

3VHealthcare Limited

3VHealthcare Limited - Goyt Valley Medical Practice

Inspection report

Eccles Road
Chapel-en-le-Frith
High Peak
Derbyshire
SK23 9RG

Tel: 01298 600850

Website: www.3vhealthcareltd.wordpress.com

Date of inspection visit: 20 May 2019

Date of publication: 15/07/2019

Ratings

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

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at 3VHealthcare Limited – Goyt Valley Medical Practice on 20 May 2019.

Summary of findings

We carried out this announced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

3VHealthcare Limited was last inspected in August 2018, but it was not rated as this was not a requirement for independent health providers at that time. Since April 2019, all independent health providers are now rated, and this inspection was undertaken to provide a rating for this service

Our key findings were:

- There was a clear vision to provide high quality, effective, and responsive care to the local population via a patient centred-approach. The service provided prompt and easy access to out-patient clinics for people residing locally. This was highly valued by patients who otherwise would need to travel to hospitals located some distance away, and the area was subject to poor transport links and frequent adverse weather in the winter months.
- Directors and managers spoke with passion about the service and their commitment to deliver a service to meet the needs of their patients. We saw evidence of strong, effective and dynamic leadership with close scrutiny of performance and outcomes to ensure a high-quality patient-centred service was maintained with an emphasis on continual improvement.
- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs. Clinical staff used evidence-based guidance to ensure appropriate and effective treatment and advice was given to patients.
- The service dealt with patients with kindness and respect and involved them in decisions about their care. There was a strong focus on patient engagement with feedback mechanisms which were reviewed and acted upon.
- There was effective management of significant events and complaints.
- Staff told us there was an open and inclusive culture of management and felt their views were listened to.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

3VHealthcare Limited - Goyt Valley Medical Practice

Detailed findings

Background to this inspection

The provider has delivered services to patients since 2008. It is registered with the CQC to provide three regulated activities which are diagnostic and screening services; treatment of disease, disorder and injury; and surgical procedures.

3VHealthcare Limited delivers NHS consultant-led outpatient assessment and treatment clinics, and selected outpatient procedures, in a community setting. This encompasses specialties for dermatology, rheumatology, ophthalmology, gynaecology, ear nose and throat, and ultrasound and diagnostic services. Patients would normally have to travel to a hospital to access these services. The services are commissioned by NHS Derby and Derbyshire Clinical Commissioning Group (CCG) and delivered through an NHS contract.

3VHealthcare Limited – Goyt Valley Medical Practice provides consultant-led NHS clinics and an ultrasound scanning facility in the Chapel-en-le-Frith area of the High Peak. The service works closely with the provider's other registered location, 3VHealthcare Limited – Thornbrook Surgery, situated half-a-mile away, which also provides consultant-led NHS clinics. As the two locations are separately registered with the CQC, there is a separate inspection report for 3VHealthcare Limited Thornbrook Surgery which can be accessed on the CQC website www.cqc.org.uk

The office opening hours are Monday to Friday 8am to 5pm and patients can contact the service by telephone between 8.30am and 4.30pm. Appointments are available throughout the week at different times according to the

specialty. Monthly ophthalmology clinics are held on a Saturday at the Goyt Valley site in Chapel-en-le-Frith, and the service has also recently introduced a Saturday clinic with an advanced ultrasound practitioner.

Patients are referred into the service by authorised clinicians, including GPs, nurse practitioners and optometrists. All clinical sessions are provided on the ground floor within a GP practice. Adequate parking is available for patients at each location.

Three GPs are the directors of 3VHealthcare Limited and there is also one non-executive director of the company. There is a management team comprising of an office manager, and three service managers with responsibilities for each specialty. Four administrative staff support the team and these staff are based in a health centre situated next door to Thornbrook Surgery. This is solely an administrative base and no regulated activities are provided from this site. 3VHealthcare Limited staff also use a room at Thornbrook Surgery which is rented from the practice. The service also utilises the services of a self-employed pharmacist and an administrator on a sessional basis.

There are 15 consultants, two GPs with extended roles (GPwERs), an associate specialist, a diagnostic radiographer and an advanced ultrasound practitioner, who work for the service on a sessional basis but are not directly employed. Two specialist nurses (a rheumatology and an ophthalmology nurse) are employed on a zero hours contract to support the consultant clinics.

A GP from one of the practices which established the service is the registered manager, and this GP is also one of the three directors of 3VHealthcare Limited. A registered manager is a person who is registered with the Care Quality

Detailed findings

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

How we inspected this service

Our inspection team was led by a CQC lead inspector, supported by a GP specialist adviser.

Prior to the inspection, we had asked for information from the provider regarding the service they provide.

During our visit we:

- Spoke with the three directors (including the registered manager), the office manager and a member of the administrative team.

- Reviewed the patient journey to consider how care was managed before and after consultations.
- Reviewed CQC comment cards and other feedback where patients and members of the public shared their views and experiences of the service.
- Reviewed documents and systems.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We rated safe as Good:

Safety systems and processes

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

- There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had received training appropriate to their role and all staff understood their responsibilities. Safeguarding procedures were documented, guidance was kept up to date with local contact numbers and staff were aware of when and how to report a safeguarding concern.
- There were chaperones available and notices were in the waiting room and consultation rooms. Chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check in line with the provider's policy for all staff (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were effective recruitment procedures which ensured checks were carried out on permanent and sessional staff members' identity, past conduct (through references) and, for clinical staff, qualifications and registration with the appropriate professional body.
- We observed the clinic to be clean and there were arrangements to prevent and control the spread of infections.
- The service rented rooms from the GP practice for their clinics. They had access to appropriate risk assessments and liaised with the practice management team for assurance on systems in place to monitor safety of the premises such as infection control audits, fire safety, and Legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- Equipment was tested and calibrated (as appropriate) regularly to ensure it was safe and fit for use.

Risks to patients

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

- Staffing levels were monitored by the office manager and service managers to ensure continuity of the service. There was flexibility within the service to arrange additional capacity to meet demand.
- There was a system in place to manage referrals and test results. Service managers had oversight of all correspondence and ensured results and referrals were actioned by an appropriate clinician.
- There were arrangements in place to respond to emergencies and major incidents.
- There was oxygen, a defibrillator, and a supply of emergency medicines. All were checked regularly for availability and expiry dates to make sure these would be effective when required.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

Information to deliver safe care and treatment

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

- There was an electronic record system and where there were paper documents, they were scanned into the electronic record to ensure patient information was accessible and held securely.
- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.
- All patients seen within the service required a referral from a medical or healthcare professional. The referral included details of the patient's relevant medical history. GPs and nurse practitioners would use the NHS E-Referral system to access the service, whilst optometrists would submit a paper referral by post. There was a system in place for patients to call the service if they had not received any information two weeks after the e-referral had been submitted.
- When patients were seen from GP practices, consultant and nursing staff working for 3VHealthcare Limited could view the patient's record electronically as part of an information sharing agreement. This ensured patient safety by providing access to up-to-date medical information.

Safe and appropriate use of medicines

Are services safe?

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

- From the evidence seen, clinicians prescribed and gave advice on medicines in line with legal requirements and current national guidance.
- The service prescribed some high-risk medicines, and we saw that these were closely monitored. For example, for some medicines requiring regular blood tests, patients could not receive a repeat prescription unless these had been taken, and the results had been reviewed to ensure it remained safe to prescribe. Patients receiving high-risk medicines remained under the care of the service for the duration of the prescription to ensure they were closely monitored. In addition, the service audited the care of these patients every three months. This ensured that safe prescribing was maintained on an ongoing basis and we saw these were closely monitored.
- Prescriptions were printed on site and patients were able to take them to their pharmacy of choice to be issued.
- Medicines stocked on the premises were stored appropriately, in date and monitored. This included refrigerated stock, such as eye drops.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was an effective system in place to report, share, investigate and record incidents. Staff were encouraged to report any concerns as significant events to consider any follow up actions and identify any learning points. Significant events and related learning outcomes were discussed at team meetings, and we saw minutes to evidence this.
- We saw examples that learning had been implemented as a result of incidents. For example, following the issue of a prescription to a patient which included another patient's personal details, clinicians were reminded of checks to undertake to ensure the prescription was correct. The service also contacted the patient to apologise and explain what had happened as part of their duty of candour. The professional duty of candour ensured staff working for the provider, were open and honest with patients when something went wrong with their treatment or care which causes, or had the potential to cause, harm or distress.
- In the previous 12 months there had been three incidents logged. A low threshold to recording incidents had been maintained to ensure everything was captured and learning opportunities maximised. Incidents were investigated and were monitored and signed off by the Board of Directors once resolved. Trends were monitored to identify any potential themes which might need to be addressed.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. A system was in place to receive safety alerts via the Central Alerting System (CAS), and we saw evidence that these were reviewed and when necessary, follow-up actions would be taken. The provider maintained a log of alerts and outcomes, although the number relevant to the service was very small.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good:

Effective needs assessment, care and treatment

- Patients' needs were assessed and care was delivered in line with relevant and current evidence-based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence-based practice.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- We saw evidence to show that audits were being completed within the service.
- For example, we saw that an audit had been completed within the dermatology service for the excision of basal cell carcinomas (a type of non-melanoma skin cancer which usually develops in the outer layers of the skin). This audit reviewed all basal cell carcinoma excisions over a period of four months to assess compliance with standards that all lesions should be fully excised with a histological excision margin of more than one millimetre. The audit demonstrated that of the 14 patients included within the audit, all had received a complete excision and only one had an excision margin slightly below the recommended standard. However, this could be explained in terms of the site at which the excision was performed. There were plans to repeat the audit in the future.
- An audit had been undertaken to review GP records to ensure that GPs were not issuing prescriptions to 3V patients for high-risk medicines as an additional safety check and this showed 100% compliance.
- Audits on the triage for rheumatology, ophthalmology and dermatology patients demonstrated full compliance against standards.
- Since April 2019, the service had been providing evidence to comply with the National Safety Standards for Invasive Procedures (NatSSIPs) which aim to reduce the number of patient safety incidents related to invasive procedures. The standards also define principles of safe practice and advise healthcare professionals on how they can implement best practice, such as through a series of standardised safety checks and education and training. This formed part of the

Commissioning for Quality and Innovation (CQUIN) framework in place with the CCG to support improvements in the quality of services and the creation of new and improved patterns of care.

Effective staffing

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

- The service understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop in all roles, and we saw evidence of regular staff appraisals which including personal development plans.
- 3VHealthcare Limited ensured that consultants and other individuals who worked for them on a sessional basis had evidence of safe recruitment (for example, registration with a professional body and Disclosure and Barring Service (DBS) checks), up-to-date training, medical indemnity, and evidence of their immunisation status. They also ensured their appraisal and revalidation was up-to-date and contributed to their 360-degree feedback process as part of this.
- The service provided staff with ongoing support. This included an induction process, and shadowing sessions with a colleague, for new starters. A new healthcare assistant was being supported to develop their skills in phlebotomy. Once training had been completed, the service was arranging for the healthcare assistant to have their competencies reviewed and signed off by a practice nurse at one of the co-located GP practices before they started to take bloods autonomously.
- Staff meetings encouraged team discussions and kept team members up to date.
- Following our inspection in August 2018, the provider had introduced an induction pack for consultants to ensure that key information was available to them. This included information on the organisational structure, locations and policies and procedures. Copies of the most relevant policies were provided to visiting consultants and sessional staff and information was provided about other policies that could be accessed if these were needed.

Are services effective?

(for example, treatment is effective)

- Due to the small size of the team, the managers and administrative staff mostly had dual roles, and service managers had good awareness of all specialities and were able to cover each other's work as required.
- The recent appointment of an advanced ultrasound practitioner had expanded the range of services available to patients to include diagnostic scanning for musculoskeletal conditions. This enhanced the existing service provided for abdominal, pelvic and renal screening. This also provided choice for patients in now being able to see either a male or female sonographer.
- The team structure was adjusted according to need. For example, when a vacancy arose in the team, an audio-typist was recruited in recognition of a need to enhance the systems for typing reports and letters.

Coordinating patient care and information sharing

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

- Prompt and easily accessible lines of communication with visiting consultants aided continuity of care and the rapid resolution of queries outside of the clinical sessions provided.
- When patients attended the clinic, their GP would be informed of any outcomes or tests completed at the clinic.
- Where patients required a surgical procedure, minor procedures could be performed on site. However, where more complex surgical intervention was indicated, patients were seen at the hospital under the care of the same consultant who had assessed them within the community clinic. The consultant would then arrange post-operative follow up back at the 3VHealthcare Limited clinic. Therefore, the patient experienced continuity and did not have to wait for referrals to be passed between services. This limited the need to share patient information and ensured the easy coordination of care for the patient.
- We saw evidence that test results were reviewed promptly.
- Hospital procedures could be booked on the same day as the health assessment.

- When a patient needed referring elsewhere for further examination, tests or treatments they were referred onwards by 3VHealthcare Ltd.
- The service worked closely with all referrers to ensure continuity of care. For example, when a patient required an injection but the next scheduled clinic was not due for some time, an appointment was arranged for the patient to attend the GP practice to receive this.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service supported patients to live healthier lives by providing information specific to their needs.
- The commissioners of the service included a requirement for 3VHealthcare Limited to include health promotion as a component of their interaction with patients. We observed that the service monitored this on an ongoing basis to ensure health advice was offered when relevant.
- Healthy lifestyles such as smoking cessation and weight management, and access to mental health support, were promoted using leaflets and information in the waiting area. 'Live Life Better Derbyshire' leaflets were sent with each new appointment letter to promote healthier lifestyles.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.
- As all patients had opted to attend the service at 3VHealthcare Limited, this was considered as implied consent to share the outcomes of their consultation with the patient's own GP.

Are services caring?

Our findings

We rated caring as Good:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We observed that members of staff were courteous and treated people with dignity and respect.
- We received 50 CQC comment cards from patients about this service. The patients' responses were entirely positive about their experiences at the service, although two patients included a comment about an issue they felt could be improved. Patients commented that staff were very friendly and courteous; that they felt listened to and their questions were answered in a way which was easy to understand; and that stated that they were treated with dignity and respect. Patient comment cards also stated that they highly valued local access to this service, and that they received an appointment promptly after being referred.
- All patients were asked for feedback after a consultation via the Family and Friends Test, and reports were collated to review patient satisfaction and feedback. This was shared with commissioners. All comments were read to ensure any trends were noted enabling staff to make improvements where possible. In 2017-18, 98.5% of patient responses indicated they would be extremely likely or likely to recommend the service to friends or members of their family.
- Staff we spoke with demonstrated a whole team approach to patient-centred care and this was reflected in the feedback we received in CQC comment cards and through the provider's own patient feedback results.
- We observed staff talking to patients on the telephone and saw that they dealt with enquiries in a helpful, courteous and professional manner.

- We saw evidence of consultants and GPs with a specialist interest ensuring care was delivered in the most convenient way for the patients. For example, clinicians had seen patients in their own homes, in their own time, if the patient had been unable to travel to the practice where the consultations were taking place

Involvement in decisions about care and treatment

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

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The service had a process to communicate with patients who did not speak English as their first language, with access to a telephone translation service when required. However, this was not an issue which had arisen for the service at the time of our inspection.
- There was a hearing loop available within the GP practices used by 3VHealthcare Limited. Information could be printed out in larger font sizes and colours to accommodate visual impairment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service had systems in place to facilitate compliance with data protection legislation and best practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good:

Responding to and meeting people's needs

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

- The service had been specifically designed and established to provide local access to specialist care in a rural area with poor transport links and a higher percentage of older people. Pathways of care were developed collaboratively with stakeholders to ensure that patients' needs were always of paramount importance.
- We saw examples of how those patients with more significant needs were prioritised with actions being taken to provide them with the care required at the earliest opportunity. This included the prioritisation of patients with acute inflammatory episodes and where scans were required, or produced adverse findings.
- The service aimed to operate a 'see and treat' model for patients where possible to enhance patient experience and responsiveness. When patients required ongoing care, there was an emphasis on continuity so that the individual saw the same clinician both locally and within secondary care.
- The service offered patients a choice in where to attend for their consultant appointment, outpatient assessment and treatment clinic. Referrals were open to patients residing in North Derbyshire, with some referrals being accepted from neighbouring areas. The majority of patients resided locally and the service was set up to ensure easier access in a predominantly rural area with the avoidance of lengthy journeys to a hospital.
- The service was working with a neighbouring CCG to address a backlog of referrals for rheumatology. As some systems operated differently in this area, it had required a redesign of the patient pathway and this was done collaboratively. More clinical capacity was being organised to address this need with a process to prioritise those with a greater clinical need.
- Patient choice was handled transparently and patients were given the option to attend another provider for their care, if they so wished.
- The service had provided care and treatment to patients with approximately 8,000 contacts in the last year. This was showing a gradual increase over time.
- NHS consultant-led clinics were held regularly and waiting times were kept low. Clinics for ophthalmology and gynaecology and a diagnostic ultrasound service was held on site. Consultant-led clinics including dermatology; rheumatology; ear, nose and throat were held in the other local 3VHealthcare Limited clinic at Thornbrook Surgery. There was also a designated DMARDs clinic to monitor patients being prescribed specific medicines. Patients were seen in this clinic by 3VHealthcare Limited rather than their own GP practice for continuity.
- Outpatient procedures available included pessary insertion or removal, minor eye operations at the Goyt location, and nasoendoscopy, ear suction, removal of skin lesions, and steroid injections at the Thornbrook site.
- The ophthalmology service was offered once a month on a Saturday to facilitate access for working people. Patients requiring minor eye surgery could be treated locally or if more extensive surgery was needed they were referred under the NHS to a hospital in Sheffield.
- The gynaecology service ran consultant clinics three times a month, and waiting times were less than three weeks. Patients requiring surgery were then seen within secondary care, although some minor gynaecological surgical procedures (for example, biopsies) were undertaken within the clinic.
- We saw that referrals were directed to the most appropriate consultant within the speciality to ensure patients saw the right person the first time. For example, for gynaecology referrals the three consultants had specialist areas in urogynaecology, infertility, and menopause.
- There was an emphasis on continuity and wherever possible the patient would see the same clinician for each appointment. This included their initial consultation, any subsequent hospital treatment, and post-operative follow up back in the community.
- The service aimed to operate a 'see and treat' model for patients, and where possible, patients might be assessed and then receive treatment later in the same day.
- The management team liaised effectively with visiting clinicians to ensure the continuity and coordination of care and service delivery. Service managers provided a

Are services responsive to people's needs?

(for example, to feedback?)

named person for both patients and staff as a point of contact. There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Information leaflets in the form of a newsletter were sent to local GP practices and relevant others (for example, the ophthalmology leaflet to optical services providers) to give details about the services provided by 3VHealthcare Limited.
- Consultants working for the service had provided training sessions for locally based GP practice staff about their specialty. For example, a gynaecology educational event was held in November 2018 which was attended by 18 local GPs and practice nurses. In addition, some primary care-based clinicians had shadowed clinics as an educational exercise.
- We observed that patient letters included details of what the patient should expect on their attendance and who they would see. For example, the letter for a 'fields test' for the eyes included details that due to the administration of eye drops, the patient would be advised to bring sunglasses and not to drive home afterwards. For this reason, the service was held on a Saturday so that relatives were more readily available to help patients with transport needs.
- The recent addition of a male sonographer provided patients with the choice to see either a male or female clinician when attending this service.
- A text reminder service for appointments was being introduced at the time of our inspection
- Facilities were well maintained and appropriate for the services delivered.

Timely access to the service

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

- Consulting hours varied according to the specialty. Waiting times were kept to a minimum and the majority of referred patients were seen within six weeks, although this varied between specialties with some having much lower waiting times. Comments received in patient comment cards indicated that many patients were seen very quickly. The appointment system was flexible and this meant patients requiring to be seen urgently could be accommodated at the earliest

opportunity. For example, appointment slots were provided for any rheumatology patients experiencing an acute inflammatory episode to avoid the potential of longer-term complications.

- Patients benefitted from the majority of consultants having links with the independent sector enabling some surgical procedures to be carried out at named independent hospitals, and thereby reducing waiting times.
- Incoming referrals were triaged to be directed onto the most appropriate clinician promptly. We saw examples for ophthalmology where incoming referrals were received and reviewed by the consultant within a two-working day period. If referrals were not appropriate, they were sent back to the referrer and when possible the most suitable alternative pathway was indicated for that patient's needs.
- The ultrasound diagnostic service was able to see patients as 'extras' if an urgent need was identified. We were provided with examples of how this had proved highly responsive to patients' needs including the identification of an aortic aneurysm which led to the patient being admitted to hospital to receive immediate treatment. If any significant finding were identified on scans, a report would be typed immediately and sent to the GP surgery with a follow up call from the service to ensure the information had been received
- Longer appointments were available when patients needed them.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The provider encouraged and sought patient feedback following every visit.
- Complaints were reviewed at Board meetings. There was clinical oversight of any complaints relating to clinical matters.
- Information about how to complain was available on request and on the newly developed website. There was a written complaints procedure which provided clear and concise information about the complaints process.
- There had been four complaints in the previous 12 months. We saw evidence this was handled in accordance with the service's own complaints procedure.

Are services responsive to people's needs? (for example, to feedback?)

- The provider informed us that any relevant learning from complaints would be shared with staff and any changes that were identified would be implemented

Are services well-led?

Outstanding



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

Our findings

We rated well-led as Outstanding because:

- There was evidence of proactive, dynamic and passionate leadership. There was a continual drive to further improvement with flexibility to redesign service delivery to meet new challenges.
- Performance data showed a record of adherence to national and local targets, and patient feedback mechanisms reflected that patients highly valued the service they had received.

Leadership capacity and capability

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

The directors (including the registered manager) in conjunction with the office manager had the capacity and skills to deliver high quality, sustainable care.

- The team had the experience, capacity and skills to deliver the service strategy and address any emerging risks.
- A non-executive director provided additional expertise, including finance, to complement the skills of the three GP directors.
- Board meetings were held monthly. The Board reviewed activity, complaints and significant events. All service managers attended Board meetings during the review of services to help rapid decision making.
- There was an emphasis on quality and governance within the service and leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood challenges and were proactive in addressing them.
- The provider had effective processes to develop leadership within the service. For example, an assistant service manager post had been created to ensure cover for a service manager role.
- Leaders demonstrated a high level of ownership and pride in the service being delivered.
- There was evidence of forward planning to ensure resilience and sustainability. For example, a new Director had been appointed since our previous inspection in August 2018.
- Leaders ensured that the service reviewed how it responded to demand and were committed to deliver

continual improvements. Although, our previous inspection had only been undertaken in August 2018, we saw that new initiatives and developments were driving the service forwards.

- At our previous inspection, we suggested some areas that the provider should consider for further improvement. We found that all these issues had been fully addressed at this inspection, demonstrating the commitment from 3VHealthcare Limited to provide the best service possible.
- Data from the last 12 months showed that there had been no reported breaches of the 18-week referral to treatment time target. The service was in the process of strengthening the process for this in response to the increased activity levels, to ensure that monitoring systems continued to be highly effective.
- Planned absences were managed to ensure continuity. For example, prior to the planned absence of a service manager who also provided venepuncture, arrangements were put in place for a healthcare assistant at the host practice to cover patients' bloods. Following the recent departure of an IT administrator, the service had put in arrangements to purchase this service from one of the adjoining GP practices.
- Annual service reviews were held for each specialty. This included the lead director, office manager, service manager and any visiting clinicians who were available. Gynaecology services had a review undertaken with each individual consultant.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and plans to achieve priorities. This focused on helping people access high quality, locally based care which was consultant-led.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service was developed to break down barriers between primary and secondary care, and this remained at the heart of the organisation.

Culture

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

Are services well-led?

Outstanding



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

- The service had a culture of helping people to access local care to promote healthy lives through a friendly and helpful team approach.
- Staff we spoke to said they felt supported by management and respected as part of the team.
- There was a focus on delivering high quality patient care in a professional and convenient manner to provide a level of service the provider felt the population deserved. Decisions were based on patient need, even when this occasionally resulted in a financial impact on the provider.
- There was a low turnover of staff, including those clinicians contracted on a sessional basis, indicating that team members enjoyed their role for 3VHealthcare Limited.
- The office manager told us they would act on any behaviour and performance inconsistent with the vision and values supported by appropriate policies. However, this had never arisen to instigate the requirement for a formal process to be followed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The sharing of outcomes ensured lessons were learned and patients benefited. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were encouraged to raise concerns and felt they would be addressed.
- All staff were considered valued members of the team. They were given protected time for administrative duties and professional development.
- Staff were clear on their roles and accountabilities including safeguarding and infection prevention and control.
- There was an emphasis on staff development and progression within the service. There was an established programme of staff training including mandatory updates. All employed staff had received their annual appraisals in the last year, and sessional staff provided evidence of their own appraisal through their own employing organisation.
- Policies and procedures were up-to-date and easily accessible on the practice intranet. These were also made available to sessional staff.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Input was provided to multi-disciplinary discussions as and when required.
- Regular checks and reviews were undertaken by relevant staff members to ensure risk was highlighted and mitigated where appropriate.
- The service had processes to manage current and future performance.
- The service had a business continuity plan in place to respond to any major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Monthly board meetings reviewed performance and maintained financial oversight with strict procedures for finance management.
- Quality and sustainability were discussed in regular meetings with the CCG as the service commissioners. The service produced quarterly reports to demonstrate outcomes and ongoing developments, and an annual quality account. Quality adherence was integral within the commissioning of the service. A CCG representative said they viewed the service as 'gold standard', as the service often exceeded the contractual specification.
- The service submitted data or notifications to external organisations as required.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There were processes and systems to support the governance of the service. Financial and strategic decisions were made at Board level and we saw minutes which reflected the open way in which the business was discussed and managed.
- Each Director took a lead role for each specialty and there was a designated service manager for each of the specialties.
- There was an open and efficient way of managing risk and governance across all clinics.

Are services well-led?

Outstanding



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

- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service prioritised a positive patient experience through a team approach.
- The service sought the views of patients and staff and used feedback to improve the quality of services. This included monitoring satisfaction through the Family and Friends Test. Clinical Commissioning Group (CCG)
- The service provided examples of how they had developed pathways and redesigned services in close collaboration with partners in secondary care. Pathways of care were developed and focused around the needs of the patient.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service maintained comprehensive records of activity and outcomes to assess the performance, and quality was discussed at bi-monthly meetings with their commissioners. An annual quality account was produced by the service.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The service had a history of innovation with a focus on improving patient pathways and experience, and service re-design with an emphasis on the integration of primary and secondary care. We saw examples of new pathways being implemented including one for post-menopausal bleeds.
- 3VHealthcare Limited accepted referrals from local optometry providers for ophthalmic clinics and provided information to opticians to inform them about services available locally.
- The service was proactive in developing services and were in discussion with local providers and commissioners about this.
- The service monitored changes in demand and requirement for the service and did their best to accommodate this to meet patient need.
- Newsletters were used to inform local providers about the services that were available to them through 3VHealthcare Limited.
- Staff were encouraged to consider and implement improvements and we saw evidence of changes made as a result.