CareQuality Commission

GTD Healthcare Head Office

Inspection report

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Date of inspection visit: 21 May 2019 to 22 May 2019
Date of publication: This is auto-populated when the report is published

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

Ratings

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

Overall summary

This service is rated as Good overall. (Previous inspection February 2017 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at gtd healthcare Head Office on 21 – 22 May 2019 as part of our inspection programme, due to relocation of the head office in June 2018. (The relocation did not affect any of the organisations Out of Hours satellite locations.)

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw several areas of outstanding practice:

- The service offered all staff a chance every year to bid for innovation funds that would benefit the organisation or the local community. We saw evidence of where this fund had been invested over the year and in the previous four years. For example, a couch to 5K running programme and 'Gift a Shift', where staff can take a day off each year to volunteer their services to charity.
- The provider worked collaboratively with external stakeholders on a range of initiatives to improve access to care and patient experience for those who were vulnerable, including work to support and manage frequent callers to the service.
- There were innovative approaches to providing patients with access to care and treatment as an alternative to emergency services. For example, the Alternative To Transfer (ATT) programme and piloting a Virtual Clinical Assessment Service (VCAS).
- There was a strong emphasis on staff wellbeing. Examples of initiatives taken were a Health and Wellbeing Charter being developed with staff, the introduction of Mental Health First Aiders and funding yoga programmes.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care.

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included GP, pharmacist and nurse specialist advisers. The inspection was also supported by a second CQC inspector.

Background to GTD Healthcare Head Office

gtd healthcare is a not for profit provider of primary care, urgent care and out-of-hours dental services across North West England. The gtd healthcare Head Office is located at New Century House, Progress Way, Denton, Manchester M34 2GP.

The service covers a population of approximately 1.2million people across the Northwest of England. The service is a large employer, with approximately 550 staff employed in a range of roles including GPs, nurse practitioners, nurse prescribers, nurses, pharmacists, reception staff, care co-ordinators, drivers, health care assistants and managers. They serve a diverse population and geography from large inner cities such as Manchester to rural areas such as Glossop.

gtd healthcare Head Office provides a clinical hub for a number of urgent care and Out of Hours services and have satellite centres (branches) across the region which include, eight Out of Hours satellite centres and five location in which they provided seven day, GP Primary Care extended hours services:

- Ashton–Under–Lyne based at Ashton Primary Care Centre, Old Street, Ashton Under Lyne, OL6 7SF. This site is open from Monday to Friday from 6pm to 11pm, Saturdays from 8am to midnight and Sundays and Bank Holidays from 9am to midnight. This site also provides GP Primary Care extended hours provision.
- Oldham based at Royal Oldham Hospital, (Entrance A Fracture Clinic), Rochdale Road, OL1 2JH. This site is open from Monday to Friday from 6pm to 8am and 24 hours on Saturdays, Sundays and Bank Holidays.
- North Manchester based at North Manchester General Hospital, (Outpatient Department), Delaunays Road, Crumpsall, Manchester, M8 5RB. This site is open from Monday to Friday from 7pm to 10pm and from 9am to 10pm at the weekends.
- Central Manchester based at Manchester Royal Infirmary, (T&O Fracture Clinic), Oxford Street, Manchester, M13 9WL. This site is open from Monday to Friday from 7pm to 8am and 24 hours on Saturdays, Sundays and Bank Holidays.

- South Manchester based at Wythenshawe Hospital, Fracture Clinic (Near A&E), Southmoor Road, Manchester, M23 9LT. This site is open from Monday to Friday from 7pm to 8am and 24 hours on Saturdays, Sundays and Bank Holidays.
- Southport based at Southport District General Hospital, (Separate building 10m past A&E on right), Town Lane, Kew, Southport, PR8 6PN. This site is open from Monday to Friday from 6:30pm to 11pm and from 8am to 11pm at the weekends.
- Litherland based at Litherland Health Centre, Hatton Hill Road, Litherland, Liverpool, L21 9JN. This site is open from Monday to Friday from 6:30pm to 11pm and from 8am to 11pm at the weekends.
- Formby based at Formby Clinic, Philips Lane, Formby, L37 4AY. This site is open weekends from 4:30pm to 8am.
- GP extended hour provision was provided across five locations in Tameside and Glossop operating from 6:30pm to 9pm and weekends at two location Ashton primary care centre 8am to 8pm and Glossop primary care centre 9am to 1pm.

For the purposes of this inspection we inspected the head office, the clinical hub located within the head office and the services based at Ashton Primary Care Centre.

The service is contracted by four local clinical commissioning groups (CCGs) to provide OOH primary medical services to registered patients and those requiring immediate necessary treatment when GP practices are closed which includes overnight, during weekends, bank holidays and when GP practices are closed for training. These include, Southport & Formby and South Sefton CCG's, the Manchester CCG's, Tameside & Glossop CCG and Oldham CCG. Within Tameside and Glossop CCG, they provide a Primary Care Access Service (PCAS) which is a combination of out of hours, alternative to transfer and seven day extended access.

gtd healthcare Head Office is registered to provide the following regulated actives:

- Treatment of disease, disorder or injury,
- Diagnostic and screening procedures,

- Transport services, triage and medical advice provided remotely.

The provider (GoToDoc Limited) also run two Integrated Urgent Care Centres (IUCC) in Preston and Chorley which we inspected in October 2017. Both were rated as good overall and outstanding in well-led.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies for all sites, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. A safeguarding newsletter had been developed to keep staff up to date with safeguarding issues and share learning.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The safeguarding management team worked hard to develop good relationships with other specialist agencies and had been provided with specialist training as needed. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. They ensured that when a safeguarding matter was raised the patients GP would be contacted and where possible, spoken to in person.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There was an infection control lead in post and audits were carried out for all sites.

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. Staff rotas were mapped against activity and demand profiles, including seasonal variation. Live shift management was in operation to monitor delivery and the impact on safety. Weekly meetings were held with senior managers every Friday to ensure there were sufficient staffing levels leading into weekends and bank holidays.
- There was an effective induction system for all staff, including temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

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

Are services safe?

The organisation employed a medicines management team, which included pharmacists and pharmacy technicians Their role included, oversite and management of control drugs, auditing prescribing practice and supporting call handlers, clinicians and patients with medicines queries.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) at their Head Office and at treatment centre locations.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- A weekly risk meeting provided a focus for risk management throughout the organisation. This ensured that controls were in place to avoid or manage incidents

that had occurred. The meeting consisted of reviewing recently closed incidents, to ensure all actions had been completed, a review of outstanding incidents and a review and action plan for all newly raised incidents.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including, NHS 111 service and urgent care services.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Staff told us they felt supported when raising concerns and confident they would be acted upon.
- There were good systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety in the service. Feedback regarding events and findings were discussed during governance meetings and clinical service quality performance meetings which were attended by all heads of services. Information is shared throughout the organisation for learning and discussed during individual 121 meetings.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. The governance team ensured that all external services concerned with the event were included in discussions when applicable and lessons learnt were shared with CCGs and other organisations.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Clinical staff had access to education events and regular meetings to keep up to date with current guidance, including paediatric respiratory medicine and sepsis. Senior clinical staff were also routinely available for advice and guidance during shifts either face to face in the clinical hub or by telephone.
- Clinical updates and summary of new guidance was also communicated though monthly newsletters. The organisation was able to monitor receipt and reading of these communications by staff.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included live transfer of calls from call handler to clinician and the use of a structured Decision support tool (ODESSEY).
- Clinical assessments were carried out using structured assessment tools such as the National Early Warning Score (NEWS2) and the Paediatric Early Warning Score (PEWS) to identify those who were at risk. Whenever possible there would be paediatric nurses on shift in the clinical hub to provide clinical advice and guidance to ensure children received the right care at the right time.
- Pharmacists also worked within the clinical hub and were available to speak with patients and or advise colleagues on medicine related queries.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Clinicians held 15-minute face to face consultations with patients as standard to enable them to provide a holistic assessment and address patients' concerns.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, management plans for vulnerable people were documented within enhanced summary care records. The IT system alerted call handlers if there was a management plan in place including safeguarding alerts.
- We saw no evidence of discrimination when making care and treatment decisions. The organisation worked with the lesbian, gay, bisexual and transgender (LGBT) foundation to develop good practice in relation to LGBT patients.
- Arrangements were in place to manage and support repeat patients and frequent callers. There was a system in place to identify frequent callers and patients with needs, for example palliative care patients. Care plans, guidance and protocols were in place to provide the appropriate support. Within the governance team the engagement manager led on work to support frequent callers. Working with the patient's own GP, one to one with patients and proactively calling patients to understand their needs had a significant impact on the number of frequent callers and outcomes for individuals.
- When staff were not able to make a direct appointment on behalf of the patient, clear referral processes were in place. These were agreed with senior staff and a clear explanation was given to the patient or person calling on their behalf.
- Technology and equipment were used to improve treatment and to support patients' independence.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity. The governance team and GP advisors routinely reviewed the effectiveness and appropriateness of the care provided. Outcomes were discussed within teams and summarised within quality assurance report for the board and shared with staff as part of the monthly e-bulletin.

Where appropriate clinicians took part in local and national improvement initiatives including:

- A joint pilot across Greater Manchester with two other out of hours providers to set up a Virtual Clinical Assessment Service (VCAS). VCAS was set up in March 2019 to ease pressure on the ambulance service and

Are services effective?

assess non-urgent/life threatening 999 calls. In the first three months the service had received and assessed approximately 4500 cases (33% managed by gtd), resulting in 51% of patients managed without the need for an ambulance response. The alliance of providers has also secured funding to create one IT system which can be used across organisations to assist in co-ordinating care and treatment.

- A blended seven day service across the Tameside and Glossop CCG area providing out of hours, alternative to transfer and extended GP Primary Care access. The Primary Care Access Service (PCAS) was established in November 2018 and went fully live in March 2019. Although the service had not yet been evaluated, early feedback from patients was positive.

- Alternative to transfer (ATT) – The service provided medical input as an alternative to hospital attendance for patients who had dialled 999 and had been assessed face to face by the local north west ambulance service (NWAS) as potentially not needing to attend hospital. This urgent care service was co-ordinated by the organisation head office taking calls from NHS111 or other healthcare professionals such as those from NWAS. Patients were either given booked face-to-face appointments or were telephoned by clinicians to be offered advice. Data provided by gtd for one ATT service in Manchester, showed on average, over a 12 month period (May 2018 – April 2019) they had deflected 87% of patients from having to go to hospital.

- From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR were used to show the service is safe, clinically effective and responsive. Providers were required to report monthly to their Clinical Commissioning Group (CCG) on their performance against these 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 saw the most recent NQR results across the four CCG areas (April 2018 to March 2019). The provider monitored performance by RAG rating all requirements. From the data provided by the organisation, we found that on average, they routinely achieved 10 of the 16 requirements, but were below target in six areas, for example:

- QR09 Life Threatening Conditions - Patient called ambulance within 3 minutes (target 95%) - 100%
- QR09 Telephone Clinical Assessment (Urgent) - Urgent cases advised within 20 minutes (target 95%) - 100%
- QR09 Telephone Clinical Assessment (Other) - All other cases advised within 60 minutes (target 95%) – between 72% (below target) and 96% (within target) we noted the organisation was below average between November 2018 and March 2019.
- QR12 Base Time to Consultation (Emergency) - Emergency cases consulted within 60 minutes (target 95%) - 100%
- QR12 Face To Face Consultation (Emergency) - Emergency cases consulted within 60 minutes (target 95%) - 100%
- QR12 Face To Face Consultation (Urgent) - Urgent cases consulted within 120 minutes (target 95%) - between 85% and 98%.
- QR12 Face To Face (Less Urgent) - Less urgent cases consulted within 360 minutes (target 95%) – between 95% and 99%.

- In November 2018 the organisation saw a spike in the number of patients being referred to out of hours via 111 marked as urgent, all of which required clinical assessment and resulted in a 70% increase in the number of patients needing to be seen. The spike in urgent referrals had a direct impact on the organisation meeting targets for patients who were non-urgent. Concerns were raised with the 111 service and local commissioners and it was agreed that when the 111 service was at capacity, they would inform the out of hours providers as soon as possible so they could ensure they could arrange extra capacity to meet demand. However, data provided by the organisation showed that this was not always the case and they continued to experience spikes in demand. They were in discussion with commissioners and 111 providers to find a solution.
- A system was in place to clinically assess the impact on patients who had not received contact with a clinician within the prescribed timeframe and this was audited.
- The organisation had a 'comfort call' policy and procedure in place, whereby a clinician would contact patients who were waiting for home visits and check to see if their condition had deteriorated.

Are services effective?

- The service made improvements through the use of completed audits. Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example:
  - Audits of consultations against nationally recognised standards were carried out quarterly by clinicians within the governance team. We noted from the most recent GP and nurse consultation audits, a high level of compliance with standards. For example, within one CCG of the 607 calls and 132 GP consultations audited, between July and September 2018, the average score for all practitioners was 99%. It was found that five GP consultations fell below the organisation threshold and these were followed up with the individuals concerned.

Effective staffing

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

- All staff were appropriately qualified. The provider had a comprehensive induction programme for all newly appointed staff. Induction for all staff consisted of an organisation overview including the vision and values, a who's who quiz, safeguarding, HR, IT systems, incident reporting, health and safety and infection control. There was also a detailed induction pack for staff that set out all necessary service information including a list of key policies and procedures and role specific information. Staff spoken with told us that the induction they had received was comprehensive and mentors/senior staff were always available should they require additional support or guidance. GPs specifically mentioned the value of having senior clinicians within the clinical hub to provide support.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop, for example they were the only Out of Hours (OOH) provider to be accredited by Health Education Northwest to deliver OOH Supervisor Training Programme, and a physician associate sponsor and mentor organisation.

- They are a training provider for advanced practitioners. They have supported 10 clinical staff to become advanced practitioners and had plans in place to support another five members of staff.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. They also held regular clinical education events.
- The provider worked with MacMillan nurses and a lead hospice consultant to provide appropriate training and support to senior nurses and urgent care practitioners, so they could carry out home visits to verify deaths. This initiative had been developed in recognition of the of increasing pressures on GPs particularly outside of surgery hours, which has contributed to delays in GPs being able to visit homes to verify deaths. The team aim to be able to provide families with a verification of death within two hours.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. For example, we saw from clinical call audits, clinicians were asked to reflect on patient management with a senior clinician if the care delivered was not meeting the organisations standards.

Coordinating care and treatment

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

The service was delivered via a central clinical hub which was operational 24/7 and used a national IT system to access patients records. The hub was staffed by clinicians and care coordinators. They received referrals from several sources and there was dedicated telephone number for health and social care professionals to enable direct access to hub staff.

The hub was staffed by a multidisciplinary team which included, GPs, nurses, paediatric nurses, paramedics, pharmacists, advanced practitioners, dental nurses and specialist palliative care nurses. Clinicians within the hub would triage and assess patients by telephone and either provide advice and guidance, an appointment at an out of hours centre or home visit, or referral to other health and social care providers.

Are services effective?

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Special Patient Notes (SPN) were used where patients were receiving end of life care or had specific needs or disabilities. When SPN were received from GPs or other organisations a summary of the information was added to the clinical system and alerts placed on patients' records.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with patients' registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required. For example, where staff identified patients who were a cause for concern with either their behaviour, clinical presentation or medication requests, a patient enquiry form was sent to the patient's own GP to enable them to provide a management plan in out of hours. Where appropriate, elements of the plan are included in an SPN.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. They sent out-of-hours notes to the registered GP services electronically by 8am the next morning in line with the performance monitoring tool, National Quality Requirements (NQR) for GP out-of-hours Services. The provider had established an automated IT system which ensured this was done and any failed transfers of information was followed up and where necessary manually sent to the patients GP practice.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.
- The service worked with other service providers to meet patients' needs and manage patients with complex needs.

Helping patients to live healthier lives

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

- The service identified patients who may be in need of extra support. For example, a telephone translation service was available.
- Where appropriate, staff gave people patients advice, so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. We saw there was clear guidance for staff in relation to deprivation of liberty and assessing capacity of patients calling who were under 16 years of age.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who were vulnerable.
- The organisation was committed to supporting the local community in which they work, and we noted numerous examples of organisation wide initiatives. For example:
  - 'Gift a shift' is n where staff can take a day from work to volunteer with local organisations.
  - Support a city centre homeless centre collecting donations and providing health checks and hygiene packs.
  - Staff have provided basic life support training to children and parents in local schools.
  - Sponsoring a local junior football team.
- All the 83 patient Care Quality Commission comment cards we received were positive about the service experienced. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.
- This was is in line with the results of the NHS Friends and Family Test (FFT) and other feedback received by the service. For example, between Oct 2018 and March 2019, 2486 FFT surveys were completed. 96% of the respondents stated that they were extremely likely or likely to recommend the service they received to their friends and family.
- Results from the Primary Care Access Service (PCAS) FFT which was established in November 2018, of the 188 FFT completed, 98% of respondents stated that they were extremely likely or likely to recommend the service they received to their friends and family.
- The organisation conducted ongoing patient satisfaction surveys and reported on the findings each quarter in a patient experience report. We noted from the results between Oct 2018 and March 2019:

- Of the 89 completed surveys, 31 patients received telephone advice, 47 patients were given an appointment at the treatment centre following contact with NHS111, and 11 patients received a home visit.
- 96% (85/89) of respondents stated that the staff they spoke to were polite and courteous
- 93% (83/89) of the respondents were happy with the advice and treatment they were given by the clinician they saw/spoke to.
- 94% (84/89) of the respondents stated that the felt reassured by the clinician they saw/spoke to.
- 96% (85/89) of the respondents felt they were treated with Dignity and Respect from gtd staff.
- 96% (45/47) of respondents who attended the treatment centre stated that the environment was clean and tidy,
- 92% (82/89) of respondents were happy with the overall care they received, 6% (4/89) respondents stated they were only partially happy with the overall care and 2% (2/89) were unhappy with the overall care they received from the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. We noted staff received training related to learning disabilities and Autism to help improve service delivery.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff always respected confidentiality.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs.
- The provider engaged with commissioners to secure improvements to services where these were identified.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, staff had access to 'special notes', additional notes about the patients' health, social situation, past medical history and medicines. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service.
- The service was responsive to the needs of patients in vulnerable circumstances.
- The provider had been commissioned to deliver a number of services to improve the timely response of care and treatment out of hours, but also in hours to reduce the demand on emergency services, for example:
  - Alternative to transfer – The service provided medical input as an alternative to hospital attendance for patients who had dialled 999 and had been assessed by paramedics as potentially not needing to attend hospital.
  - A Virtual Clinical Assessment Service (VCAS). In which not urgent calls to the ambulance services were assessed and triaged by clinicians in the clinical hub.
  - Supporting Saint Mary's Sexual Assault Referral Centre (SARC) out of hours by providing telephone cover by trained staff as an alternative to people accessing an answer machine when the centre is closed. Staff from St Mary's had provided call centre staff with training for their role and they were are also

available to speak with staff following a difficult call. Initial feedback from patients accessing the service was positive as they felt more comfortable speaking to someone as a first point of contact.

- The organisation was also called upon by emergency services and commissioners where other organisations were experiencing unprecedented demand, to provide additional staff and resources, for example following the Manchester Arena terrorist attack, many relatives who stayed in the local area following the event required access to GPs and medicines. gtd staff visited people in hotels to provide additional support.
- The organisation had also increased the number of respiratory nurses on shift across the organisation in response to recent large-scale moor fires.
- Individualised care plans for vulnerable patients and/or frequent callers to the service were developed to improve outcomes and ensure care was co-ordinated and in line with patients' wishes especially when supporting end of life care.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service in the main operated evenings and weekends, but they also provided some 24/7 cover as part of the VCAS pilot and alternative to transfer schemes.
- Patients could access the out of hours service via NHS 111. The service did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Patients were allocated an appointment, although the service had a system to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. Call handlers and reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on

Are services responsive to people's needs?

sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times, but were clear that some patients may be seen sooner depending on the need.

- A bypass telephone number was set up to enable people to directly access appropriate staff in the clinical hub, including health and social care professionals, care home staff and patients/carers receiving end of life care.
- Feedback received from patients from the CQC comment cards and from the National Quality Requirements scores indicated that in most cases patients were seen in a timely way.
- The provider had completed site specific patient experience surveys. Of the 83 completed surveys completed between April and August 2018 – 33 of the respondents stated that they experienced a delay, and 40% (13/33) of these stated that they were not kept informed of the delays. As a result, they noted the comfort call procedure, introduced to keep patients informed of delays was not consistently being applied. They have introduced internal key performance indicators and carry out regular audits to ensure comfort calls are taking place. This had improved between September 2018 and March 2019 with 30% of patients stating that they were not kept informed of the delays.
- There were areas where the provider was outside of the target range for non-urgent indicators. Where the service was not meeting the target, the provider was aware of these areas and we saw evidence that attempts were being made to address them.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where patients were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.

- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 70 complaints were received in the last year. We reviewed the quarterly patient feedback reports which included and overview of complaints and found that they were satisfactorily handled in a timely way and where required, action was taken as a result to improve the quality of care. We saw responses and outcomes of complaints were detailed and noted all responses were reviewed and signed by the CEO before being sent to the complainant.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- A comprehensive quarterly review of compliments and complaints was carried out to identify trends and themes. Lessons learned were shared widely throughout the organisation in the form of patient feedback reports and outcomes/lessons were routinely shared in monthly newsletters for all staff.

Are services well-led?

We rated the service as outstanding for leadership because the leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

There was a systematic approach to working with others to improve outcomes for patients and systems had been devised to ensure strong collaborations supported patients and their carers.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it. The leadership team demonstrated the shared values, led by example and motivated staff. They understood the challenges and were addressing them. The organisation had a realistic and innovative strategy and supporting business plans to achieve priorities.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. They created, alongside staff and stakeholder an organisation development strategy with agreed workstreams in three areas. These included happy and healthy people, continuous quality and improvement and innovation and a skilled and responsive workforce. Since the strategy's publication in January 2018, the organisation had signed up to a Workplace Wellbeing Charter (WWC) accreditation standards.
- The board had also agreed a 'Fast-strategy' in response to the rapidly changing environment to ensure the organisation is at the head of developments within out of hours and urgent care provision.
- They understood local health needs and worked to design services to reduce demand on other health and social care services. For example, working with commissioners and other service providers they are providing an alternative to transfer service. They also, part of an out of hours alliance deliver a virtual clinical assessment service. Both have been designed to reduce

the pressure on emergency services by providing patients requiring non-urgent care with direct access to a clinician either over the telephone, home visit or appointments in a local hub.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them with a strong governance structures and developing staff to ensure they have the right staff in place to meet the demands on the service.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. They had a wide range of methods to communicate with staff, including monthly video blogs from the CEO, monthly e-bulletins and engagement sessions.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use. Front line staff told us they valued having senior clinicians and managers accessible during peak times to offer guidance and support.
- The organisation is a GMC Designated body with the medical director registered as the responsible officer.
- Staff said that the leadership inspired them to deliver the best care and motivated them to succeed. They told us there was good collaboration across all staff to support patients to have good care and treatment.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. The organisation developed its vision, values and strategy jointly with patients, staff and external partners. There was a strong culture of improving outcomes for patients across the practice and this was reflected in the way managers, staff and board members demonstrated the core values.

The vision was "to inspire trust and confidence by making a positive difference every time".

The service values were to: "put patients first, look after our people, give great quality care, lead the way in transforming primary care and contribute to the wellbeing of our communities".

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Are services well-led?

- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy. Quality improvement was embedded into the organisations ethos and there were robust systems in place to monitor outcomes and benchmark against other similar providers.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service. Staff we spoke to were proud of the organisation and spoke highly of the culture and were committed to the organisation's values. We saw high levels of staff engagement and a commitment to talent spotting among staff and developing staff roles.
- They employed a diverse mix of clinical staff to meet the changing needs of the patient population and embraced the development of staff in their role.
- The service focused on the needs of patients and there was a strong focus on equality and diversity for example working with a local homeless charity and partnering with the LGBT foundation to improve services for transgender patients to address concerns raised by a patient.
- The organisation pledged £25,000 each year to an innovation fund for staff to use for service development and improvement. Staff were invited to submit bids for ideas to improve their working environment or the patient journey which were then judged, and the winners selected. Recent examples included:
  - Menopause Awareness Day - gtd healthcare, which has a predominantly female workforce, recognised the need for a greater understanding of how to support staff.
  - A successful yoga course was funded for staff and is being continued. They also funded a couch to 5K running programme. Partnering with East Cheshire Harriers & Tameside Athletics Club this helps to support staff and patients experience the health benefits associated with running. The group known as gtd Jets have now completed two 5K runs.

  - Another successful bid to the fund was 'Gift a Shift', where staff can take a day off each year to volunteer their services to charity.
- The organisation is committed to supporting the local community in which they work, and we noted numerous examples of organisation wide initiatives. For example:
  - They have become a homeless friendly accredited organisation and actively support a city centre homeless centre collecting donations and providing health checks and hygiene packs.
  - They have provided basic life support training to children and parents in local schools.
  - Staff have sponsored a junior football team.
  - Working with LGBT foundation, as with a number of the GP practices managed by gtd they are exploring ways in which the Out of Hours service can also achieve the Pride in Practice award.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The organisation embraced learning and was a training organisation for GPs and advanced practitioners and they were in the process of setting up a training academy to further develop training opportunities for staff. They were the only Out of Hours (OOH) provider to be accredited by Health Education Northwest to deliver OOH Supervisor Training Programme. They were also a physician associate sponsor and mentor organisation. As part of the organisation strategy was to increase the staff skills mix and move towards more multidisciplinary teams. As a result, they have supported 10 clinical staff to become advanced practitioners and had plans in place to support another five members of staff.

Are services well-led?

- We were provided with numerous other examples of development opportunities for staff working within the organisation including flexible working across all services provided by gtd enabling portfolio working and up skilling staff to progress internally.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. The nursing staff we spoke with told us they valued the introduction of nursing leads and felt supported and were encouraged to develop and become experts in their own field.
- There was a strong emphasis on the safety and well-being of all staff and this formed part of the organisation's strategy. They were in the process of developing a wellbeing charter. We were provided with several examples where staff have had individual support plans developed to enable them to stay in work and access counselling/specialist support where required.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally and there was a commitment at all levels to the organisation's equality and diversity action plan.
- There were positive relationships between staff and teams. The organisation looked at ways they could reward staff and teams, for example hosting quality improvement awards and funding staff lunches for teams who had worked together on a successful project or done something above and beyond their role.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. The leadership team consisted of both clinical and administrative staff. The organisation structure from executive team, governance and clinical leadership teams was made available to all staff and the service provided a "who's who" guide with

an induction quiz to ensure staff were visible within the organisation, regardless of where staff were based. They kept staff up to date of people's roles and responsibilities via e-bulletins and an intranet section called 'Our People' which profiled key staff.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. There were clear systems and process in place to ensure care was co-ordinated with other health and social care providers and this was closely monitored, for example end of life care and work with NWAS and Saint Mary's Sexual Assault Referral Centre.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Are services well-led?

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality was overseen by a dedicated governance and data team who were also instrumental in supporting the organisation to achieve the goals set out in the organisational strategy.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The dedicated data team analysed data and presented data in RAG rated format to allow for easy interpretation, comparison to with others and highlight areas which required action. There were plans to address any identified weaknesses and an organisational risk register was overseen by the board.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example:
  - Patients were asked for feedback via the Friends and Family test and an internal patient satisfaction survey. We noted from the most recent patient satisfaction surveys consistently high levels of overall satisfaction. The engagement manager also utilised and liaised with patient participation groups across the organisation to gather views and feedback.
  - In response to feedback, the engagement team looked to involve patients to make improvements and address concerns. For example, they had engaged with deaf patients, patients and carers with autism.
  - Staff views had been gathered via listening and engagement events to support the development of the organisation strategy and a staff survey was planned for this year. The organisation produced a monthly e-bulletin for staff to keep them informed. This included updates from the senior management team, governance updates, learning and training events. The organisation also produced 'you said, we did' notices for staff and patients.
  - We were provided with numerous examples of engagement activities with internal and external partners as part of the overarching communication and engagement strategy. For example, nurse clinical leads worked with a homeless outreach service where they provided flu vaccinations and offered health checks. Nurses presented at a conference in Manchester showcasing the 'verification of expected death' in out-of-hours work the organisation have undertaken.
- Staff were able to describe to us the systems in place to give feedback. For example, through the employee engagement events, appraisal and staff surveys.
- Staff who worked remotely were engaged and able to provide feedback through engagement events.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service had recognised the need to have a child friendly feedback form and in consultation with local youth forum they were designing a new form.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

Outstanding ☆

- There was a strategy in place to address the recruitment challenge and ensure they were able to adapt and meet the needs of the patient population. They have already employed pharmacists to manage medicines queries and advance nurse practitioners. They have held engagement sessions with staff to understand employment packages which would attract a high-quality workforce.
- There was a strong culture of innovation evidenced by a number of new and pilot schemes the provider was involved in, for example:
  - The organisation had introduced specialist Palliative Care Clinicians (six) within the out of hour's telephone triage service, along with an organisational Palliative Care Lead.
  - Providing an out of hours telephone service for patients contacting the sexual assault centre, meaning they could speak to trained call handlers rather than accessing an answer machine service when the centre was closed.
  - The organisation wide innovation fund provided staff with the opportunity to gain internal funding to support local community initiatives and or staff well-being.
- There were systems to support improvement and innovation work with quality improvement embedded across the organisation.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.