,000 outpatient attendances recorded at the service; of these, all patients were NHS funded.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- There had been no never events in the reporting period of October 2016 to October 2017.
- Staff were clear about the reporting process for incidents and said that learning was always communicated back to them, when they raised an incident. There was a positive culture of incident reporting across the service. Incidents were treated as learning opportunities and learning was shared across all of the hubs.
- We observed staff practising good infection prevention and control in all the sites we visited.
- Mandatory training was up to date for all staff. • Staff had the training, competence and understanding to deliver safe care.

Are services effective?

Good

We rated effective as good because:

- The service had policies, procedures and guidelines, which were based on current legislation, evidence-based care and treatment and nationally considered best practice.
- The service benchmarked hubs to ensure effective treatment across all hubs.
- There was a system in place to monitor the agreement rate between the recommendations made by optometrists' diagnoses and suggested actions and the ultimate diagnosis and actions signed off by consultants.
- We observed effective multidisciplinary team working between the staff working in different disciplines as well as between Newmedica staff and staff employed at the locations from which the hubs were operated.

However:

- The service did not participate directly in national audits. However, at the time of our inspection the senior management team told us that they were planning to submit to national audits in future. However, it did carry out internal benchmarking of services.

Are services caring?

Good

We rated caring as good because:

Summary of this inspection

- The service reported consistently high friends and family test (FFT) results from October 2016 to October 2017.
- We observed caring interactions between staff and patients.
- Staff demonstrated a genuinely caring attitude and sought the best outcomes for their patients.

Are services responsive?

Good

We rated responsive as good because:

- The service used innovative approaches, such as a mobile unit to ensure patients in rural areas could be seen at their convenience.
- Within the glaucoma service, there was an effective system for managing patient flow and thereby ensuring waiting times within clinics were at a minimum.

Are services well-led?

Good

We rated well-led as good because:

- The service had a clear vision, to improve eye care for patients. All staff demonstrated a clear commitment to this vision.
- Senior staff demonstrated a strong commitment to the continuous improvement of the service.
- The board and senior staff had an in-depth understanding of the service, both in terms of the day-to-day running of the hubs and from a strategic level. They were aware of challenges in all of the hubs throughout the country. They knew their staff well and sought their ideas for improvements.
- Staff told us that the senior leadership team were approachable and visible, across all of the hubs.
- There were clear and effective governance systems in place to monitor quality, safety and risk. There were clear lines of communication up and down through the organisation.
- The governance team and senior staff were aware of their risks and maintained a corporate risk register, which was reviewed regularly at governance meetings. In addition, there were local risk registers at each of the hubs, over which the governance team had oversight.
- Staff were overwhelmingly positive about working for Newmedica. They told us they felt supported and respected. All staff we spoke with demonstrated pride in working for Newmedica.
- The service proactively engaged with patients and members of the public to seek opinions on how to improve the service they provided.

Detailed findings from this inspection

Good

Outpatients and diagnostic imaging

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are outpatients and diagnostic imaging services safe?

Good

We rated safe as **good**.

Incidents

- There were no never events in the reporting period. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There was an electronic system for reporting incidents. All of the staff we spoke with knew how to report incidents.
- All incidents were escalated to the governance team. They were then assigned for investigation at a local level or by the governance team, and the learning from the incident was then circulated.
- Staff described a positive culture of incident reporting across the service. Staff said that they were encouraged to report incidents and that incidents were seen as a learning opportunity. At each of the hubs, staff were able to describe incidents that had occurred at different hubs elsewhere and the learning from those incidents, indicating that learning was being effectively shared and cascaded throughout the organisation.
- The governance team circulated a monthly "round-up" detailing summaries of incidents and the learning arising. We had sight of one of these. Staff in the hubs said that this was an invaluable source of information.
- We reviewed an example of a root cause analysis (RCA) conducted for an incident which occurred in October 2016. There was evidence of multi-disciplinary input into the report, root causes were identified and an action plan produced. The action plan had identified owners of each action and a date for completion and evidence that the actions had been completed.

Duty of Candour

- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds. Senior staff members were able to confidently explain the process they undertake when implementing the Duty of Candour (DoC) and gave examples of when they had to complete this. All staff demonstrated an understanding of the DoC.
- The monthly service pack, which was submitted to the various clinical commissioning groups (CCGs) and NHS trusts with which the service worked, provided details of any duty of candour triggers experienced at the service. From October 2016 to October 2017, there had been no triggers recorded.

Cleanliness, infection control and hygiene

Good

Outpatients and diagnostic imaging

- The outpatient departments at all of the hubs we visited appeared clean and tidy at the time of our inspection. Staff told us the provider at the location was responsible for the cleaning of the environment whilst Newmedica staff were responsible for cleaning equipment within glaucoma services. If there were any concerns regarding the cleaning, they would escalate this to the host provider. Staff at Preston were able to identify when they had escalated a concern to the host provider regarding cleanliness and this had been addressed.
- The service had an infection prevention and control policy, which was in date and had a review date. All staff were aware of where to locate this policy.
- There were handwashing facilities within the clinical environment at all of the hubs and staff had access to alcohol hand gel at point of care. We observed staff performing hand decontamination in accordance with the World Health Organisation (WHO) five moments for hand hygiene. We also observed hand hygiene promotional posters to support compliance with hand hygiene. All clinical staff were bare below the elbow.
- Following the inspection, we were provided with evidence that the provider carried out monthly hand hygiene audits using an infection prevention quality improvement tool, of the five staff members audit results provided for September 2017, all were compliant.
- There were signed cleaning schedules for the equipment at the sites we visited, completed by the Clinic Assistants daily. These were audited at a local level. We had sight of the cleaning schedule audit at the Western Eye Hospital.
- There were wipes available for decontaminating equipment after use. We observed staff wiping down equipment after it had been used to prevent the potential transmission of infection between patients.
- Staff had access to personal protective equipment (PPE), for example surgical gloves to protect themselves and patients during care and treatment.

Environment and equipment

- All of the sites we visited appeared clean and were clutter free.
- At Kingston, the service was provided in a stationary mobile unit that had been specially adapted to allow for privacy for patients. There was a small office in the unit for staff to complete administrative tasks, this office was not lockable, which was an issue as records were stored in the office and it was next to the public waiting area. Staff told us that there were plans to refurbish the mobile unit. Following our inspection, we were told that a lock had been put on door.
- At George Eliot Hospital, injections were carried out in a room with a specially adapted ceiling to ensure optimum hygiene levels.
- The equipment used by the glaucoma services was leased from the manufacturers, who were, responsible for maintenance. Staff told us that it was very rare for equipment to be faulty, and that on the rare occasions that it was, this was reported as an incident, the equipment repaired and spare equipment used in the interim. We saw the equipment maintenance log for the George Eliot Hospital site.
- We saw evidence of faulty equipment having been escalated as an incident at the George Eliot Hospital site. The staff member who raised the incident told us that as there had been spare equipment on site, this had not had an impact on the running of the clinic.
- Prior to each glaucoma clinic, the optometrist was responsible for checking and calibrating all of the equipment. All optometrists received training in this as part of their induction, and were observed doing so during their probationary period by other experienced optometrists, before being signed off to work independently.
- Where the provider carried out eye surgery, surgical equipment was provided and maintained by the local NHS provider in whose premises the service was carried out. We saw the service level agreement for the hub at the George Eliot Hospital, which mentioned this directly and made clear distinctions in responsibility between Newmedica and the Trust. We were unable to visit the theatre itself at George Eliot Hospital as it was in use by another service at the time of our visit.
- Staff told us that they would be confident to raise a concern regarding equipment even where the equipment was the responsibility of another provider.

Good

Outpatients and diagnostic imaging

Medicines

- There was a medicines management policy dated April 2017 with a review date recorded as April 2018. Staff were aware of this policy and had access to this on their electronic system.
- Patients were not routinely prescribed medicines to take away with them in the outpatient department; the consultants would include any changes to medications in letters to the GP for them to supply. If medicines were required, there were processes in place for pharmacy support by the host provider.
- Within the glaucoma services, the only medications used were eye drops to dilate the pupils. These were stored in fridges within the clinic rooms. The temperatures of the fridges were checked twice daily by the clinic assistants and recorded to ensure that they were within range. We saw the records of fridge temperatures at each of the hubs we visited. Staff told us that where the fridges were out of range, the eye drops could be moved by agreement to other fridges with the location at which the clinic was operating. Staff at the Western Eye Hospital were able to recall an occasion when this has happened. The faulty fridge had been raised as an incident and had been replaced.
- In the macular degeneration clinic at George Eliot Hospital, injections were also stored in a locked fridge in the clinic room. The temperatures were recorded twice daily. We saw evidence that this had been done.

Records

- All patient interactions were documented on the services' own electronic reporting system. We looked at 18 patient records. Records were clear and complete and included reference to any co-morbidities patients had.
- If the electronic record system was unavailable there was a protocol in place to switch to handwritten records and for these to be transferred to the electronic system at a later date. At all of the sites we visited, paper record forms were available.
- Following clinics held in hospitals, staff placed paper copies of patients' records, printed out from the electronic system, into the patients' hospital notes.
- At George Eliot Hospital, we examined four records for patients who had undergone cataract surgery. These records were clear and complete, and patients had signed to indicate their consent to treatment.

Safeguarding

- The service had a safeguarding vulnerable adults policy and a safeguarding children policy both dated March 2017.
- The service had a lead for safeguarding based at the support office and all staff were aware of who this was. The lead for safeguarding had attended level three training for safeguarding children. Further expert advice was obtained through contacting the local authority safeguarding teams.
- The service provided all staff with safeguarding adults training. This was split into two parts with all staff completing part one and clinical staff completing part two training.
- None of the hubs, with the exception of that at George Eliot Hospital, treated children. However on occasion children would accompany patients. All staff were required to complete level one safeguarding children training. Clinical staff were also required to complete level two safeguarding children. Training records indicated that all clinical staff were in date for safeguarding level two training.
- In our conversations with staff, they demonstrated a clear understanding of safeguarding.
- Staff we spoke to were aware of how to escalate a safeguarding concern and could identify the safeguarding lead for the service. At the Preston hub, a staff member described two safeguards that they had escalated. They said that they had escalated the concern to the safeguarding team within the Royal Preston Hospital and also notified Newmedica's safeguarding lead. The safeguards had been documented on the electronic incident reporting system.

Mandatory training

- All staff at the service were required to complete conflict resolution, equality, diversity and human rights, fire

safety, health, safety and welfare, information governance, moving and handling loads, safeguarding adults part one, safeguarding children level one, basic life support and dementia awareness training.

- All clinical staff were required to complete additional training in infection prevention and control, moving and handling patients, safeguarding adults part two, safeguarding children level two, consent, and female genital mutilation (FGM).
- At the time of inspection, all staff directly employed by the service were in date for their mandatory training.
- We reviewed the files of six consultant ophthalmologists employed under practicing privileges. All of their mandatory training was up to date.
- The human resources (HR) department were responsible for updating training files when training was completed and would inform a staff member via email when they were due to complete their training again.

Assessing and responding to patient risk

- Within cataract surgery services, the World Health Organisation's (WHO) Five Steps to Safer Surgery Checklist was used. We reviewed six sets of patient records for patients who had undergone surgery. In all of the notes, the WHO checklist was documented as having been completed. Following our inspection, we were told that the provider audited the use of the checklist through randomised reviews of patient notes. We saw the WHO checklist audit for August 2017, which indicated 100% compliance.
- There were policies and procedures in place for identifying a patient who was suffering from a myocardial infarction (heart attack), stroke or fainting attack. Staff we spoke with were confident in the immediate management of these types of deteriorating patient.
- We were told that all of the hubs had a service level agreement (SLA) in place in the event of a deteriorating patient. We had sight of the SLA for the George Eliot Hospital hub which confirmed this. If patients became unwell during their appointments, staff would organise a transfer to a local acute hospital. If there were indications that the patient was suffering from an ophthalmic emergency, staff would transfer to the patient to the nearest acute ophthalmic specialist hospital.
- Patients were given information of who to contact if they had any concerns about their care and treatment, or if they needed to clarify further appointments, including a 24 hour out of hours service, staffed by consultant ophthalmologists.

Nursing staffing

- The service did not directly employ nursing staff; however, at the George Eliot Hospital hub, Retinal Vascular Disease (RVD) outpatients and surgical nurses employed by the trust worked collaboratively with Newmedica staff under a SLA. We spoke with one of the nurses who described a positive working relationship with the service.
- Staffing for the outpatient clinics we visited included one clinic assistant, one optometrist and one service manager. Staff told us if the clinic assistant or optometrist phoned in sick, an attempt to replace them from the bank of staff they used would be made. Staff told us that it was very rare for the necessary team members to be unavailable.
- There were no unfilled vacancies at the time of our inspection.

Medical staffing

- All care was consultant led. In the glaucoma services, consultants reviewed patients remotely, via the service's electronic system, which allowed them access to the patient's full notes and history, the retinal images taken during their appointment and the recommendations made by the optometrists.
- Consultants worked under practising privileges. We examined six consultants' practising privileges and HR records.Mandatory documentation including, qualifications, General Medical Council (GMC) registration status, GMC renewal date, designated body, named responsible officer, Disclosure and Barring Service (DBS) clearance, immunization status, and indemnity insurance certificates were up to date for all of them.

Good

Outpatients and diagnostic imaging

- Consultants were simultaneously employed elsewhere, either in the private sector or the NHS. It was the responsibility of consultants, detailed within their contract to ensure that they worked within the European Working Time Directive.

Emergency awareness and training

- We saw the business continuity plan. This identified potential risks, for example a "full loss of computer system" and action plans to minimise the impact of such risks.

Are outpatients and diagnostic imaging services effective?

Good

We rated effective as **good.**

Evidence-based care and treatment

- Policies and protocols were drafted in accordance with relevant national guidelines, such as those of the National Institute for Care Excellence (NICE).
- The glaucoma monitoring service used a standardised Glaucoma Monitoring Outcome Protocol, which categorised the extent of development of the condition from "Normal" to "High Risk", with a standard period for the next review. The protocol had been developed by the clinical lead for the service. The standardised protocol allowed the service to make a comparison of disease severity across the hubs.
- All of the policies had been independently ratified and had been reviewed in line with review dates.
- Policies were accessible to all staff through the intranet.
- The service reviewed relevant and current evidence-based guidance, standards, best practice and legislation at the Medical Advisory Committee (MAC) meetings. We reviewed minutes from these meetings.
- The services provided at George Eliot Hospital voluntarily underwent a review by a specialist eye care trust, to assess and improve their policies, systems and practices.

Technology and telemedicine

- The service made extensive use of technology and telemedicine. In the glaucoma service, all patient interactions were documented on the electronic record system. The optometrist carrying out the assessment then made a preliminary diagnosis of the development of the condition and a recommendation of the course of action that should be taken, including medications and the frequency of appointments. These preliminary diagnoses and the recommendations were then reviewed and confirmed or amended by a consultant ophthalmologist working remotely. The reviewing consultant had access to all of the same information as the optometrist and also to the retinal images taken during the examination.
- In all but one of the hubs, the electronic system records system could be viewed in real time from the support office. A dedicated team within the support office used the electronic system to carry out monthly audits of the 'agreement rates' between consultants and optometrists; that is, the number of times the consultant agreed or disagreed with the optometrist's diagnosis and recommendation, as well as the extent of the disagreement in respect of the scale on which the diagnosis was made. Graphics and written data relating to the agreement rates were then sent to each of the hubs on a monthly basis. In addition, the hubs (and therefore the individual optometrists) could be benchmarked against each other in respect of agreement rates.
- At the Hillingdon Hospital hub, the electronic records system was still available, but was embedded within the local NHS system. IT staff told us that this was a result of the information governance requirements of the hospital. They said, however, that the data could still be harvested as with the other hubs, but that this had to be done locally and then securely emailed to the support office for audit and benchmarking.
- Some of the hubs provided SMS text message reminders to their patients prior to their appointments.

Pain relief

- Staff told us patients did not usually experience pain or discomfort within the outpatient department, however if a patient did experience pain following a minor procedure, there were systems in place to obtain analgesia (pain relief) for the patient if required.

Good

Outpatients and diagnostic imaging

Nutrition and hydration

- At all of the hubs we visited, patients had access to vending machines, a water fountain and a coffee shop in the immediate vicinity of the department.

Patient outcomes

- The service collected regular patient outcome information as part of a monthly return which the various clinical commissioning groups (CCGs) and NHS trusts required as part of their contract.
- The service did not participate in national audits and therefore could not benchmark their outcomes against other national services. The data team said, however, that they intended to do so in future and were assessing for the criteria for admission. Further, the provider did benchmark its own audit outcomes against national audits. One of the service managers we spoke to stated that the internal benchmark provided with them with goals to work towards, and was a source of pride when the service scored well. Patient outcomes for the cataract surgery service were good with only one surgical complication, amounting to 0.75% across all of the hubs in the reporting period. Within the cataract service, individual surgeons' outcomes were measured and benchmarked against each other. Cataract surgery patients' vision improvement rates were assessed and recorded.

Competent staff

- Appraisals were completed annually by staff's line managers. At the time of our inspection, all staff employed by the service had an in date appraisal. We also saw copies of appraisals for staff employed under practicing privileges in staff files.
- We reviewed six staff human resources (HR) records, these contained all of the relevant documentation including disclosure and barring services (DBS) certificates, contracts, references and qualifications. Staff training records were clear. There were required competencies in place for clinical staff.
- Clinic Assistant's competencies in the use of glaucoma monitoring equipment had been signed off by an optometrist.
- The service had a procedure in place for managing staff with poor or variable performance.
- The service manager told us they would contact the employer of any staff member employed under practicing privileges if there were concerns over their performance.
- The arrangements for granting and reviewing practicing privileges were conducted corporately. We saw evidence of the reviewing and granting process in the medical advisory committee (MAC) meeting minutes.

Multidisciplinary working

- During our inspection, we observed clinic assistants and optometrists working well together to assess and plan ongoing care and treatment for patients. In addition, there was positive MDT working through the electronic system between optometrists and ophthalmic consultants in agreeing assessments.
- The trust nurse at George Eliot Hospital described positive MDT working between Newmedica and trust staff.
- We observed documentary evidence of MDT working between Newmedica and Trust staff in surgery notes.

Access to information

- Following each appointment, letters were generated electronically and sent to the patient's GP. This enabled GPs to update their systems in a timely manner and amend any prescriptions if required. In addition, paper copies of patient's records were printed off from the service's electronic system and inserted into their hospital notes, where the service was provided in a hospital setting.
- Staff said that they had no issues in accessing patients medical records from the electronic system, which included patients co-morbidities.
- All policies were available to all staff through the central server.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff were aware of the requirements for gaining consent from patients. Records provided by the service showed 100% compliance with consent training.
- All patients undergoing a cataract procedure were given an information booklet to support the information given to them by the staff at the service. Within this document

was also a copy of the consent form, informing them of the common complications, serious risks and alternatives to the surgery. Staff in charge of the patients care found this enabled patients to retain the information better about these implications of the surgery and supported the consenting process on the day of surgery. There was also an information and consent booklet for RVD treatment.

- Staff had a good understanding of the Mental Capacity Act (2005) and were confident in identifying patients who required capacity assessments. Staff at the George Eliot Hospital site were able to give examples when they had identified concerns around a patient's capacity and escalated this to the consultant in charge of their care who performed an assessment.

Are outpatients and diagnostic imaging services caring?

Good

We rated caring as **good.**

Compassionate care

- We observed positive, caring interactions between staff and patients. Staff were polite and addressed patients by name. In the glaucoma services, patients attended frequently, it was clear that patients had formed friendly relationships with staff who they saw regularly. For example, in Preston, we observed a member of staff asking after a patient's family.
- All of the staff we spoke with demonstrated a genuine compassion for patients and described a commitment to providing the best possible care.
- Patients said that staff maintained their privacy and dignity at all times when they were providing care. During our inspection, we followed through a patient on their outpatient pathway. We observed their privacy and dignity being maintained at all stages and the patient was treated with respect.
- We spoke to 15 patients across the sites we visited. One of the patients we spoke to said that "they could not fault the service." Another said that they were impressed by speed with which they had got an appointment. Patients described short waiting times within the clinics.

Understanding and involvement of patients and those close to them

- Staff took the time to explain all the details of their care and treatment to patients and encouraged them to be partners in their care. Staff communicated with patients in a manner they understood.
- Patients had the opportunity to ask questions about their care and treatment during and after their consultation.

Emotional support

- We observed staff telephoning patients after their appointments to make sure they had no concerns. These calls were conducted in a professional, reassuring and caring manner.
- At the George Eliot hub, there was a stand within the outpatients area staffed by a local visual impairment charity. Staff described a positive working relationship with the charity and said that the frequently directed patients to them for emotional support and advice.

Are outpatients and diagnostic imaging services responsive?

Good

We rated responsive as **good.Service planning and delivery to meet the needs of local people**

- In rural Suffolk, the service was provided from a medical centre in Ipswich. In addition, there was a mobile unit. This meant that patients had the option not to have to travel to Ipswich for appointments. Patients were informed of where the mobile unit would be parked in advance of their appointment and they could decide whether to attend at the mobile unit or at the Ipswich hub. Senior staff told us that the mobile unit parked on supermarket carparks and other locations near to where people would otherwise be visiting.
- Services were mainly provided in weekday hours; however, at some hubs, such as that in Preston, the service had the flexibility to provide evening and weekend appointments if there was a requirement. At the time of our inspection, the service in Preston was running clinics on a Saturday.

Good

Outpatients and diagnostic imaging

Access and flow

- The provider audited referral to treatment times for all of its hubs. The target was for patients to have their initial consultation in eight weeks or under from their referral to the service. In eight of the nine hubs audited in October 2017 over 90% of patients had been seen within this timeframe, this met the service's criteria of 80%. At the cataract surgery service provided jointly with the trust, which was the worst performing in the audit period, 88% of new referrals had been seen within the timeframe.
- Patients were referred to the service via their local NHS Trust or CCG. There were clearly documented exclusion criteria for patients across the service, which related primarily to the severity of a patients glaucoma within the glaucoma monitoring service. Staff were aware of the criteria. Patients within the glaucoma service whose condition deteriorated to no longer meet the criteria were discharged back to the referring NHS trust or CCG. In the cataract surgery service, the exclusion criteria incorporated those of the provider at which the surgery would be carried out.
- There was a process in place to manage patients who did not attend (DNA) their appointment. Staff would attempt to call the patient to make sure there were no immediate concerns behind their failure to attend their appointment and a new appointment made. If the patient DNA for their second appointment, they would be discharged from the service and notification to the GP, opticians and CCG would be sent.
- Within the glaucoma service, the provider had developed a system whereby patients received all of their diagnostic tests within one appointment. In addition, to improve flow, the patients moved through 'stations' at which each of the tests was performed, meaning that the next patient's appointment could start when the first patient moved on to the next station.
- The glaucoma service had a target for patient appointments to last one hour or less. Over the reporting period, the average length of appointment was 52 minutes. These targets were audited for each of the hubs on a monthly basis by the data team. Where targets were not met this was escalated to the clinical leads.
- The glaucoma service also had a target for patients to be seen within 10 minutes of their appointment time, data we examined during the inspection indicated that the hubs were meeting this target in the majority of cases.
- The monthly service packs contained monthly details on the numbers of DNA and short notice cancellations experienced at the service.
- There were delays of 10 to 15 minutes in the Ipswich hub during our inspection, otherwise were no delays in the clinics that were running on the days our inspection. Staff told us if there was a delay, they would explain the situation to the patient and keep them updated.

Meeting people's individual needs

- Staff had access to a telephone interpretation service for patients whose first language was not English. All staff were knowledgeable about how to access this. We saw evidence in patient records of translators having being used. However, at the Two Rivers Medical Centre, Ipswich, we observed a patient interaction with a patient whose first language was not English where a relative was relied upon for translation, as opposed to a qualified translator. This was not best practice.
- The glaucoma services saw patients with dementia. There was a dementia strategy in place, which identified aims and objectives to improve care given to patients who were living with dementia. Staff had received training on caring for patients living with a dementia.
- The service at Western Eye Hospital was not accessible by wheelchair, due to issues with the doors. Patients who were not able to access the service would be referred to the care of the trust as they have clinic rooms that are wheelchair accessible. If a patient specifically requested a transfer to a different hospital service via their GP this would be facilitated. We saw that the other hubs that we visited were fully wheelchair accessible. In all hubs we visited, the facilities were appropriate and suitable to the service provided.
- Patients who required surgery were sent a bespoke booklet prior to attending for their outpatient appointment which includes a clear explanation of the

consent process and a copy of the consent form. Staff said that this provided patients with an opportunity to read, discuss with relatives or carers, and ask informed questions at their appointment with the consultant.

- All of the written information provided to patients was available on yellow paper, which can be easier for patients with visual impairment to read. Leaflets were also available in translation on request.

Learning from complaints and concerns

- Following every patient contact, patients were provided with a feedback form and stamped addressed envelope.The responses for each hub were audited on a monthly basis, including the response rate. These were discussed at monthly governance meetings.
- There was a policy for complaint handling. Staff we spoke with were aware of the complaints policy. We reviewed two complaints received by the provider. They had been responded to in a timely manner and included full apologies and an explanation.
- No complaints were referred to the Parliamentary and Health Service Ombudsmen (PHSO) during the reporting period of April 2016 to March 2017.
- We observed signs in the hubs we visited, which informed patients on the procedure to follow if they wanted to raise a complaint.
- The complaints policy included the principles of the Duty of Candour (DoC) and included a template letter, which was sent to patients when the threshold for doing so was met. The threshold was set out in the policy .

Are outpatients and diagnostic imaging services well-led?

Good

We rated well-led as **good.Leadership and culture of service**

- Senior managers had the capacity, capability and experience to lead effectively. Staff told us senior managers were visible and approachable, and the outpatient environments had improved since they started.
- Overall leadership was provided by the board. The board met monthly and included two medical directors, one specialising in glaucoma and the other in surgery. There were service leads for each of the services provided by Newmedica. The director of operations was also invited to the board to discuss operational and governance items. We had sight of the minutes of board meetings, as well as the report provided by the data and governance teams to the board. The meeting minutes were clear and detailed and evidenced wide-ranging discussions of the challenges and goals of the organisation.
- There was a clear commitment from all of the senior staff, including the medical directors and Registered Manager, to provide a high quality and safe service. They were enthusiastic about improving the service and recognised the importance of supporting and developing their staff.
- There was a policy for the application of the fit and proper person's test for directors in accordance with Regulation 5 of the Health and Social Care Act. We had sight of the directors' HR records; all had completed and signed fit and proper person test documents. Directors completed fit and proper person declarations annually, and were prompted to do so by the HR team. The fit and proper person declarations required directors to provide assurance that they were of good character, were not subject to criminal or professional investigations or proceedings and were not an undischarged bankrupt, amongst other standards.
- All of the senior leadership team were based at the support office in London. However, staff we spoke to in the hubs said that they had met with members of the team on numerous occasions, both on visits to the support office, and with the senior team coming out to the hubs.
- The senior leadership teams held "roadshows" every six months whereby they would visit a hub, or hubs within different geographic areas and meet with local staff and service users. Staff told us that this was a good opportunity to meet with the team and raise concerns and queries.

Good

Outpatients and diagnostic imaging

- Senior staff welcomed our inspection as a learning opportunity and provided information we requested promptly. They were open and transparent about the service, including any challenges it faced.
- All of the staff we spoke with spoke highly of the senior leadership team.
- There were "company lunches" every six months for the board to meet staff informally. The lunches were open to all staff to attend and provided them an opportunity to raise suggestions, concerns and best practice with senior staff as well as sharing best practice across the organisation.
- All staff we spoke with told us they felt respected and valued by their local managers and colleagues. They said that changes that affected the service were communicated to them. One staff member told us that there had been historic issues with communication between senior staff and clinic staff, but this had "markedly" improved.
- The Workforce Race Equality Standard (WRES) and Equality Delivery System (EDS2) became mandatory in April 2015 for NHS acute providers that deliver £200k or more of NHS funded care. Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality. The HR team collected and published WRES data for all of the hubs. The service had an equality and diversity lead for staff to seek advice from if they had concerns.

Vision and strategy for this core service

- The Registered Manager told us that the vision for Newmedica was to "make eye care better for patients". He said that he felt that the staff had fully embraced this vision. He said that the fundamental quality driver for the service was the quality of the clinical decision, with all decisions being reviewed by an ophthalmologist.
- Staff we spoke with were aware of the service vision, and told us that they supported it.
- The strategy for the service was defined by the registered manager as providing the right clinician, for the right patient, at the right time, by using innovative approaches to working, for example the use of telemedicine, mobile units and the service's flow system.
- Staff across the organisation were aware of the strategy for developing the service.
- At the time of our inspection, the service was preparing for a process of de-centralisation, with regional hubs being given greater autonomy, with a view to their becoming separately registered providers in future. We were told that there were no plans to open any new hubs under the management of the London location. The provider was trialling the new model in Gloucestershire as a pilot to assess its effectiveness, with a view to rolling out the new model nationally.

Governance, risk management and quality measurement

- There was governance team based in the support office. The governance team had a clear understanding of the risks and challenges faced in each of the hubs.
- In addition to the monthly board meetings, governance, risk management and quality measurement were ensured though a senior management team meeting, a monthly operations management group meeting; monthly informal and quarterly formal governance meetings; a monthly support office "stand up" meeting, where all staff working in the support office were invited to comment on the operation of the services. We had the opportunity to examine the minutes of these meetings.
- At a local level, there were monthly formal team meetings, as well as weekly team huddles. Staff told us that this worked well and kept them informed of what was happening within the organisation as a whole.
- Prior to the board meetings, the data and governance teams compiled a report, which included details of all incidents reported in the last month, including actions taken; progress of any outstanding actions arising from incidents; patient outcomes and the agreement rates data for each of the glaucoma hubs, this formed part of the agenda for discussions at the board meetings.
- There was an overall risk register for the provider. We had sight of the risk register. Identified risks related to the service as a whole, for example the risk of an IT failure as well as localised risks, for example the need for refurbishment of the stationary mobile unit at Kingston. The risk register was the responsibility of the governance team, and was kept up to date, with

mitigating actions recorded against all of the risks, and an assigned individual to carry out those actions. In addition to the provider level risk register, there were local risk registers for each of the hubs. These were the responsibility of the local Service Managers. The central governance teams reviewed them, however, and risks reaching a sufficient threshold could be escalated to the provider level risk register. We had sight of the local risk registers for the Preston hub and the Warwickshire Macular service at George Eliot Hospital, both of which were up to date and had clear mitigating actions recorded against the identified risks.

- The electronic records system and its accessibility from the support office for all but one of the hubs allowed for regular, intelligent quality measurement. The data team could examine the quality of care and outcomes in any of the hubs and by any individual staff member.
- The medical directors told us that, in the glaucoma service, where the agreement rate between the optometrists and the ophthalmologist were identified as being significantly outside the normal range, both members of staff would be spoken with to ascertain the reason for the disagreements. They said that some degree of disagreement was healthy, and was evidence that the reviewing ophthalmologist was giving a fully considered opinion.
- The governance team had responsibility for oversight of Service Level Agreements with the providers in whose premises the services operated. SLAs were clear and detailed as to where particular aspects of governance sat, for example at George Eliot Hospital, the NHS had responsibility for any issues identified in theatres, such as with equipment, although this would also be reported back to the Newmedica team.

Public and staff engagement

- At every appointment, patients were given a feedback form and a stamped addressed envelope to provide feedback on their care. The service used feedback from patients to drive improvement and to tailor the service to the needs of patients, for example through introducing weekend surgery lists for cataract surgery.
- The service used the NHS Friends and Family Test. In August 2017, 75% of patients accessing the Western Eye Hospital hub said that they would be "extremely likely" to recommend the service to friends and relatives. In September 2017, 75% of patients accessing the Warwickshire RVD service said that would be "extremely likely" to recommend the service to their friends and relatives.
- There were annual staff surveys. At the time of our inspection, the service was working with an external provider to improve the detail of their staff surveys. The most recent staff survey indicated that 79% of staff felt that they had "the tools and resources to do a great job". The engagement rate for the staff survey was 76%.
- As an independent provider providing NHS care over a certain financial threshold, Newmedica was subject to the Workforce Race Equality Standards (WRES). The provider utilised an NHS equality and diversity-monitoring tool, EDS2. The tool provided a baseline report regarding the provider's meeting of various standards and key indicators in respect of WRES. In September 2017, Newmedica was rated as "achieving" 12 of the 17 standards; it was "developing" in respect of four and "undeveloped" in respect of one. The provider had come up with a dated action plan to drive improvement against the standards. The standard against which the provider had scored "undeveloped" related to equality and diversity matters being discussed at board level, following this rating, the agenda for board meetings had been amended to include such a discussion.
- The provider had a named freedom to speak up guardian, to whom all staff could escalate concerns. There was a freedom to speak up policy in place.

Innovation, improvement and sustainability

- The use of telemedicine across the service allowed for innovative, meaningful real-time assessments of the care provided by all staff at all locations.
- The provider's glaucoma service model, of optometrist recommendation and remote consultant review had been published in a peer-reviewed British Journal of Ophthalmology and the leadership team had been invited to present on the model to care providers around the world.

Outstanding practice and areas for improvement

Outstanding practice

- The effective use of telemedicine in the glaucoma service meant that all clinical decisions were considered by both an optometrist and a consultant, with a consultant making all clinical decisions. Further, the use of electronic system allowed the support office to review the effectiveness of this process, and the performance of individual staff regularly, as well as benchmarking all of the hubs against each other to drive improvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.