

# Shropshire Doctors Co-Operative - Longbow Close

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shropshire Doctors Co-operative Limited on 8th February 2017. Overall the service is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients and staff were comprehensively assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need. The service met the National Quality Requirements (NQRs).
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records, and the out of hours staff provided other services, for example the local GP and hospital, with information following contact with patients as was appropriate.

- The service managed patients' care and treatment in a timely way.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits were clean and well equipped.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour. Staff training in the duty of candour had resulted in increased recording of significant events.

We saw areas of outstanding service:

- Risk management and complaints were comprehensively managed through an integrated system and every opportunity was used to learn from

# Summary of findings

incidents and events. Learning was shared with other healthcare providers, Clinical Commissioning Groups (CCGs) as well as to all staff internally. Educational sessions were arranged internally to promote the safety of patients following a significant event.

- Comprehensive systems and processes were in place to promote the safe transport of medication and equipment. These included controlled drugs stored in boxes with fob access for GPs and temperature control measures within vehicles that carried medication and equipment.
- The provider consistently demonstrated that responsive actions were taken to safeguard patient safety as well as improve patient experience. This was supported by consistent and highly positive data from patients when asked questions relating to the responsiveness of the service.

- Shropdoc demonstrated a proactive approach when responding to the needs of patients that could not be met by other health providers, commissioned to provide that service.
- There were examples of how an innovative approach had been used to improve the patient experience and support other healthcare providers particularly those in secondary care. These included an oncology service, clinical support to local GP practices and the implementation of a Patient Aligned Care team (PACT).

## **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?**

The service is rated as good for providing safe services.

Good



- The service used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. For example, comprehensive infection control audits and risk assessments were carried out annually at each of the primary care centres. Equipment check sheets completed daily, included pictorial aids to assist the member of staff who carried out the checks.
- Medicine usage was monitored and prescriptions controlled to minimise risk of fraud.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The out-of-hours service had clearly defined and embedded system and processes in place to keep patients safe and safeguarded from abuse.
- When patients could not be contacted at the time of their home visit or if they did not attend for their appointment, there was a documented process in place that informed staff of the follow up procedure. For patients who were frail and vulnerable, the procedure included contacting A&E to try and locate the patient and contact to the police to carry out a 'safe and well' check.
- There were systems in place to support staff undertaking home visits. For example, staff rotas included a 'complex needs person', on duty as a standby for advice and a list of contact numbers provided included consultants, the ambulance service, mental health crisis teams and community professionals.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

# Summary of findings

- Risks to patients and staff were assessed and well managed through an integrated risk management system that collated information from complaints, incidents (near misses) and significant events.

## Are services effective?

The service is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We saw evidence to confirm that the service used these guidelines to positively influence and improve service and outcomes for patients.
- The service was consistently meeting most of the National Quality Requirements (performance standards) for GP out of hours services to ensure patient needs were met in a timely way.
- The service used innovative and proactive methods to improve patient outcomes and working with other local providers to share best service.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Clinicians provided urgent care to walk-in patients based on current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



## Are services caring?

The service is rated as outstanding for providing caring services.

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, the provider continued to support the NHS 111 service through a duty of care to their patients and a 'selfie' (teledermatology) service facilitated the care for patients in their own home.
- Views of external stakeholders were very positive.

Outstanding



# Summary of findings

- Feedback from the large majority of patients through external patient surveys commissioned by the provider were very positive.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out-of-hours service.

## Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- The service worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, Shropdoc acted as a care coordination centre, a 24 hour service that supported GP surgeries in Shropshire and Powys.
- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. For example, a 'selfie' service was introduced to facilitate a dermatology assessment by telephone.
- Shropdoc demonstrated a proactive approach when responding to the needs of patients that could not be met by other health providers, commissioned to provide that service.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Data from an independent survey into the responsiveness to patients was consistently and highly positive.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



## Are services well-led?

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

- The service had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

Outstanding



# Summary of findings

- High standards were promoted and owned by all service staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best service.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## What people who use the service say

We looked at various sources of feedback received from patients about the out-of hours (OOH) service they received. The provider used an external organisation to gain patient feedback on the treatment centres, telephone advice and home visits. Data was captured on a monthly basis and consolidated into quarterly reports that allowed providers to benchmark their own performance against other OOH providers in the United Kingdom (UK). The results were collated into four bandings of equal parts each representing 25% of the results, known as quartiles, the higher the quartile, the better the performance. This information was shared with the commissioners of the service.

For patient feedback on the treatment centres, data used involved more than 11,200 patient questionnaires from 38 OOH providers across the UK between May 2009 and May 2013 with eight or more returned questionnaires. Data from the provider for the period of July 2016 and September 2016 showed:

- The overall score for the treatment centres was 70% compared to the UK average of 57%.
- The provider was in the highest quartile for 26 out of 29 questions.
- The performance score for patient feedback on the manner of treatment by the first person spoken to was 74% compared to the UK average of 67%

For patient feedback on the telephone advice received, data used involved more than 10,500 patient questionnaires from 39 out of hours providers across the UK between May 2009 and May 2013 with eight or more returned questionnaires. Data from the provider for the period of July 2016 and September 2016 showed:

- The overall score for the telephone advice received was 61% compared to the UK average of 54%.
- The provider scored above average in each of the 23 questions.
- The performance score for patient feedback on the ease of contact was 72% compared to the UK average of 56%

For patient feedback on the home visits carried out, data used involved more than 5,500 patient questionnaires from 39 out of hours providers across the UK between January 2009 and May 2013 with eight or more returned questionnaires. Data from the provider for the period of July 2016 and September 2016 showed:

- The overall score for home visits was 68% compared to the UK average of 57%.
- The provider scored the same or above average in each of the 23 questions.
- The performance score for patient satisfaction on the help provided was 73% compared to the UK average of 64%.

The national GP patient survey asks patients about their satisfaction with the out-of-hours service. Data from the GP national patient survey published in July 2016 found that the provider performed above national averages. For example:

- A total of 70% of patients responded positively when asked their impression of how quickly care from the service was received compared to the national average of 62%.
- A total of 91% of patients responded positively when asked of their confidence and trust in the person or people seen or spoken to compared to the national average of 90%.
- A total of 78% of patients responded positively when asked how their overall experience of the service was compared to the national average of 70%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. However the provider was not sent cards for each of the primary care centres. In the four centres where comment cards were sent, there was only one completed card and this was a positive response from a patient.



# Shropshire Doctors Co-Operative - Longbow Close

## 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 GP specialist adviser, a service nurse specialist adviser, a CQC Inspection Manager and three CQC inspectors.

## Background to Shropshire Doctors Co-Operative - Longbow Close

Shropshire Doctors Co-operative Limited, also known as Shropdoc, was formed in 1996, initially as a GP co-operative to cover the Out of Hours (OOH) period for GPs and has grown to now include around 350 GP members, covering a population of approximately 600,000 patients from GP surgeries in Shropshire, Telford & Wrekin and Powys. The population density is low especially in Powys. We inspected the OOH service provided by Shropdoc.

Shropdoc has its administrative headquarters and call centre in Shrewsbury. In addition there are 10 primary care sites based in community hospitals spread across the area, six in England, four in Wales allowing for a GP or urgent care practitioner to reach a patient within one hour of travel. These primary care sites are at:

- Elizabeth House, Royal Shrewsbury Hospital
- Princess Royal Hospital, Telford
- Bridgnorth Community Hospital
- Ludlow Community Hospital
- Whitchurch Community Hospital
- Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry (only operates at weekends)

The four Centres in Wales are at:

- Llanindrod Wells War Memorial Hospital
- Newtown Hospital
- War Memorial Hospital, Brecon
- Victoria Memorial Hospital, Welshpool

As part of the inspection, we visited the administration centre at Longbow, Shrewsbury and visited three of the primary care centres, Shrewsbury, Telford and Whitchurch. All of the centres have car parking available to patients and are well served by public transport links. The primary care centre facilities are all shared with the respective hospitals using them in-hours and Shropdoc using them between 6.30pm to 8.30am.

The co-operative is a 'not for profit' company whose main workload (approximately 45%) continues to be the provision of OOH services but now includes new types of work including a Shropshire community nurse service, a physiotherapy telephone triage service, an acute visiting service, an oncology helpline, lone worker monitoring, a GP extended access service, patient appointment booking, an in-hours GP surgery triage and an OOH helpline for Shropshire Council. In September 2016, Shropdoc agreed to run a GP practice of approximately 4,000 patients in

# Detailed findings

Whitchurch after plans to find a private provider to run the service collapsed. The provision of these services is through a 24/7 operation employing over 280 staff members. Employees work on a range of contracts with contractual hours guaranteed from one shift per week to full time employment. All staff regardless of whether short or long term duration are subject to employment checks which comply with the NHS Employment Check standards and follow a formal induction. The breakdown of staff employed is:

- 64 urgent care practitioners, 27.5 whole time equivalent (WTE).
- 9 urgent care practitioner prescribers, 1.8 WTE.
- 11 agency nurses, 3.9 WTE.
- 1 pharmacist, 0.9 WTE.
- 64 call handlers, 25.5 WTE.
- 90 drivers/receptionists, 23.8 WTE.
- 48 administrative/managerial/clerical staff, 45 WTE.

The OOH service operates between 6pm and 8.30am on weekdays and 24 hours on weekends and bank holidays. There is a team of call handlers, administrators and urgent care practitioners at the administrative headquarters and can be accessed during the day between 8am and 8pm. These opening times mean that Shropdoc is open for 72% of the year. The urgent care centres are open all day on weekends and bank holidays.

The provider was inspected once before in March 2014 as part of a pilot for inspecting OOH providers using the new CQC methodology. No ratings were given following that inspection. The inspection found only one area of improvement relating to signage to enable patients to locate the service.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 8th February, 2017. During our visit we:

- Spoke with a range of staff including the Chief Executive Officer, the Human Resource Director, the Medical Director, Urgent Care Practitioners (Nurses, Paramedics and Physician Associates), Patient Liaison Officer, Information and Technology Manager, GPs, field team leaders, drivers, receptionists, GPs and call handlers.
- Observed how patients were provided with care and talked with carers and/or family members.
- Inspected the out-of hours (OOH) premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Looked at the vehicles used to take clinicians to consultations in patients' homes, and we reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. The number of events reported in 2016 had significantly increased when compared to previous years. The provider felt that this could be attributed to staff being more willing to report incidents as they received feedback and saw that actions were taken as a result. Additionally the provider believed that improvements in recording arrangements had resulted in an increased number of events being captured. This supposition was supported by comments received from staff we spoke with.

- Staff told us they could inform colleagues of any incident through reporting to the duty team leader, completing an 'incident form' available on the service's computer system or could report the incident direct to one of the clinical directorate by email or telephone. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- The Medical Director and Patient Liaison Officer monitored trends and maintained a risk register to provide assurance that risk was being mitigated. All incidents and significant events were reported on monthly, internally to the clinical governance group and externally to the Clinical Commissioning Group (CCG).
- We saw that the service carried out a thorough analysis of significant events and ensured that learning from them was disseminated to staff and embedded in policy and processes. An internal internet system known as 'the hub' was used to share communication and learning. All of the staff we spoke with could access the hub and spoke well of its use as a platform for communication.
- Educational sessions were arranged internally to promote the safety of patients following a significant

event. For example, an investigation into the response from an abnormal test result from the laboratory resulted in GP led educational sessions for staff on the required actions. An aide memoire had also been produced for staff to use as guidance in the future.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, the call handler 'trigger list' had been amended to reflect outcomes from incidents and complaints (the trigger list was a list used by call handlers to prioritise calls appropriately according to patient need). All alerts were recorded on a log sheet available to all staff. The records included alerts that were not applicable to the provider as well as those where action was required.

Learning was seen to have been shared with external healthcare professionals. For example, incidents had been shared as learning opportunities with the Area Prescribing Committee. There were quarterly meetings held with Severn Hospice to review incidents and make improvements to palliative care and 'Health Professional Feedback Forms' sent to the providers of the NHS 111 service contained informed training for call handlers and clinicians. Incidents had been shared at the 'Shropdoc Education Day, an annual event to which all Shropdoc members were invited.

### Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and urgent care practitioners were trained to child safeguarding level 3. There had been a total of 68 safeguarding concerns raised by Shropdoc in the 12 months; April 2015 to March 2016. Frontline staff had access to an

## Are services safe?

electronic safeguarding guidance page that included a referral form that once completed; was followed through by the patient liaison officer. Shropdoc had been proactive in developing a strong working relationship with Telford and Shropshire safeguarding teams. For example, the provider had requested to be copied in to all information when a child was put onto a child protection plan and would always ask to see the child face to face following a contact.

- Chaperones were available when requested and considered urgent, for example for catheterisation, but the chaperone policy stated that intimate examinations should be avoided in out-of hours (OOH) where the need is not urgent. The chaperone policy included guidelines for 'informal chaperones' (normally a relative arranged by the patient) to be used when the patient requested and examination or treatment that could not be rearranged. The provider had reviewed the policy for chaperones and referenced independent enquiries to conclude that they were doing all that could reasonably be expected.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises visited to be clean and tidy. There was an infection control lead and an infection control protocol in place. Staff had received up to date training and annual infection control audits were undertaken at each primary care site. We saw evidence that action was taken to address any improvements identified as a result.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance e.g. annual servicing of fridges including calibration where relevant.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to ensure the safety of the out of hours vehicles. Vehicle checks included lights, oil and fuel level. Checks were recorded on a vehicle log form, also used to document each home visit and record any medicines used. Records were kept of MOT

and servicing requirements. We performed a random check of the 20 vehicles used by Shropdoc and found that all were maintained and had the appropriate tax, insurance and breakdown cover.

### Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service carried out regular medicines audits to ensure prescribing was in accordance with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been developed for the urgent care practitioners (UCPs) to supply or administer medicines without prescriptions. These PGDs had been submitted to the Clinical Commissioning Group (CCG) ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance. The UCPs did not administer medicines without a prescription authorised by a GP. Shropdoc did employ nurse prescribers who worked under PGDs.
- The service held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had standard operating procedures in place that set out how controlled drugs were managed in accordance with the law and NHS England regulations. These included auditing and monitoring arrangements, and mechanisms for reporting and investigating discrepancies. The provider held a Home Office licence to permit the possession of controlled drugs within the service. There were also appropriate arrangements in place for the destruction of controlled drugs. For example, there was a book for logging controlled drugs in and out that required two signatures. Transit took place in a locked metal box opened using a fob pendant worn by the GP.
- Processes were in place for checking medicines, including those held at the service and also medicines bags for the out of hours vehicles.
- An 'extreme temperatures-kits and medicines' protocol detailed the arrangements in place to ensure medicines and medical gas cylinders carried in the out of hours vehicles were stored appropriately. The protocol stated that no kit or medicines should be left in a vehicle for more than 30 minutes when temperatures below three

## Are services safe?

degrees or above 25 degrees were anticipated. In the event of a home visit lasting longer than 30 minutes, the protocol stated that the engine must be run and the vehicle air conditioning system used to maintain an equitable temperature within the vehicle for preservation of medicines and kit.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment that required calibration was calibrated according to the manufacturer's guidance.
- A risk log was maintained for each primary care centre and assessments had been carried out on all identified risks. For example, risk assessments in place to monitor safety of the premises included control of substances hazardous to health (COSHH), evacuation plans for patients or staff with reduced mobility and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand. Rotas accounted for anticipated peaks in demand and included a buffer for sickness and short term absence.
- There were systems in place to support staff undertaking home visits. For example, staff rotas included a 'complex needs person, on duty as a standby for advice and a list of contact numbers provided included consultants, the ambulance service, mental health crisis teams and community professionals.
- The provider had a failsafe system in place for those patients advised during a home visit to make an urgent appointment with their own GP. In addition to the notes

being sent electronically, team leaders took responsibility for managing the list of patients requiring an urgent GP appointment and contacted the relevant GP surgery about each case.

- Risks to patients and staff were assessed and well managed through an integrated risk management system that collated information from complaints, incidents (near misses) and significant events.
- Staff could easily access resources to support clinical assessment. For example; access to a symptom checker and health advice using an artificial intelligence, a mobile application to give parents up to date advice about common childhood illnesses and how to treat them and 'child temperature leaflets' outlining what parent or guardian should look out for if their child has a temperature and who to call if their condition worsens.

### Arrangements to deal with emergencies and major incidents

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

- There was an effective system to alert staff to any emergency. Task cards were used to instruct staff how to act in the case of an emergency, for example; an emergency evacuation of the premises.
- There was a policy which stated that all clinical staff should receive annual basic life support (BLS) training. The training included simulation and was performed using the provider's own automated external defibrillator. It had recently become mandatory for all clinical staff to attend annual BLS refresher training. Records viewed showed that not all clinicians based at the call centre had attended a training session. However future sessions had been planned.
- The service had a defibrillator available at each premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. In addition, the provider had arrangements in place to use an alternative premises, should the need arise, that could be made fully operational within one hour.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The service had systems in place to keep all clinical staff up to date and these were seen to have been discussed at monthly clinical governance meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Changes were communicated through an electronic notice board.
- The service monitored that these guidelines were followed. For example, we saw audits on the prescribing of antibiotics.
- The call handlers who provided the initial point of contact for patients calling the service had information relating to 'trigger lists' that included symptoms or signs, which enabled them to appropriately escalate concerns to clinicians. These included when to initiate a 999 call and when to refer to an A&E department. A system was in place to record each telephone call and an electronic system was populated to record a summary of each call.

### Management, monitoring and improving outcomes for people

From 1 January 2005, all providers of out-of-hours services have been required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to the clinical commissioning group on their performance against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.

We reviewed the NQRs for a 12 month period, January 2016 to December 2016 and found that the service was consistently meeting these requirements in most areas. For example data from November 2016 showed:

- 100% of emergencies had a clinical consultation within 1 hour.

- 4% of calls were abandoned.
- 100% of urgent cases received a consultation at a primary care centre within one hour.
- 100% of routine cases received a consultation at a primary care centre within two hours.
- 87% of home visit urgent cases occurred within two hours.
- 99% of home visit routine cases occurred within six hours.

Performance for the emergencies visited within one hour was consistently close to the required level but the sparse population in the area covered made it difficult to achieve. In addition to the NQRs, the provider monitored call response. Data provided showed that:

- 92% of calls were answered within 60 seconds.
- 97% of urgent calls were assessed within 20 minutes.
- 82% of routine calls were assessed within 60 minutes.

Staff told us that the NQRs were impacted by a number of factors. The large geographical area covered was sparsely populated particularly in the Powys region making the NQRs for home visiting a challenge. For example; when one of the remote primary care centres required support from another centre, the travel times involved were often greater than the one hour target for an urgent home visit. Shropdoc provided support to the NHS 111 service for patients in Shropshire, a resultant legacy of problems with the initial introduction of the 111 service. Patients had a choice of number to dial and this resulted in cases being managed that would be appropriate for the NHS 111 service. We saw that individual breaches were recorded, reviewed and outcomes documented. In addition the provider showed data to evidence that there was a general trend of increasing cases by month for the OOH service.

There was strong evidence of quality improvement driven through audit:

- The provider audited the 'appropriate rash selfie usage' (a service where patients who provided consent could send a photograph of rashes, skin conditions or abnormalities to a secure email address to be used as part of the telephone consultation). The service had increased to around 100 patients per month since being introduced in August 2014. A sample of 24 patients from December 2016 and January 2017 was reviewed

# Are services effective?

## (for example, treatment is effective)

(approximately 12%). The audit concluded that the facility had been used in a safe and effective manner and recommended that an online survey be used in future to assess patient satisfaction.

- Audits were carried out on individual call handlers (clinical and non-clinical). A sample of five calls were reviewed annually for each individual. In addition, audits of calls were carried out monthly. We saw evidence that individuals were assessed and restricted from taking calls if attainment levels had not been achieved or if training requirements had been identified.
- The service was a member of Urgent Health UK (a membership organisation with approximately 24 members of other not for profit social enterprise member organisations all engaged in delivering out of hours and other urgent primary care services). Urgent Health UK undertakes benchmarking activities in areas such as patient safety, performance and risk management, information governance and finance. During 2015/16 the service received an overall rating of 'highly commendable'.
- The service had undertaken an audit of the primary care centres covering areas such as prescription, medicines management, infection control, equipment, health and safety and information governance. We saw actions had been identified and there was a clear audit trail of who was responsible for implementing the actions and recording when completed. Staff told us that audits were discussed at the Clinical Governance meetings to discuss if changes were needed.

### Effective staffing

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

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, training for telephone consultations included

theory and practical training, Urgent Care Practitioners (UCPs) who undertook this role were signed off as competent and had received appropriate training in clinical assessment and treatment.

- The learning needs of staff were identified through an electronic tracking system for each individual staff member. The system of highlighting training requirements included dates of any refresher training. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. All staff had received an appraisal within the last 12 months.
- The provider offered comprehensive training and learning opportunities for clinical staff. These included a comprehensive 12 month training programme for urgent care practitioners (UCPs) recognised by a local university. The programme was based on the Royal College of General Practitioner's (RCGP) OOH competencies and included support with telemedicine, fortnightly tutorials and call auditing.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff involved in handling medicines received training appropriate to their role.

### 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.

- This included access to required 'special notes' which detailed information provided by the person's GP. This helped the out of hours staff in understanding a person's need.
- Calls received were initially dealt with by a call handler who took the patient name and contact details and the basic reason for the call. Call handlers did have a small number of pathways that they could take to conclusion, for example deep vein thrombosis (DVT). When appropriate the call would then be transferred or a call

# Are services effective?

(for example, treatment is effective)

back requested to a clinician who would take full details and decide on the appropriate action. Call handlers and clinicians told us that GPs were normally available when required without delay.

- The service shared relevant information with other services in a timely way, for example when referring patients to other services. A 'data dump' was done each morning at 8am to include any calls that were active at the time of handover and to cover any information that had not been relayed successfully electronically.
- The provider worked collaboratively with the NHS 111 providers in their area. For example learning was shared and meetings had been attended with the provider.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred. If patients needed specialist care, the out-of-hours service, could refer to specialties within the hospital. Staff also described a positive relationship with the local GP surgeries that provided continuity of care for patients.

The service worked with other service providers to meet patients' needs and manage patients with complex needs. It sent out-of-hours notes to the registered GP services electronically by 8am the next morning.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. A standard form was used to evidence where a patient had provided consent.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.





# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

We received one patient Care Quality Commission comment card. The patient was positive about the service experienced.

The provider gained patient feedback using an external organisation to commission, collate and report through patient questionnaires on their experience when using primary care centres, telephone advice and home visits. Data was captured on a monthly basis and consolidated into quarterly reports that allowed providers to benchmark their own performance against other OOH providers in the United Kingdom (UK). The results were collated into four bandings of equal parts each representing 25% of the results, known as quartiles, the higher the quartile, the better the performance. The provider consistently performed above the UK averages.

For example, data from the provider for patient feedback on the treatment centres for the period of July 2016 and September 2016 showed:

- The overall score for patient's satisfaction with the help provided at the primary care centres was 74% compared to the UK average of 62%.
- The provider scored 75% for the treatment by reception staff at the primary care centres compared to the UK average of 58%.
- The performance score for patient feedback on the ability to listen by staff at the primary care centres was 75% compared to the UK average of 59%.

Data from the provider For patient feedback on the telephone advice received for the period of July 2016 and September 2016 showed:

- The overall score for patient's satisfaction with the help provided over the telephone was 61% compared to the UK average of 57%.
- The provider scored 60% for the consideration shown by staff over the telephone compared to the UK average of 53%.
- The performance score for patient feedback on the respect shown to patients was 64% compared to the UK average of 58%

Data from the provider for patient feedback on the home visits carried out for the period of July 2016 and September 2016 showed:

- The overall score for patient's satisfaction with the help provided during home visits was 73% compared to the UK average of 64%.
- The provider scored 73% for patient confidence in the clinician's ability compared to the UK average of 58%.
- The performance score for patient feedback on the length of consultation was 73% compared to the UK average of 59%.

The national GP patient survey asks patients about their satisfaction with the out-of-hours service. Data from the GP national patient survey published in July 2016 found that the provider performed above national averages. For example:

- A total of 70% of patients responded positively when asked their impression of how quickly care from the service was received compared to the UK average of 62%.
- A total of 91% of patients responded positively when asked of their confidence and trust in the person or people seen or spoken to compared to the UK average of 90%.
- A total of 78% of patients responded positively when asked how their overall experience of the service was compared to the UK average of 70%.

### Care planning and involvement in decisions about care and treatment

Patient feedback highlighted that they felt involved in decision making about the care and treatment they



## Are services caring?

received. They also told us 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.

Results from the provider's own survey carried out between July 2016 and September 2016 showed:

- A total of 71% of patients responded positively when asked if they felt reassured by the member of staff seen in the primary care centre compared to the UK average of 56%.
- A total of 62% of patients responded positively when asked of their opinion on the explanations given during a telephone consultation compared to the UK average of 55%.
- A total of 70% of patients responded positively when asked how their overall experience of the clinician's ability to listen during a home visit was compared to the UK average of 60%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- There were hearing loops and a text service for people with hearing impairment.

### **Patient and carer support to cope emotionally about care and treatment**

We saw positive testimonials from patients on how they had been supported emotionally during the out-of-hours period. In one example a carer had reported how a GP had located stocks of a controlled drug on a Sunday afternoon for a patient with cancer. Clinical staff could refer patients to bereavement counselling services and training events for staff included end of life and palliative care.



# 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 its commissioners to secure improvements to services where these were identified. For example, Shropdoc acted as a care coordination centre, a 24 hour service that supported GP surgeries in Shropshire Clinical Commissioning Group (CCG), Telford and Wrekin CCG and Powys Local Health Board (LHB). The service aimed to find the most appropriate care for patients avoiding unnecessary hospital admissions and reported an estimated saving to the approximately £2 million per annum to the NHS.

Shropdoc demonstrated a proactive approach when responding to the needs of patients that could not be met by other health providers, commissioned to provide that service. For example, we were told that GPs were sent by Shropdoc to catheterise a patient in retention when the District Nurse Service did not have capacity to attend. This support was provided even though not a part of the core, commissioned work.

Shropdoc coordinated a single point of access for health professionals, care coordination and oncology pathways for their patients both in and out-of-hours. Since May 2013, Shropdoc had worked with Shrewsbury and Telford Hospital (SATH) NHS Trust to provide a 24hr oncology service for patients experiencing issues whilst undergoing chemotherapy. The service included the implementation of an oncology application that patients could access.

In addition, Shropdoc provided:

- Home visits for patients whose clinical needs which resulted in difficulty attending the service.
- Accessible facilities, a hearing loop and translation services.
- Baby changing facilities were available.
- Staff told us that they were able to contact the mental health crisis team in urgent situations.
- A skin rash assessment 'selfie' service that enabled patients to send pictures electronically instead of attend in person. This service provided approximately 100 consultations per month.
- A dedicated clinician with a speciality in mental health was available on each shift through a 'complex needs rota'.

- Double appointments were booked for patients who needed them. For example, those patients with learning disabilities, complex problems or mental health problems.
- All vehicles were all wheel drive to cope with rural areas. They had tracking and satellite navigation systems to improve response times and provide awareness of the nearest vehicle to a call at all times.
- All of the urgent care centres were located to be able to respond to a patient with urgent health needs within one hour.

### Access to the service

The service was open between 6pm and 8.30am Monday to Friday, and was open 24 hours at weekends and on bank holidays.

Patients could access the service via NHS 111 or could call Shropdoc direct. The service did not see 'walk in' patients unless they needed urgent care in which case they would be stabilised before referring on. There were arrangements in place for people at the end of their life so they could contact the service directly.

The service had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The initial call was taken by a call handler who recorded demographic and patient details. The call handlers used a 'trigger list' for guidance on when to bypass the clinicians and refer on to the emergency services.

An independent survey carried out on access showed that feedback on the responsiveness of the service was consistently positive and in the highest 25% of all mean scores. For example, survey data from the period October to December 2016 revealed:

- 68% of patients who contacted by phone rated the initial contact as very good or higher compared the national average of 54%.
- 67% of patients who contacted by telephone rated the speed of the initial contact as very good or higher compared to the mean average of 53%.
- 67% of patients rated the ease in contacting Shropdoc as at least very good compared to the national average of 56%.



# Are services responsive to people's needs?

(for example, to feedback?)

- 63% of patients rated the ease of getting medicines as at least very good compared to the mean average of 36%.
- 71% of patients surveyed who attended the treatment centre rated the waiting time as very good or higher compared to the mean average of 46%.

## 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 the NHS England guidance and their contractual obligations.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service. All complaints were tracked (all information in relation to the complaint was recorded on a spreadsheet) by the patient liaison officer and investigated by the clinical or operational managers as appropriate.
- We saw that information was available to help patients understand the complaints system. We saw posters displayed and a complaints leaflet signposting patients to the health advocacy service (POhWER).
- Complaint levels equated to 0.2% of contacts. The provider received 127 complaints in 2016/17, and

only four of these resulted in a request for further investigation and communication following the initial response. No complaints went past this second stage of communication.

- Complaints were reviewed by senior management at the clinical governance committee meetings, held monthly.

We saw that complaints were normally responded to by a same day telephone call from the patient liaison officer when relayed in hours followed up by a written acknowledgement that included a request for consent to access the patient's records. We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. This learning was shared through the intranet system accessible to all staff. Action was seen to have been taken as a result to improve the quality of care. For example, a verbal complaint made against a call handler for not prioritising a call resulted in specific training being given to the individual member of staff and an additional prompt added for all call handlers to check with a clinician when presented with a condition that was not understood.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

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

- The service had a mission statement and staff knew and understood the values.
- There was a written set of organisational values that included showing respect and value staff employed and the creation of a culture and environment that supported learning and development at an organisational and individual level.
- The service had a clear strategy and supporting two year business plans that reflected the vision and values. This plan was reviewed annually by the executive team.
- The provider demonstrated an innovative approach to overcome hurdles. For example, medical indemnity cover had been introduced through an American company to reduce the prohibitive cost of cover for those clinicians who were willing to work a small number of sessions.

Shropdoc had a strategy to provide further services to patients using the staff skill mix. Examples included:

- A physiotherapy telephone triage service aimed at reducing waiting times with the provision of advice through a telephone consultation that could be followed up with a face to face assessment.
- A dedicated telephone line for patients with Chronic Obstructive Pulmonary Disease (COPD) to allow rapid access to knowledgeable clinicians, reduce inappropriate 999 calls and admissions and the provision of a next day follow up by an enhanced communication with the specialist teams for patient follow up.
- Support for other services at times of increased pressure. For example, Shropdoc provided clinical staff to support GP practices in Shropshire.

### Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

- Service specific policies were implemented and were available to all staff.
- The provider had a good understanding of their performance against National Quality Requirements. These were discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were fully effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These included a newsletter sent to all staff with summaries of learning outcomes from significant events and complaints.
- We saw that 69 significant events had been closed and seven were in the process of being reviewed. The provider used a red, amber, green (RAG) system to monitor that status of each event.

### Leadership and culture

On the day of inspection the provider of the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the executive team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The executive team encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.

# Are services well-led?

Outstanding



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

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

- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included regular meetings for all departments as well as electronic information and communication relayed through the intranet (internal internet) system, known as 'the hub' accessible to all staff. Monthly newsletters were circulated to all staff, one for operational news and another for clinical information, titled 'the expert triager'.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so. The previous 12 months had showed an increase in numbers of significant events recorded. This was attributed to greater openness and improved communication within the organisation.
- Staff said they felt respected, valued and supported, particularly by the providers. Positive comments were made by staff who worked remotely at the primary care centres who stated that they felt that the communication from the administrative headquarters was strength of the organisation. Staff had the opportunity to contribute to the development of the service. Call handlers spoke positively of the 'clinical support workshop' sessions held approximately every two months by a GP to review and reflect on difficult triage calls.
- Educational events were arranged throughout the year and offered to GP surgeries within the area covered. Recent topics included sepsis (a life threatening condition when the body's response to infection injures its own tissues and organs) and oncology (the study of cancer) triage.

Shropdoc were proactive in extending the services that it provided using the skills in place. For example, urgent care practitioners (UCPS) were available to local practices to provide clinical support to GPs.

## 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 of the service.

- The service had gathered feedback from patients through surveys and complaints received. For example, the provider used an external company to gain patient feedback on the primary care centres, the quality of home visits and the satisfaction with the telephone service. The provider had developed their own survey (based on the friends and family test). This commenced in January 2017, and of the 12 responses received, all were positive.
- The service had gathered feedback from staff through the establishment of a staff consultative group made up of representatives from each department including each of the primary care centres. The council met bi-monthly, these meetings were normally attended by the Operations Director and the Human Resource Director. Minutes were recorded at each meeting and covered responses to issues raised by staff members. For example, clarity on workforce design and implementation.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local and national pilot schemes to improve outcomes for patients in the area, for example a pilot was being set up to use physician's associates to work with those patients with long term conditions. The provider used information and technology to improve patient care. For example, Shropdoc developed the first oncology helpline not run by a local hospital trust. Staff could arrange direct admission rights and transport for oncology patients to hospitals. New staff were encouraged to spend a half day in the chemotherapy unit. This service had been running for four years and an application had been developed for patients to self-monitor. The oncology service had recently been expanded to support the out-of hours (OOH) provider in Lancashire. Recent initiatives have included the implementation of video consultations and a system to improve the coordination and communication of patient care. Shropdoc are partnered with the International Foundation for Integrated Care (a not for profit organisation aimed at sharing best practice) and have been working jointly to deliver an academic programme to improve integrated care. Shropdoc have recently been awarded an innovating for improvement award to support the

# Are services well-led?

Outstanding



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

implementation of the Patient Aligned Care team (PACT). Shropdoc is involved as a key stakeholder in Sustainability and Transformation Plans (STPs) across Staffordshire and Shropshire.