Chesterton Medical Centre

Quality Report

Cambridge Doctors On Call Limited
Union Road
Cambridge
CB4 1PX
Tel: 01223 726050
Website: www.urgentcarecambridgeshire.co.uk

Date of inspection visit: 3 November 2015 and 4 November 2015
Date of publication: 21/01/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chesterton Medical Centre on 3 and 4 November 2015. Overall the service is rated as good.

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

- Staff understood their needs to raise concerns. There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and for sharing learning.
- Risks to patients were generally very well managed. However, the service did not have robust systems to assure itself that health and safety issues were being addressed where services were provided to patients.
- Patient care was assessed and delivered in a timely way according to need. The service performed well against the National Quality Requirements for GP out-of-hours care.
- Patients said they were treated with compassion, dignity and respect and were satisfied with the care and treatment they received from the service.
- Information about services and how to complain was available and easy to understand. The service responded with care and compassion when responding to sensitive complaints.
- Adherence to appointment times given for face to face consultations was frequently raised in patient feedback.
- The primary care centres where patients were seen had good facilities and were well equipped to treat patients and meet their needs. Vehicles used for home visits were clean and also well equipped.
- There was strong and clear leadership. Staff felt supported by senior management and directors who were visible on shifts to support the smooth running of the service.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The service worked proactively with other organisations and with the local community to develop services that supported hospital admission avoidance and improved the patient experience.
- The service had a clear vision which focussed on quality and safety. The service was responsive to feedback received and used information available proactively to drive service improvements.

We saw areas of outstanding practice:

Summary of findings

- Despite meeting national quality requirements the service actively investigated the small proportion of patients where breaches had occurred. As a result of these exercises the service had employed a prescribing pharmacist at peak times to deal with prescribing and medicine queries in a more timely way and to free other clinicians to see patients. Early signs had shown this was having a positive impact. For example, in one day they had been able to deal with 37 out of 38 medicine queries received with only six requiring a face to face consultation with a clinician.

The areas where the provider should make improvement are:

- To assure itself that appropriate arrangements are in place across all primary care sites in relation to health and safety and the management of the premises.
- Continue to ensure patient expectations around appointment times are managed.
- Maintain a robust audit trail for the management of 'stat dose' medicines administered to patients on site.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The service is rated as good for providing safe services.

- The service had effective systems in place for reporting and recording incidents and significant events and ensuring they were acted on.
- Lessons from incidents and significant events were shared with staff and more widely in order to improve safety and minimise the risk of re-occurence.
- The service had systems, processes and practices in place to keep people safe and to safeguard from abuse. These were well embedded.
- Although we identified lack of robust processes for ensuring health and safety issues were being appropriately managed by external providers and lack of audit trail for medicines used and administered on site, the service responded immediately to address the concerns raised.
- The service was equipped to respond to unforeseen risks such as medical emergencies and those relating to the smooth running of the service.

Are services effective?

Good

The service is rated as good for providing effective services.

- Systems were in place to ensure clinicians were kept up to date with best practice guidance such as National Institute for Health and Care Excellence (NICE) guidelines.
- Data showed the service was consistently meeting National Quality Requirements (performance standards) for GP out-of-hours services to ensure patient needs were met in a timely way.
- The service was proactive in using information to identify areas for service improvement.
- Staff received appropriate support and training to carry out their roles.
- Clinical and staff audits were used to help support service improvement.
- Staff worked collaboratively with other services in the delivery of patient care and to improve the patient experience.

Are services caring?

Good

The service is rated as good for providing caring services.

Summary of findings

- National data showed that patients rated the out-of-hours service within the Cambridgeshire and Peterborough CCG area similar to others in relation to the care received. While results from the service's in-house patient survey (for June 2015) showed 98% of patients rated the service as good or better.
- Patients said they were treated with dignity and respect by helpful and caring staff. Patients were satisfied that they were involved in decisions about their care and treatment.
- Staff were mindful to maintain patient confidentiality.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- The service understood the needs of the population it served and engaged with the local Clinical Commissioning Group to provide services that were responsive to the needs of the population.
- The service worked collaboratively with other providers to identify opportunities and develop schemes to improve the services patients received. This included the ambulance service, GP practices and a minor injuries unit to help reduce the potential for hospital admission. They were also working with district nurse teams to help provide the most appropriate care to patients first time.
- Patients were prioritised and seen according to need. However, feedback received from patients indicated that they did not always understand this when they had been given an appointment but still experienced a long wait.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence seen showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- It had a clear vision with quality and safety as its top priority. The service was responsive to feedback and used performance information proactively to drive service improvements.
- The service worked collaboratively with other providers to develop services that supported hospital admission avoidance and improved the patient experience.
- High standards were promoted and staff were supported by a visible leadership team.

Summary of findings

- Governance and performance management arrangements helped to support high quality care.
- There was strong and clear leadership. Staff were well supported.
- The service actively sought the views of patients. The chair of the service's patient and public involvement group provided public representation at board level as a Non-Executive Director.
- We found some areas where risks had not been effectively managed however, the service responded quickly to resolve the issues raised from our feedback.

Summary of findings

What people who use the service say

The most recently available national GP patient survey results published in July 2015 showed the service was performing in line with national averages in relation to patient satisfaction with the out of hours service.

- 61% of patients said they were satisfied with how quickly they received care from the out-of-hours provider compared to the national average of 61%.
- 83% of patients said they had confidence and trust in the out-of-hours clinician they saw or spoke to compared to the national average of 81%.
- 70% of patients were positive about their overall experience of the out-of-hours GP service compared to the national average of 69%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 118 completed comment cards. All but five were positive about the standard of care received. Patients told us they had received a good service, that they were treated with respect by helpful and caring staff. However, 21 patients told us that they had experienced long waits despite being given an appointment time at a primary care centre.

We spoke with three patients at the Cambridge site. Two had previously used the service and all were satisfied with the service they had received. They also found staff polite and helpful and felt they had been listened to.

Chesterton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Chesterton Medical Centre

Chesterton Medical Centre is the registered location and head office for the out-of-hours GP service provided by Cambridge Doctors On Call Limited (also known as Urgent Care Cambridgeshire). The service contracts with NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) to provide primary medical services outside of usual working hours (out-of-hours or OOH) when GP practices are closed. The service covers a population of approximately 650,000 across the county of Cambridgeshire. Cambridgeshire is a relative affluent county with pockets of deprivation.

Patients access the out-of-hours service via NHS 111. Calls from NHS 111 are received and triaged at Chesterton Medical Centre and patients who need to be seen are allocated an appointment at one of the four primary care centres or as a home visit. Patients may also receive a telephone consultation with a clinician.

The primary care centres are located at:

Chesterton Medical Centre, Union Lane, Cambridge, CB4 1PX

Hinchingbrooke Hospital, Hinchingbrooke Park, Huntingdon, PE29 6NT

Doddington Hospital, Benwick Road, Doddington, PE15 0UG

Princess of Wales Hospital, Lynn Road, Ely, CB6 1DN

The primary care centres located at Chesterton Medical Centre, Hinchingbrooke Hospital and Doddington are open Monday to Friday 6.30pm to 8am and 24 hours on a Saturday, Sunday and bank holidays. The primary care centre at the Princess of Wales Hospital is open Monday to Friday between 6.30pm and midnight and 7am to midnight on a Saturday, Sunday and bank holidays.

During our inspection we visited two primary care centres at Chesterton Medical Centre and Hinchingbrooke Hospital.

The service is predominantly GP led. There are approximately 123 GPs contracted on a sessional basis to provide the out of hours service across the four primary care centres. The service also employs a variety of other clinicians (approximately 50) including nurse practitioners, emergency care practitioners and more recently pharmacists. The service is supported by a team of non clinical staff who support the running of the service.

The service was previously inspected as a pilot site for the new CQC inspection methodology in March 2014. The service was found to be compliant with the regulations relating to the Health and Social Care Act 2008.

The service does not currently have a registered manager with CQC and have been made aware of this. A registered manager application has since been submitted which is currently in progress.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 3 and 4 November 2014. During our inspection we:

- Visited two of the primary care centres at Chesterton Medical Centre and Hichingbrooke Hospital on the evening of 3 November 2015 and the head office at Chesterton Medical Centre on the 4 November 2015.
- Spoke with a range of clinical and non clinical staff (including GPs, nurse and emergency care practitioners, shift and base co-ordinators reception staff, senior managers and directors)
- Spoke with patients attending the primary care centre at Chesterton Medical Centre and the chair of the Patient and Public Involvement group.
- Observed how people were being cared for.
- Reviewed documentation made available to us.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events supported by policies and procedures.

- Staff were aware of their responsibilities for recording significant events and reported any concerns to the service coordinator for reporting onto the electronic system.
- Weekly meetings were held between the Medical Director and Director of Nursing to discuss incidents that had occurred and ensure they were acted on.
- Incidents were well reported with evidence of a thorough analysis and action taken to mitigate the risk of re-occurrence. These were shared with the local Clinical Commissioning Group (CCG).
- Staff spoken with told us they were informed about incidents and were able to provide examples of shared learning.

The service had reported four significant events and 83 incidents in the last 12 months. Examples included missed symptoms during a telephone consultation which resulted in an emergency admission and surgery the next day. Staff were informed and reminded to undertake additional checks in similar situations. Another example included the failure to divert telephone calls, this was subsequently included in the start and end of shift checks.

Robust systems were also in place for managing safety alerts received. Policies and procedures were in place showing clear lines of responsibility for acting and sharing alerts. Alerts received were logged and where relevant shared with staff. Staff spoken with confirmed that they were made aware as appropriate.

Overview of safety systems and processes

The service had systems, processes and practices in place to keep people safe and to safeguard from abuse. These were well embedded. We found :

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Staff had access to safeguarding policies and procedures for guidance if they had concerns about a patient's welfare, these included relevant contacts to agencies responsible for investigating and acting on safeguarding concerns. We saw evidence of safeguarding referrals which demonstrate that the service did act on concerns. Safeguarding concerns were reported as incidents so that any learning could be identified. A report to the CCG (November 2015) showed that the majority of staff were up to date with safeguarding training including all GPs.
- Information was displayed at the two primary care centres we visited advising patients that they could request a chaperone during their consultation if required. A chaperone policy was in place which detailed the role of the chaperone such as where to stand during an examination. All staff who acted as chaperone had received a disclosure and barring check (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).
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Staff had access to appropriate hand washing facilities, personal protective equipment, and equipment for cleaning equipment and spills of bodily fluids during the shift. The service had a nominated infection control lead and up to date infection control policies and procedures were available to support staff. Infection control was part of the service's mandatory training. A report to the CCG showed that the service was meeting the target of over 90% of staff having completed this training. An infection control audit had been undertaken within the last 12 months with evidence that actions had been reviewed and progressed. There was also a date recorded for the follow up of the infection control audit to ensure actions had been addressed. Cleaning at the four primary care centres was undertaken by other providers. We saw cleaning schedules for the Chesterton Medical Centre but not the other sites.
- There were established systems in place for the safe management of medicines used by the out-of-hours service. Medicines were kept securely but accessible to authorised staff. Standard operating procedures were in place for example in relation to accessing prescription pads which required signing in and out. We found that these were being followed. Medicine bags used for

home visits were sealed with a tag which enabled pharmacy staff to easily identify where medicines needed replenishing. Monthly checks were undertaken of the medicines stocks held at the primary care centres and used for home visits to ensure they were in date. There were appropriate arrangements for storing and checking controlled drugs. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse.

- We found one weakness in the management of medicines which were used and administered on site. Although medicines administered were recorded in the patient records, the service did not have a robust system for monitoring expected stock levels. The bag contained schedule 4 and 5 controlled drugs. Although these medicines are not subject to safe custody requirements they do have a potential for misuse. We raised these concerns with the provider who immediately changed policies and processes to minimise the risk of misuse. We were sent details of the new processes in place which ensured an audit trail was maintained for these medicines.
- We reviewed the personnel files for five clinical members of staff including a locum GP. These showed that appropriate recruitment checks had been undertaken prior to employment to minimise the risk of unsuitable staff being employed. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and generally well managed. However, we found arrangements relating to health and safety were not robust but once identified were promptly responded to by the provider.

- The service maintained a risk register coded according to level of risks and discussed at board meetings as a standing agenda item and was regularly updated. For example we saw a risk in relation to the timely transfer of information to patients outside the local area. This had led to manual process being instigated.
- Regulated activities took place across four primary care centres. Staff told us that there were contractual arrangements in place for the management of risks affecting the premises such as fire safety, legionella and cleaning. The service did not have effective systems and processes in place to assure itself that these arrangements were robust and to ensure the safety of patients and staff. We were told visual checks of the premises were performed by base co-ordinators and any maintenance issues referred directly to the responsible provider as and when they occurred. Following feedback from the inspection visit the service sent evidence to show that they had subsequently sought external advice and guidance from a health and safety specialist. In conjunction with the health and safety specialist an action plan had been put in place to support the service in meeting health and safety requirements, a copy of the action plan was sent to us.
- Equipment was checked to ensure that it was safe to use and working properly. Staff were satisfied that they had the equipment they needed to do their job. Systems were in place to ensure clinical rooms and home visit equipment bags were routinely checked and restocked as required.
- The service operated eight vehicles on lease hire arrangements for use on home visits. We saw service records to show that these were regularly maintained. Arrangements for recovery assistance in the event of vehicle breakdown was in place. The drivers undertook routine checks of the vehicle to ensure they were clean and to report any faults that needed to be addressed.
- The service was performing well and was consistently meeting NQR standards in relation to the timeliness of consultations, indicating that there were appropriate staffing of shifts. There was an escalation policy in place for managing periods of high demand on the service which enabled the shift co-ordinator to increase the number of clinicians on duty. Staff rotas were released three months in advance to give adequate time to staff shifts. A winter rota was also in place with increased staffing levels to help manage the anticipated increases in demand on health services at this time of year. Locum use for GPs was low at 6.7% between October 2014 and September 2015.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- Clinical staff had access to emergency equipment which was available at the primary care centres and as part of

the home visit kit. The emergency equipment included oxygen and an automated external defibrillator (used to attempt to restart a person's heart). Both adult and child paediatric masks were available.

- Emergency medicines were also available to staff at the primary care centres and as part of the home visit kit. These were kept securely but accessible if needed and covered a range of medical emergencies.
- Emergency medicines and equipment used at the primary care centres and for home visits were monitored by the pharmacy team on a daily basis. The bags used for storing equipment and medicines contained content checklists of items so that anything which needed replacing could be easily identified. Bags were tagged to indicate that they were ready for use.
- Formal checks were carried out and recorded on a monthly basis to ensure that emergency equipment and medicines were in date and safe to use.
- Basic Life Support training was included as part of the service's mandatory training. Staff we spoke with confirmed they had received annual basic life support training and a report to the CCG dated November 2015 showed the service was meeting the CCG targets in relation to mandatory training.

The service had business continuity plans in place to deal with a range of emergencies that might impact on the running of the service. For example, loss of IT, water, telephone failure and epidemics. The plan identified alternative premises that could be used in the event of an emergency and contained relevant contact details that might be required in an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The service had systems in place to support clinical staff in keeping up to date. Policies were in place for managing NICE guidance and safety alerts that were received.
- Staff were able to access NICE guidance from their computers and received regular updates via email. An information folder was also maintained in each clinical room which was updated regularly to include information and guidance that staff needed to be aware of. Staff knew to look in the information folder for updates.
- Reflective meetings were held on a quarterly basis and all clinical staff could attend. This provided an opportunity for staff to network and maintain their knowledge.
- We saw audits that had been undertaken to ensure NICE guidance was being followed. For example in relation to paediatric antibiotic prescribing.

Management, monitoring and improving outcomes for people

The service used National Quality Requirement (NQR) and other quality indicators which it submitted to the Clinical Commissioning Group (CCG) to monitor the quality of the service patients received. NQRs for GP out-of-hours services were set out by the Department of Health to ensure these services were safe and clinically effective. We reviewed the NQR standards for the previous four months and found that the service had continually met all standards required. For example data for October 2015 showed:

- 98% of urgent calls were triaged within 20 minutes.
- 96% of non-urgent calls were triaged within 60 minutes.
- 100% of urgent calls received a face to face consultation at a primary care centre within two hours.
- 100% of non-urgent calls received a face to face consultation at a primary care centre within six hours.
- 98% of urgent calls received a face to face consultation through a home visit within two hours.
- 96% of non-urgent calls received a face to face consultation through a home visit within six hours.

In pursuit of continuous improvement the service sought to investigate individual breaches for the small percentage of patients where standards were not met. In one example the service showed us how it had identified times of increased service demand and as a result had employed a prescribing pharmacist to manage prescriptions and medicine queries at those times. This helped free other clinicians to see patients. The service which started in August 2015 had not yet been formally analysed but early indicators showed it was having an impact. On one Saturday reviewed the pharmacist had been able to deal with 37 out of 38 medicine queries received with only six requiring a face to face consultation with a clinician. The service now employs three prescribing pharmacists. We received some positive feedback from patients through our CQC comment cards on the timeliness with which prescriptions had been made available.

Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment. The service had an annual audit plan. We saw evidence of five clinical audits undertaken in the last year some of which were in response to incidents and new guidance. In one full cycle audit the service was able to demonstrate improvements in the assessment of patients presenting with asthma. We saw evidence that information and guidance resulting from audits was shared with staff.

Effective staffing

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

- Staff confirmed that they received an induction specific to their role. This enabled new members of staff to familiarise themselves with systems and processes used within the service and opportunities to shadow more experienced staff. An induction manual was given to new staff to support them in their role.
- Consultations undertaken by new clinical staff including locums were audited before they were signed off their induction period.
- Staff were required to complete the service's mandatory training which included safeguarding, basic life support, infection prevention and control, fire safety, the Mental

Good

Are services effective?

(for example, treatment is effective)

Capacity Act, information governance and equality and diversity. A report to the CCG dated November 2015 showed the service was meeting targets in relation to mandatory training. Staff were sent reminders when training was due.

- The learning needs of staff were identified through a system of appraisals and individual performance audits on consultations.
- GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). This was monitored by the service.
  We were given examples where action had been taken to address underperformance and saw evidence that this had been done in a supportive way, through further training and shadowing opportunities with specialist staff.

Coordinating patient care and information sharing

The 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 and their intranet system.

- A shift co-ordinator was employed to oversee the shift and ensure patients were seen according to priority. This enabled them to deploy staff as appropriate to meet patient needs.
- Staff we spoke with found the systems for recording information easy to use and had received training on induction. Clinical staff undertaking home visits also had access to IT equipment so relevant information could be shared with them while working remotely.
- There was evidence of collaborative working with other services. For example working with the CCG and local GPs to improve the recording of special notes in order to better support those with end of life care needs and help reduce inappropriate hospital admissions. The service told us that 70% of practices were regularly using special patient notes.
- There was evidence of collaborative working to develop and streamline services with other services such as the district nurse teams. The service shared relevant information with other services in a timely way, for example when referring people to other services.
- The service was meeting NQR standards for transferring information relating to patient consultations to the patients' GPs by 8am the next day. Data relating to October 2015 showed that the service had achieved this standard by 98%. There were systems in place to manage those that failed to transfer automatically.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff told us that they recorded consent given for care and treatment on the patient record.
  Staff had access to information such as do not attempt resuscitation orders through special patient notes so that they could take it into account when providing care and treatment.
- Staff we spoke with were aware of the Mental Capacity Act 2005, as well as consent in relation to the children and young people, but mainly through their other roles.
- The Mental Capacity Act 2005 formed part of the service's mandatory training.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Telephone consultations took place away from patient areas.
- Reception staff were mindful of confidentiality and advised us that they would offer somewhere private if a patient wished to discuss sensitive issues or appeared distressed.

Feedback we received from patients from the 118 completed CQC comment cards and our conversations with three patients who one of the primary care centres during our visit was very positive. All but five patients were satisfied with the service they had received, they found staff polite and helpful and that they were treated with respect.

Results from the national GP patient survey published in July 2015 showed patient satisfaction for out-of-hours services within the Cambridgeshire and Peterborough CCG area was similar to and slightly above the national average. For example:

- 61% of patients said they were satisfied with how quickly they received care from the out-of-hours provider compared to the national average of 61%.
- 83% of patients said they had confidence and trust in the out-of-hours clinician they saw or spoke to compared to the national average of 81%.
- 70% of patients were positive about their overall experience of the out-of-hours GP service compared to the national average of 69%.

The service obtained feedback from services via an on-going in-house patient survey. The results from these were published on the provider's website. The latest data available was for June 2015 which showed:

- 98% of patients rated the service as good or better.
- 97% said they would be likely or extremely likely to recommend the service to others.

Care planning and involvement in decisions about care and treatment

Feedback received from patients told us that they felt listened to and that treatment was explained in a way they could understand to enable them to make informed decisions about their care and treatment.

Clinicians made use of special notes from the patients usual GP during consultations. Special notes are a way in which the patient's usual GP can raise awareness about their patients who might need to access the out-of-hours service, such as those nearing end of life or with complex care needs and their wishes in relation to care and treatment.

For patients who did not have English as a first language, a translation service was available if required. We saw contact details available but were told it was rarely needed.

Patient and carer support to cope emotionally with care and treatment

The service had information that it gave to support relatives in the event of death.

We found the service to be sensitive of patient needs and worked proactively to deliver care that supported them. For example working with other providers to develop continuity of care between services such as district nursing teams and GP practices.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services:

- We visited two primary care centres and found that the premises were accessible to patients with mobility difficulties including wheel chair access.
- Baby changing facilities were available at the two primary care centres seen.
- Access to the service was through the NHS 111 telephone service and patients who came as a walk-in patient were encouraged to use this number. However, provision was made for patients to be assessed by a clinician if their needs were urgent. Staff were aware of this and a policy was in place to support the management of walk-in patients.
- While the service recognised Cambridge was a relatively affluent county they recognised that there were areas of deprivation and significant population groups from Eastern Europe and traveller sites. The service had sought to understand the culture and potential health needs of the gipsy and traveller community and shared this information with staff to ensure they were aware.
- The service was working collaboratively with other providers to respond to local needs and was involved in various schemes to improve services provided to patients.

Access to the service

The out-of-hours service operated between 6.30pm and 8am Monday to Friday and 24 hours on a Saturday, Sunday and bank holidays. Patients accessed the service through the NHS 111 telephone number. Calls were triaged by the service and patients allocated either a telephone or face to face consultation at one of the four primary care centres located in Cambridge, Huntingdon, Doddington and Ely or received a home visit.

Patients were prioritised and seen according to need. Of the 118 completed CQC comment cards received from patients who had used the service 21 patients told us they had experienced long waits despite being given an appointment time. We spoke with staff about this who told us that patients did not always understand that the appointment time may change if other patients were prioritised as more urgent.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints for the service.
- We found that there was an open and transparent approach towards complaints. a complaints leaflet available in the primary care centres to take away. This provided patients with information about avenues of support available to help them to make a complaint, details of expected time scales for handling the complaint and where to escalate their complaint if not satisfied with the response received.

The service reported that there had been 62 complaints received in the last 12 months. We saw evidence from quarterly complaints reporting that they had been handled appropriately and in a timely way. We looked in detail at one of the complaints received and found that although the complaint had been not upheld it had been handled in a sensitive and caring way.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about staff attitude the service had worked with the individual involved to try and improve the quality of consultations.

Are services well-led?

Good

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

Our findings

Vision and strategy

At the start of the inspection we received a comprehensive presentation from the Chief Executive about the service they provided. Both clinical and non-clinical members of staff were present and during the inspection members if the board came in to meet the inspection team and tell us about the service. From the evidence seen it was clear that the service was committed to delivering high quality care for the population and continuous improvement of services provided. There was a willingness to work with other providers to develop services that met patients' needs and improved the patient experience.

Governance arrangements

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This included:

- A clear staffing structure with staff who were aware of their own roles and responsibilities. The service employed a range of staff with a different skill mix. These staff were very clear about the boundaries within which they worked. For example in relation to prescribing.
- Service specific policies that were implemented and available to all staff. Staff were regularly notified of any updates or information they needed to be made aware of.
- A comprehensive understanding of the performance and commitment to continually improve. Although the service performed well and were meeting NQRs they still strived for perfection and focussed on the small percentage of patients that were in breach of those standards in order to deliver further improvements.
- A programme of continuous clinical and internal audit which was used to monitor quality and make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The board met on a monthly basis with standing items on the agenda including risks, performance, audit and strategy. There was a lead director for clinical governance. However, we did identify some issues around health and safety and the management of medicines which the service has since sought to address.
- The service was proactive in using learning from significant events and complaints to improve the service and outcomes for patients.
- The service produced monthly quality reports and met on a quarterly basis with the local CCG for a Clinical Quality Review meeting. Feedback on performance was overall positive. Issues identified through these meetings were acted on.
- Attendance at the local NHS 111 clinical governance meetings to support joint working.
- Various meetings were held to discuss performance and the running of the service and ensure relevant information was shared with staff. Actions from meetings were logged to ensure they were completed.

Leadership, openness and transparency

Throughout the inspection we found the service was open and welcoming. We found senior managers and directors were responsive to comments and feedback received about the service and were committed to improving the service that patients received. The leadership of the service was visible. Clinical directors frequently worked sessions and so were able to identify and respond to concerns as they arose. Staff told us that they found the senior managers and directors approachable.

There was a clear leadership structure in place and staff felt supported by management.

- There were systems in place for ensuring staff including those who worked on a sessional basis were kept informed. This included an information / resource file in each clinical room and vehicles that was kept up to date. Staff knew to look in these files. They also told us that they received staff bulletins and emails.
- The service hosted quarterly reflective meetings for clinical staff to network and update their knowledge.
- Staff described to us an open culture in which they felt listened to with supportive management. They knew who to go to if they had any concerns and felt able to raise issues or concerns with senior staff.

Are services well-led?

Good

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

- Staff said they felt valued and supported. Staff had access to an employee assistance programme, a support scheme which offered counselling to staff 24/7. There was a low turnover of staff at 7%.
- Clinical directors would undertake regular shifts so that they had a good understanding how the service ran, could support staff and deal with issues as they arose to minimise breaches.
- Staff were aware there was a whistleblowing policy in place but had not had cause to use it.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. We found the service to be open and transparent and prepared to learn from incidents and near misses.

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

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery and development of the service.

The service had set up a patient and public involvement (PPI) group. Although it had struggled to gain many members the chair of the group provided patient representation at board meetings as a Non Executive Director. They provided input into the service's management of complaints and incidents. We spoke with the chair of the PPI group who told us that they felt valued and listened to and were invited to contribute from the patients' perspective on new initiatives. They also told us that they found the service very open.

Patients were given opportunities to provide feedback on the service through an on-going patient questionnaire inviting patients to rate both the premises, reception and consultations with the clinician. These were available for patients to complete in the reception area and on-line. Feedback was posted on the service website.

The service had last completed a staff survey in 2013. We saw evidence that actions identified from the survey had been addressed. For example, improving communication with staff. We were told that there were plans to undertake another staff survey in December 2015.

At the end of the shift the shift co-ordinator completed a handover form which enabled them to report back to management any issues or concerns arising which needed to be addressed.

Continuous improvement

There was a strong focus on continuous learning and improvement within the service. The service was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. These included schemes with other health care providers to deliver a seamless services and reduce hospital admission such as:

- Working with the Clinical Commissioning Group and GPs to improve the use of special notes in all patients over 75 years so that out of hours staff had a better understanding of the patient's medical history and wishes.
- Provision of an alternative destination for ambulance crews, where appropriate, to reduce the demand on accident and emergency departments. This project is due to run between November 2015 and March 2016.
- Working with the minor injuries unit at Ely to see patients under two years where there is currently no provision and patients would otherwise have to travel elsewhere for treatment.
- Joint working with the district nursing team to ensure patients receive the right care and support when they need it and reduce duplication of services.

The service had yet to assess the impact of these schemes as they were still in their infancy.

Since August 2015 the service had employed prescribing pharmacists to deal with medicine and prescription enquiries to reduce the demand on other clinicians to see patients.

The service provides training opportunities in the out of hours service for doctors training to be GPs. The service had recently received a revalidation as a training organisation and has been re-approved to continue to do this for the next five years. The service was rated as very good overall in this assessment.