

# Hanley Primary Care Access Hub

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

This service is rated as Good overall. (This service had not previously been inspected).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Hanley Primary Care Access Hub. This was to rate the service as part of our inspection programme. The service is a primary care urgent care service in the centre of Hanley Stoke on Trent.

Our key findings were:

- The service had good systems to manage risk so that safety incidents were less likely to happen.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided through individual clinician audit. 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.

The areas where the providers should make improvements are:

- Consider review of alert process to include capture of staff receipt and action.
- Simplify the significant event process to avoid duplication.
- Consider opportunities for health promotion.
- Formalise action plan following infection prevention and control audit.
- Consider an aide memoir for the signs of sepsis and serious infection within reception.

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 a GP specialist adviser.

## Background to Hanley Primary Care Access Hub

Hanley Primary Care Access Hub is registered with the Care Quality Commission to provide an urgent care service.

The service is managed by North Staffordshire GP Federation (NSGPFed), a not for profit private limited company which was established in 2015, following the demise of the previous GP Federation.

The service currently supports 74 GP practices across the Stoke-on-Trent and North Staffordshire area covering 500,000 patients. Members are independent practices who are working together to represent primary care as a provider in the development of services and new models of service provision and has a board of nine directors, including two clinical directors. The GP Federation aim to provide continuing care for local patients, and to reduce Accident and Emergency (A&E) attendance by patients for whom primary care services are more appropriate.

More information about the provider is available on their website at [www.nsgpfed.org.uk](http://www.nsgpfed.org.uk)

Hanley Primary Care Access Hub is a service commissioned by the North Staffordshire and

Stoke-on-Trent Clinical Commissioning group (CCG) and provides urgent care from 8am to 8pm 365 days of the year.

The service is run from 69-71 Stafford Street, Hanley, Stoke-on-Trent, ST1 1LW. All the clinical rooms are on the ground floor and there is flat and level access from the street into the service.

The service took over the premises from the private company that had been running the primary care access hub until they handed the contract back in 2018.

All appointments are on the day walk in appointments. There are no pre-bookable appointments. Patients can be signposted to the service through the NHS 111 service who determine whether the patient is suitable to be seen by the GPs at Hanley Primary Care Hub.

All patients are seen by a streaming nurse within 20 minutes of their booking into reception at the service. The streaming nurses determine how clinically urgent each appointment is and book the patient with a doctor or advanced nurse practitioner (ANP) accordingly. The service has two streaming nurses and have shifts of GPs and ANP to provide 12 hours of GP and ANP appointments daily. This provides a total of 80 healthcare appointments daily, which the CCG commission from the service.

The service offer GP shifts to the federation members on a sessional basis. The service has approximately 30 regular sessional GPs providing the GP appointments. The ANPs at the service are currently self-employed and work on a sessional basis. The streaming nurses and administrative and reception staff are employed by the service, some of whom had transferred from the previous private provider.

The management team consists of the service manager and deputy manager of Hanley Primary Care Access Hub, they are supported by the associate director of operational services, with operations overseen by the provider's Associate Director of Operational Services and the board of directors.

GPs have access to patients' clinical records and provide assessment, treatment, order tests in addition to prescribing and making urgent referrals where appropriate. The outcome of each consultation is sent electronically to the patient's registered practice the same working day so that the patient's usual registered GP practice is kept fully informed of the outcome of the consultation in a timely manner.

## 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 service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff were aware of current issues such as modern slavery and illegal immigration and explained how policy informed staff to work supportively with these groups of people. Staff we spoke with shared examples of actions they had taken to safeguard patients and were confident in the process used.
- 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. The service worked to the contracting CCG guidelines. There were safeguarding posters in all clinical rooms and reception. Staff also had guidance for victims of domestic abuse and how this linked to both adult and children's safeguarding procedures. Staff were aware of risks to older people and knew how to support them. The service had a dedicated safeguarding lead and staff we spoke with knew how to contact them.
- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Fire drills were practised every six months and recorded appropriately.
- 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). Staff working through agencies or on consultancy basis also had DBS checks carried out

and confirmation was recorded in staff files. The service was in the process of updating all its staff files at the time of inspection, so that all files would be stored electronically.

- Professional registrations were checked for all clinical staff and suitable entries onto relevant professional registers were checked and recorded.
- There was an effective system to manage infection prevention and control (IPC). A comprehensive infection control audit had recently been completed. Although the actions from the audit had been completed these had not been formally recorded. We discussed this with the management team who assured us they would formalise the process.
- This was supported by a detailed cleaning schedule and appropriate equipment which was stored appropriately and securely. Safety checks and procedures for reducing the risk of legionella were in place (legionella is the name of a bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Detailed calibration records and annual portable appliance testing (PAT) certificates were carefully recorded. 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 induction system for staff tailored to their role. Staff working at the service confirmed that they were expected to complete this.
- 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. The service had a red button system on all computers including reception. Reception staff had received dedicated training to recognise signs of patients being very unwell. However, they did not have an aide memoir in the reception area for sepsis awareness.

## Are services safe?

- Where patients were registered with a local GP, details of the urgent care appointment were sent on to the surgery after their urgent care visit.
- 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.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Staff had access to the patient's full healthcare record and were able to see any relevant allergies and existing conditions.
- The service shared 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.

### Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use to reduce the risk of fraud.
- The service carried out an annual antibiotic audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

### Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service met with the CCG monthly to review and monitor activity. This helped it to deliver 88 appointments daily, which was eight more than they were contracted to deliver.

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for receiving and acting on safety alerts. However, the service did not formally record when staff had read or acted on alerts. The service had made use of new technology to share information with mobile applications. The service assured us that they would review formalising this data.
- Joint reviews of incidents were carried out with the CCG. These were discussed at regular meetings and minuted. Action taken was recorded and shared across the organisation for shared learning and with the CCG to comply with the requirements of their contract.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Staff we spoke with confirmed that they knew how to raise an incident. An electronic form was readily available to all staff to fill in when an incident required reporting. However, some staff preferred to fill in the form on paper. The service was considering reducing the risk of duplication with the use of both systems at the time of inspection.

There were adequate 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.

## 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. All clinicians were aware of the NICE guidance for SEPSIS and could describe the pathway the service used.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The service categorised patients and had a streaming system to determine how quickly they needed to be seen. The streaming process also ensured that the patient was seen by the most appropriate clinician.
- Care and treatment was delivered in a coordinated way, which considered the needs of those whose circumstances may make them vulnerable. The service reported that they treated a number of immigrants and were sensitive to the needs of this group of patients.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients and this was reported to both the patients usual GP and the CCG.
- Staff assessed and managed patients' pain where appropriate and pain was factored into the triage process the service used.

### Monitoring care and treatment

The service was involved in quality improvement activity. They were monitored directly by the local CCG as part of their contract. The service undertook clinical and medicine audits, although it was not clear what the planned audit programme for the year was. The service used key performance indicators (KPIs) based on the National Quality Requirements that had been agreed with its clinical commissioning group to monitor their performance and improve outcomes for people. The service met with the

CCG monthly to review performance. We saw that the service had complete data for each month of service provision. We reviewed a variety of recent performance data from the period winter 2018 and spring 2019.

- 100% of people who arrived at the service completed their treatment within 4 hours. This was as required by the contract and within target.
- The service also monitored how many patients were seen within 2 hours and this varied from 100% to 89%. The service further analysed the number of patients who left without treatment after booking in, and between streaming and being seen by a healthcare professional.
- We saw evidence that referrals to A&E were reviewed each month to ensure they were appropriate. Any inappropriate referrals were discussed with the clinician concerned.
- The service had meetings with the CCG to monitor its performance, however any actions from these meetings were not discussed at the service governance meetings.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered a comprehensive range of topics including infection prevention and control, mental capacity act, fire and manual handling.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. The organisation had a clear clinical support system for doctors and had plans for nurse leadership at the service.
- Up to date records of skills, qualifications, and training were maintained. Staff were encouraged and given opportunities to develop. The electronic system demonstrated which staff were up to date with training and when training was due. The service had plans to ensure that staff who required a mandatory training update could not book clinical shifts onto the work rota until they had completed their mandatory update.
- Staff received ongoing support; this included one-to-one meetings, appraisals, clinical supervision

## Are services effective?

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.

- There was a clear approach for supporting and managing staff when their performance was poor or variable. The service had a clear process in which the timing of reviews and interventions would become more frequent if performance was poor or variable.

### Coordinating care and treatment

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The dedicated pathways for referral were clear and patients being referred were provided with a copy of the referral information shared with the service to which they had been referred.
- Staff communicated promptly with patients registered GPs' so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. Care and

treatment for patients in vulnerable circumstances was coordinated with other services. For example, the safeguarding referral service was contacted when required.

### Helping patients to live healthier lives

Staff had not developed a consistent approach to health promotion at the time of inspection.

The service told us that they planning to introduce smoking cessation over the coming year.

### Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Staff understood and could tell us about consent and teenagers who sought appointments without the support of a parent or guardian.
- 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 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.
- We observed patients being booked into the service. We saw that patients were greeted kindly and appropriately. We observed one patient request a dressing change which the service did not offer and were unable to provide. Although the patient was unhappy about this we observed receptionist tried to help them with suitable signposting to other services.
- Patient Care Quality Commission comment cards we received were mainly positive about the service experienced, 110 of the 115 cards we received recorded positive comments. We also received five comments cards that reported mixed experiences. This was in line with the results of the NHS Friends and Family Test and other feedback received by 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 were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

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

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

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



# Are services responsive to people's needs?

We rated the service as good / outstanding for providing responsive services.

## Responding to and meeting people's needs

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

- The provider understood the needs of its population and planned to improve services in response to those needs. For example, the service planned to develop a smoking cessation service.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Women in early pregnancy, young children and people at the end of life were easily identifiable and supported by suitable care pathways.
- The facilities and premises were appropriate for the services delivered. The service operated out of a customised facility.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service was flat and level allowing wheelchair access. A hearing loop was sited in reception and posters advertising its presence were on display. Pictorial information suitable for people of all abilities was available at reception.

## Timely access to the service

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

- Patients could access the service by walking into the reception area and booking in.
- Patients were able to access care and treatment at a time to suit them. The service operated daily (365 days a year) from 08:00 to 20:00.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need. More serious cases or young children could be prioritised as they arrived.
- The receptionists informed patients about anticipated waiting times. A clear waiting time notice was in the reception area, which advised of expected waiting time.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Patients feedback from comment cards we received were mainly positive about the service. Most people reported that they expected to wait as it was a turn up and wait service.
- The urgent care contract specified the maximum waiting time for treatment as four hours, and specified the emergency medicines the service could use. The contract detailed quality monitoring and prescribing and included financial viability, patient experience and safeguarding. A monthly contract-monitoring meeting took place between the service and the CCG to ensure contract obligations were met.
- The service was meeting its commissioners Key Performance Indicators (KPI's). KPI's are measures of quality of service which, for urgent care centres are based upon the National Quality Requirements in the Delivery of Out-of-Hours Services (NQR). These quality requirements (NQR) are a national set of quality indicators with which all providers of Out of Hours and Urgent Care services must comply.
- Waiting times and delays were within the contractual limit and managed appropriately. Patients were treated within four hours of arriving at the centre. The service also recorded when people were treated within two hours of arriving at the service.
- The service also monitored and reported on patients who left after booking but before being streamed; and patients who left without treatment after being streamed but before being treated. The data showed that until March 2019 patients being seen within 2 hours was usually around 90% and had fallen a little to around 86% in March due to the service being very busy. The service did consider these results, but the nature of the service is urgent care and therefore sit and wait.
- 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 in the reception area and it was

## Are services responsive to people's needs?

easy to do. The service also sought feedback on patients experience and they treated as an opportunity to learn and improve. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were inconsistent at the time of inspection. However, the management team sent us a revised process immediately after the inspection which was in line with recognised guidance. Six complaints were received in the last twelve months. We reviewed these complaints and found that there were inconsistencies in the responses and onward complaint process. The management team sent us a revised process immediately after inspection.

- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.

The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. Continuity of GP cover during the lunch period was implemented in response to a complaint.

# Are services well-led?

We rated the service as good for leadership.

## Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- The provider monitored progress against delivery of the strategy.

## 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.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The 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. Clinical staff, including nurses, were considered valued members of the team.

- There was a strong emphasis on the safety and well-being of all staff.
- 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.
- There were positive relationships between staff and teams. Staff spoke very positively about their line managers and the support they were provided with.

## 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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Performance of employed and temporary clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had a good understanding of service performance against key performance indicators. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- 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 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. There were plans to address any identified weaknesses.
- 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. The service carried out ongoing patient satisfaction and monitored and reported on this monthly.
- Staff were able to describe to us the systems in place to give feedback.
- We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

### 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.
- 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.