

# Extended Access Clinic at Eltham Community Hospital

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

# Overall summary

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

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at the Extended Access Clinic at Eltham Community Hospital on 13 and 14 February 2019 as part of our inspection programme. This was a first rated inspection for the service that was registered with CQC in September 2016. Our inspection included a visit to the service's headquarters and also to its base location.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The provider routinely reviewed the effectiveness and appropriateness of the care provided.
- Care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect. The service was acutely aware of the sensitivities around patient confidentiality, and this was taken seriously, with associated policies in place.

- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The provider had submitted a proposal to implement a direct line to enable patients to book appointments directly.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The service ran a leadership course to encourage staff development.
- Multidisciplinary working was at the forefront of the model of care for the service. Collaborative working across the integrated service meant that patient outcomes had improved. The provider had on average fourteen internal and stakeholder meetings per month; all were attended by either one of the four directors or a member of the leadership team.
- Feedback from patients was positive. There is a strong, visible person-centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity.
- Leaders have an inspiring shared purpose, and strive to deliver and motivate staff to succeed. There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

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

## Background to Extended Access Clinic at Eltham Community Hospital

The provider, Greenwich Health Team is a healthcare federation created by four GP practice groups. Membership includes every GP Practice in Greenwich and provides healthcare services to nearly 300,000 residents. Working with Greenwich Clinical Commissioning Group they provide two GP extended access Clinics in the Royal Borough of Greenwich. The extended access clinics support primary care services by enabling patients to obtain a pre-booked appointment outside of their own practice's core opening hours. The clinic includes a dressing service provided by local Greenwich nurses. Seventy-two additional pre-booked appointments were available each week across the two extended access clinics.

The service was launched in October 2016. Appointments can be booked through a patient's GP practice or the NHS 111 service. Appointments are available seven days a week, 4-8pm Monday to Friday and 8am-8pm at weekends. The service offers 234 additional GP appointments per week. The service does not accommodate walk in patients. GPs are sourced from local practices. However, the service is registered with a locum agency to cover absences.

The Extended Access Clinic at Eltham Community Hospital is registered to provide four regulated activities: Diagnostic and screening procedures and Treatment of disease, disorder or injury, diagnostic and screening procedures and family planning.

The service is located at:

Eltham Community Hospital

Passey Place

Eltham

London

SE9 5DQ

The team comprises 41 active local GPs, nurses, 15 receptionists, four central general health team members, and four clinical directors.

The service scored four on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services. The Royal Borough of Greenwich's Profile of Greenwich residents describes the area's ethnicity as being 52% white British, 9.8% Asian, 19% black, and 4.8% mixed and 8.5% other non-white ethnicities.

In 2018 the provider launched four diabetic services within Greenwich, to support patients to manage their diabetes more effectively. The provider also launched Live Well Centres providing long-acting reversible contraception, NHS health checks and stop smoking services. The services are accessible to Greenwich residents through a patient's GP or one of the extended access clinics. This report also covers the delivery of the diabetic services.

# Are services safe?

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

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health (CoSHH) and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed, included details of how the service would manage risks to patient safety, and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination, and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. All staff had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. As patients were seen by staff at an external location, which was run by other (CQC registered) healthcare providers, the service developed a system of checks in order that they could be more formally assured that premises and equipment were safe.

- The provider had developed a risk rating system for significant events, which included dates for review and actions completed.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. We reviewed the service rota and saw that there were no gaps.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example, sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if they required urgent treatment, or if they felt that they were at immediate risk to themselves or others.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment, including liaising with regulators. Each consultation room contained a handbook for GPs to refer to for information on safeguarding protocols, sepsis, and information about the safe use of medicines.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.

## Appropriate and safe use of medicines

## Are services safe?

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. Decisions not to keep certain emergency medicines had been risk assessed. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines. The service developed a protocol to check that the practice where they delivered the service had appropriate emergency medicines and equipment available.

### Track record on safety

The service had a good safety record.

- The service had a clear system for reporting and acting on significant events. Learning, improving and acting with honesty and integrity were values embedded within the service. All significant events were acted on to address any outstanding issues. These were discussed at weekly management meetings to identify learning, which was then shared by the Hub Lead to the reception staff at their weekly meetings. A quarterly review of all significant events was undertaken and reported, where trends were identified and opportunities for learning and further improvements embedded. Findings were published in the service's monthly newsletter.
- 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.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Incident reporting showed the levels of harm which ensured a full picture of quality.

In addition, all incidents were reviewed by the four clinical directors with findings and updates to policies published in the monthly newsletter.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The service had two safeguarding incidents within the last year. Both were detailed on the service's safeguarding incident log, which included actions taken and learning outcomes.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, we reviewed an incident involving an out-of-date emergency medicine in a GP surgery where the extended access service uses a room. In response, the service created an additional layer of monitoring to ensure the practice had suitable, up-to-date emergency medicines and equipment; this was monitored and documented weekly.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

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

## Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs, such as those provided by the Live Well Service.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Technology and equipment were used to improve treatment and to support patients' independence. There were systems that enabled the provider to undertake workforce planning.
- Staff assessed and managed patients' pain where appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The service had systems in place to meet the national quality requirements for auditing at least 1% of clinical patient contacts.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, a clinical records audit carried out in February 2018 revealed issues with coding and that abbreviations were widely used. In response, the provider published the findings in the service's newsletter, adding an example of a GP's excellent clinical coding.

- Results from the diabetic services showed that 85% of patients who attended both 'Year of Care' consultations saw a reduction in their HbA1c in three months. They had also achieved an average decrease of 10mmol/mol (82 to 72). 72% of diabetic patients had completed all the eight care processes (A series of annual checks to monitor and improve the health of people with diabetes). Data provided by the provider during inspection showed that more than 250 Year of Care Reviews had been completed and more than 600 people had been seen by the Diabetes Specialist Nurse.
- Following the results, the service was recommissioned for a second year to achieve further improvements, develop borough wide peer reviewed diabetic control data, and to support practices with the least desirable outcomes with specialised support and training.
- We reviewed the service's monthly hub activity report which monitored the services utilisation between January 2018 and December 2018. Between that period the service's usage ranged between 68% and 90%. Did not attend (DNA) rates ranged between 3% and 14% during the week and 17% and 21% over the weekend. The KPI for appointment usage was expected to be greater than or equal to 80%. The service fell below target in seven months. In response, the provider developed a business proposal which included an objective to reduce the number of DNAs by introducing an SMS appointment reminder, telephone consultations for DNAs, a review of marketing, membership engagement and training and a patient focused DNA instructional animation. We saw evidence of correspondence with the CCG regarding the use of the service on Sundays when most of the DNAs occurred.
- We reviewed the service's antimicrobial prescribing audits and saw there was an improvement in the percentage of correctly prescribed antibiotics and documentation between July - September 2017 (80%) and January - March 2018 (94%). These findings were published in the service's newsletter.
- The provider carried out a six-cycle clinical records audit between, September 2017 and October 2018. Audit areas included use of abbreviations, inconsistent coding, and documentation of responsible adults for minors and vulnerable adults. The results showed an improvement in compliance, from 85% in the first cycle



# Are services effective?

of audits to 92% in the sixth cycle. Findings and learning outcomes were published in the service's newsletter which included examples of excellent note taking for reference.

- We saw that when risk factors were identified in the extended access and diabetic service, were highlighted to patients and their normal care providers so additional support could be given. Clinicians would forward an email to a patient's host GP, these would be tracked to ensure they had been read and an additional email would automatically generate if the email was not read within two to three days.
- The provider developed an Email Communication Strategy and monitored the engagement rates of GPs with clinical governance information sent via email. The review in January 2019, showed that the initial send of an email had a 70% open rate. The provider monitored and resent the email to the segment of GPs that did not initially engage (12 remaining GP's) which led to another five GPs engaging, out of the smaller group of 12. This gave a final open rate of 82%, compared to the industry average of 13%.
- Results from an audit of over the counter drugs, showed a reduction in the amount of prescriptions issued.

## Effective staffing

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

- All the staff was appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding and basic life support.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The provider had implemented a training system that emailed staff reminders that their training was near expiry. In addition, the system also sent prompt questions after the training had been completed, to ensure staff remained up to date.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and

mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by an audit of their clinical decision making, including non-medical prescribing. For example, the service carried out a 1% sample of records per clinician, to review prescribing habits and safety netting that patients had agreed with their plan. New GPs received a more detailed review of their consultation notes, having three consultations reviewed. The provider informed us that if shortcomings were identified, the GP would be supported and monitored.

- There was a clear approach for supporting and managing staff when their performance was poor or variable. A review of complaints showed two complaints about a GP arriving late. We reviewed the significant event completed in relation to this and saw that the issue was followed up with the GP.

## Coordinating care and treatment

Staff worked together and worked well with other organisations to deliver effective care and treatment. The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

- The provider carried-out multi-disciplinary team meetings monthly, which allowed the service to be discussed regularly. We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The provider ensured that details of any treatment provided to patients was recorded electronically in the patient's own medical record via the shared electronic medical record software, to ensure continuity of care.
- Patients received coordinated and person-centred care. This included when they moved between services when they were referred, or after they were discharged from a hospital. Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.

## Are services effective?

There were established pathways for staff to follow to ensure suspected cancer patients were referred as required. This included a referral tracker which detailed how referrals were processed and whether emails were sent with a read receipt request. The service only made two-week wait referrals for suspected cancer.

- We saw records that showed that all appropriate staff, including those in different teams, services, and organisations, were involved in assessing, planning and delivering care and treatment.
- Issues with the Directory of Services were resolved in a timely manner. We saw that changes were made where relevant, including the prioritising of mental health services.

### Helping patients to live healthier lives

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

- The service was part of an overarching healthcare federation with multi-agency support to improve the health outcomes for patients and included integrated working between practices and stakeholders within the borough.

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this, including the Federation's Greenwich Health website.
- Where a patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, patients with diabetes were referred to the specialist diabetic nurse to discuss the management of their condition.

### Consent to care and treatment

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

- GPs understood the requirements of legislation and guidance when considering consent and decision making. At the beginning of a consultation, GPs had to check a 'consent to consultation' button within the service's IT system to enable them to continue with the consultation.
- The provider monitored the process of seeking consent appropriately.



# Are services caring?

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

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Of the 14 patient Care Quality Commission comment cards we received 13 were positive about the service experienced. However, one of the 13 positive comment cards mentioned experiencing difficulty in getting an appointment as a full-time worker. The remaining comment mentioned that the water closet (WC) in the GP practice used by the service was in need of cleaning. We reviewed the results of the service's monthly Friends and Family Test survey, which showed the service received over 90% positive feedback from patients each month between August 2017 and December 2018.

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

Staff helped patients to be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language. We saw notices

in the reception areas, including in languages other than English, informing patients this service was available. Information was available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

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

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

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

- The provider understood the needs of its population and through engaging with commissioners tailored services in response to those needs. For example, in response to data produced by Public Health England which showed that 17% of the local population were smokers, a smoking cessation service was developed to support people to quit smoking. The service was available to all Greenwich residents.
- The service had a monitoring system that enabled them to determine which practices were booking in patients to be seen at the services. This allowed the service to ensure that there was a fair distribution of appointments per location and that GP practices were complying with booking rules.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, alerts about a person being on the end of life pathway. Care pathways were appropriate for patients with specific needs, for example, babies, children, and young people.
- The facilities and premises were appropriate for the services delivered.
- The provider had regular contract meetings with the commissioner to discuss performance and where improvements could be made. The service was actively engaged in contract monitoring activity with commissioners and had made several suggestions to enhance performance. Patients with the most urgent needs had their care and treatment prioritised.
- The service promoted models of communication, which promoted a self-assessment of how clinicians communicated with patients. This tool was published in the service's newsletter along with a study which established categories of reasons for pre- and post-consultation worry.

## Timely access to the service

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

- The appointment system was easy to use. Patients could access the service through their GP practice or the NHS 111 service. Information about how patients could access help out-of-hours was available on their website.
- The service did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example, patients were told to call NHS 111 or referred locally if they needed urgent care. The staff we spoke to were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where a patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Referrals and transfers to other services were undertaken in a timely way.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. The staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. We reviewed seven complaints received within the last 12 months all were managed appropriately. For example, we reviewed a complaint from a patient due to a GP leaving the service unaware that the patient was waiting to be seen. As a result, the service updated the 'daily open and close procedure' adding a requirement for staff to check the reception area before leaving the building. We also saw examples of learning from complaints being shared through the service's internal newsletter, in developing staff and through the management of staff performance.

# Are services well-led?

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

## Leadership capacity and capability

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

- Leaders had a comprehensive understanding of the challenges to quality and sustainability, as well as of the context of the local population's needs and were addressing them.
- They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff was able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, clinical directors ran a leadership course to encourage staff development. In addition, the service doubled the protected time allocated to staff for learning and development.

## Vision and strategy

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

- The service had a clear vision 'to create excellent services with passion energy and determination. To be a champion of integrated, effective and innovative healthcare solution. To support a sustainable model of primary care'. The service had a realistic strategy and supporting business plan to achieve priorities. Weekly strategy meetings were scheduled between the Executive Board and local stakeholders.
- The service developed its vision, values, and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with the CCG Commissioning strategy and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

## Culture

The service had a culture of high-quality sustainable care. The culture within the federation was one of collaboration and learning to improve. Staff consistently told us that they viewed the strength of the service as stemming from their close working relationships.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty, and transparency were demonstrated when responding to incidents and complaints. The staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff consistently told us that leaders were approachable and that they felt valued and supported by them. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The service had implemented walking meetings to get staff active.
- Reception staff had regular supervision and weekly team meetings where concerns and ideas could be shared. They were recognised as an intrinsic part of the team, and their input was valued by leaders.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

## Are services well-led?

- The governance arrangements within the federation reflected best practice and staff could describe the arrangements and associated accountabilities. Policies and procedures were accessible and up to date.
- Structures, processes, and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements, and shared services promoted interactive and co-ordinated person-centred care.
- The service devised a clinical governance framework that incorporated internal and external drivers. For example, internal drivers included significant event reporting, patient feedback, risk management, and system pressures. External drivers included national and local guidance and standards and national legislation. Quality drivers were identified as key performance indicators, audit cycles, and performance against the quality outcome framework.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

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

- There was a focus on the impact on quality and sustainability when considering service developments and changes.
- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The service maintained a non-attendance register for patients over the age of 70.
- The provider had processes to manage the current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. The

service's performance was regularly discussed at senior management and board level meetings, as well as with staff and the local CCG, as part of contract monitoring arrangements.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made there was input from clinicians to understand the impact on the quality of care.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information were used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. Where necessary, the service developed its own systems for monitoring its performance, this included the collection of data (for example, the development of the daily hub report).
- The service used information technology systems to monitor and improve the quality of care. We saw evidence that the provider was attempting to improve service delivery by developing IT systems and networks to enable outcomes to be benchmarked in order to ensure effectiveness and value for money. The provider was also working on ways to measure services delivered by the extended access clinic staff against the same services delivered by a GP practice. This would allow them to monitor the impact of the service delivery.
- The service submitted data or notifications to external organisations as required.

# Are services well-led?

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

## Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service had an ongoing programme of frequent team meetings and team away days.
- Patients were encouraged to provide feedback about the service.
- The provider was pro-active in engaging with external partners. In collaboration with the Royal Borough of Greenwich, the provider had established four Live Well Centres for smoking cessation, female contraception, and the NHS health check plus. In collaboration with Lewisham and Greenwich NHS Trust the provider had worked to place clinical pharmacists in practices to support complex medication needs.
- The provider engaged with the local community through social media and national health promotion campaigns, such as Cervical Cancer Prevention Week. In addition, social media platforms were used to educate the local community on issues such as appropriate antibiotic use.
- Providers met with the CCG for which it had responsibility and shared information with them as relevant.
- Staff were able to describe how to use the systems in place to give feedback.
- We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance. The provider attended a monthly Primary Care Network meeting with

each locality, comprising 35 members of neighbouring GP practices. In addition, monthly contract monitoring meetings were held with Greenwich CCG and the Royal Borough of Greenwich.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. The provider's approach reviewed and continuously improved services in a way that transcended organisational boundaries.

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes, and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. There were systems to support improvement and innovation work.
- The provider was awarded the Clinical Commissioning Group's Innovation Award in July 2018.
- The provider developed a healthcare-focused careers fair, launching in March 2019.
- The provider could demonstrate that they considered risk, patient safety, and confidentiality as fundamental; we also saw evidence that the service was highly self-reflective, and arrangements to review, measure effectiveness and make improvements were embedded as part of the culture of the organisation. Examples of the innovation included: introduction of four Live Well Centres, enabling patients to access smoking cessation, female contraception and the NHS health check plus; development of leadership training for staff; provision of specialist diabetic nurses in GP practices to empower patients to manage their own care; the development of an email communication strategy to ensure engagement with GPs.