

QUALITY ACCOUNT 2024-2025

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Introduction

LCW have been a provider of NHS urgent and primary care services to patients across London for 29 years.

Our strong social values have always been at the heart of our work and have enabled us to grow our reputation and credibility as a not-for-profit organisation that invests in people and in innovative ways that meet the evolving needs of our patients.

LCW service provision includes Clinical Assessment Services (CAS) and GP Out of Hours (OOH) services across North West and North Central London and with out of hours care also being provided into City and Hackney in North East London. LCW delivers the Urgent Treatment Centre (UTC) at West Middlesex Hospital in partnership with Chelsea and Westminster NHS Trust and provides GP services to the Imperial College Healthcare Trust into their UTCs. LCW works in partnership with West London NHT delivering care under their Ealing Community Partners contract into the enhanced care home service and GP support to wards across the Trust. Our planned care services through our GP Practice continue to be delivered across both Charing Cross and the Hammersmith Hospital. Through its IUC services LCW is serving approximately 4.2 million residents.

LCW agreed with London Ambulance Service that it would be best placed to deliver 111 services. Following a business case supported by both Boards in June 2024, and with ICB agreement, the LCW 111 service covering NCL and NWL transferred to London Ambulance Service with effect from the 1st August 2024.

LCW continues to deliver a range of urgent and primary care services across London working collaboratively with NHS Trusts, GP practices, Federations, community services and voluntary organisations across multiple ICBs.

Part One

Statement from the Chief Executive Officer

Welcome to the LCW Quality Account for 2024/2025. This publication is an important part of our accountability to the patients, partners, commissioners and stakeholders we deliver care for.

I am pleased to provide you with this summary of the quality initiatives that LCW has undertaken throughout the year, and to give you a high-level overview of some of our plans for 2025/2026.

2024/2025 has been a transformative year for LCW and our staff. The service delivery of 111 remained challenged in the early part of the year and we made the decision to work with London Ambulance Service to facilitate a transfer of 111. This decision was made in June and the service transferred with effect from the 1st August. This was a challenging time for all our staff and I am grateful for their hard work before and during the transfer.

The organisation embarked on a significant re-structure through quarter three of 2024/2025; again, I want to thank staff for their commitment to LCW and the patients we serve during that time. Colleagues balanced the re-structure with their ongoing work commitments enabling us together to continue to deliver care and deliver against many of our established priorities. Our new teams are in place and we have been pleased to welcome new colleagues to LCW. Quarter 4 saw huge strides being made in our quality management including improved recording of complaints and incidents, the LCW balanced scorecard coming to fruition, the move to macro quality assurance groups and improvements to our complaints and incident handling and recording.

We were proud to commence delivery of the NWL OOH service on the 1st April with our partners PPG and pleased to be able to mobilise a new primary care centre at Charing Cross providing additional access for face-to-face primary care in the evenings and at weekends. LCW continued its collaboration with NHS England London region, NCL ICB and Visiba implementing the NHS Smart Triage service which through its pilot phase enabled patients to be managed without the need for a 111 call handler assessment and saw an increase in patients managed without onward referral. We were delighted to be shortlisted for an HSJ award for digitising patient care during 2024 for this work. LCW was also successful in winning a UHUK award for partnership working through the development of the eye care pathway for London; this a collaboration with NHS England London region, Moorfields and NCL ICB.

As we move into 2025/2026 our focus remains on the quality, safety and experience our services deliver for our patients. We will continue to strengthen our systems and processes and work hard on embedding our PSRIF approach within the organisation.

To the best of my knowledge the Quality Account for 2024/2025 is an accurate and fair representation of the quality of services that LCW provides.

Tessa Harvey
Chief Executive

Reflections from the Medical Director

As the Medical Director of LCW, it is a privilege to contribute to this year's Quality Account, reflecting on a period of significant transition, sustained clinical delivery, and collaborative resilience. This report provides a comprehensive overview of our work throughout 2024/2025 and our ongoing commitment to high-quality, safe, and patient-centred care across urgent and planned services in London.

This year marked a pivotal moment for LCW with the strategic transfer of our 111 services to London Ambulance Service. The approach to the transition remained patient focussed ensuring no disruption to patient access and care was encountered. This was a result of the dedication of our clinical and operational teams. I want to thank our staff for their unwavering focus on quality and safety during this period of change and for their support in ensuring continuity of care for patients.

Alongside this, LCW undertook an organisational restructure and redefined our quality assurance approach, culminating in the creation of the new Quality Assurance Group. This initiative has strengthened cross-service learning and embedded a culture of data-driven, collaborative improvement.

A key development this year was the reconfiguration of our telephone triage queues. This change has significantly improved visibility and oversight across our services, enabling faster and more consistent responses to patients making contact. As a result, we have seen a measurable reduction in breach times, directly supporting our commitment to timely, safe, and effective care.

In support of growing patient demand, we have also mobilised two new primary care clinics to provide enhanced face-to-face access for patients requiring GP out-of-hours services. These sites have not only increased access and capacity but have also allowed us to begin exploring their role in supporting acute services. Early work is underway to assess how these clinics can help reduce pressure on urgent treatment centres and emergency departments, by managing primary care presentations more effectively in community settings.

We are proud to have achieved national recognition this year for two major digital innovation projects. First, we were honoured to win a UHUK Award for our London Virtual Eye Pathway, developed in partnership with Moorfields Eye Hospital and NHS England. This initiative has transformed how urgent ophthalmology is delivered by enabling remote, specialist-led assessments, dramatically improving access while reducing unnecessary ED attendances.

Additionally, LCW UCC, alongside our partners at Visiba and NHS England, was shortlisted for the prestigious HSJ Awards 2024 in the Digitising Patient Care category for the NHS Smart Triage Service. Co-designed with national and industry partners, this AI-powered innovation has improved the efficiency and scalability of integrated urgent care across London. By reducing unnecessary touchpoints and enhancing system resilience, digital triage will have system-wide impact and is now being considered for incorporation into IUC specs. Being shortlisted from over 1,350 entries is a remarkable achievement, and we are proud to showcase this collaboration and its positive effect on patients and services.

Clinically, we have remained focused on key priorities, including safer prescribing practices, improved documentation and use of chaperones, and enhancing clinical productivity without compromising care standards. I am pleased to confirm that all our quality objectives for 2024–2025 were successfully achieved, with measurable improvements across safety, effectiveness, and patient experience. These accomplishments reflect our strong clinical governance and collective commitment to excellence.

Our investment in clinical audit, safeguarding, complaint and incident learning resonates with the development of our PSIRF policy and plan as the NHS PSIRF framework—continues to shape reflective practice and raise standards of care. With our new systems and processes, our average

time to respond to patient incidents and complaints has reduced significantly, allowing timely learning to be disseminated to our teams and ensure necessary improvements can be made.

As we look ahead, our quality objectives for 2025/2026 aim to build on these foundations, with a renewed emphasis on embedding learning, advancing patient safety, and continuing to deliver equitable and effective care to the diverse populations we serve.

My thanks go to all clinical and non-clinical colleagues, partners, and patients who contribute to making LCW a service whose staff work together to drive change to continuously improve patient outcomes and experience.

Dr Murtaza Ali
Medical Director

Part Two

Services delivered by LCW

LCW provides a range of urgent and planned care services across London serving about 4.2 million people. This includes over 10,500 home visits, more than 271 000 clinical assessment and primary care centres consultations and more than 72,000 consultations at the UTC at West Middlesex UTC. Between April and the end of July our 111 teams handled 188,617 calls.

North Central London

- LCW provides CAS and OOH provision for residents in North Central London. Out of hours care is delivered through remote telephone triage, visits to those patients who require care at home and through face-to-face appointments at primary care centres including The Whittington Hospital, The Laurels, Finchley Memorial Hospital and Chase Farm Hospital. In November 2024 the Royal Free primary care centred was opened.

North West London

- LCW provides clinical assessment services in North West London. These services are provided in partnership with London Ambulance Service and Practice Plus Group.
- LCW holds the contract for GP Out of Hours in North West London. LCW provides care across five of the boroughs and our partner PPG provides care in three boroughs in a sub-contracting arrangement.
- LCW provides single point of referral (SPOR) services in the boroughs of Hammersmith & Fulham, Kensington, Chelsea and Westminster to assist housebound residents access the services they need. This helps keep residents in their own homes and avoids unnecessary stays in hospital through appropriate referral to the urgent community response service.
- LCW works in partnership with Imperial NHS Trust to deliver the Partnerships for Health GP Practice. This is a GP practice serving approximately 10,000 patients across two sites. LCW provides GP services to Hammersmith Charing Cross and St Marys urgent treatment centres.
- LCW delivers the urgent treatment centre at West Middlesex Hospital in partnership with Chelsea and Westminster NHS Trust.
- LCW works with West London NHT to support the delivery of the Ealing Community Partners contract through out of hours support to the enhanced care home service and GP support to wards across the Trust.

North East London

LCW provides an out of hours GP visiting service for the residents of City and Hackney

CQC Registration

All LCW services are regulated by the CQC for the registered activities of:

1. Transport services, triage and medical advice provided remotely; and
2. Treatment of disease, disorder or injury

We currently work out of our Headquarters at St Charles Centre for Health and Wellbeing near

Ladbroke Grove W10 and we have a further hub in North Central London in North East Finchley N12.

Our last inspection by CQC was July/August 2023 where LCW's 111 and Clinical Assessment Services were awarded an overall "Good" Rating.

Quality and Governance at LCW

LCW aims to continually improve the care it provides for patients, their families and carers. To do this, we collect and analyse information about our work which is overseen through local assurance groups in each service area, through external contract reporting and through regular reports to the Board.

Each local assurance group reviews patient care against national, local or internal clinical standards using the domains from the CQC as the framework by which assurance is sought. Local assurance groups are attended by clinical directors, service leads and functional leads enabling data and triangulation of information to take place. Complaints, incidents and serious incidents are reviewed, and implementation of actions tracked through these forums. Patient experience data is provided using the service "IWantGreatCare" to allow for timely patient feedback.

Through the last quarter of 2024/2025 we reviewed our local assurance group mechanism; feedback had indicated where we could strengthen our approach. The management team brought together key colleagues in an 'away day' to help understand what is important and agree how to approach our quality assurance. Quality Assurance Group came from this work and sees colleagues from across the organisation coming together for a day in each month to look organisationally and at each service across a range of indicators. This was started towards the end of the year and has become part of our approach in 2025/2026.

LCW runs a comprehensive programme of audit using the Royal College of General Practitioners (RCGP) toolkit adapted for Urgent and Emergency care for GPs and other registered clinicians. Audit results are shared into local assurance groups monthly and enable the senior clinical team to identify any learning needs on an individual level and provide the appropriate support and/ or additional monitoring to raise standards and competencies.

Our internal clinical leadership forum brings together our clinical leaders of all disciplines allowing space for discussion, reflection, challenge and innovation to be shared.

LCW has a strong ethos of sharing learning and supporting clinicians with access to education and training in hot topic areas. Our clinical directors write and share the learning from experience bulletin monthly which highlights both areas of learning as well as outstanding practice. This is underpinned by tailored training sessions on clinical subjects that are identified through incidents and complaints.

Achievements against the previous year's priorities – 2024/2025

Colleagues across the organisation have worked hard on the identified quality objectives through 2024/2025. The section below sets out our achievements against the Board agreed priorities:

Clinical Delivery Focus

Priority One – Improving the use of the Chaperone Policy

This has been identified from investigating complaints and using the patient safety incident response framework methodologies to investigate patient safety incidents. Investigations have highlighted on several occasions that documentation has not been made of the offer of a chaperone nor has the consultation fully recorded the necessity for the examination.

What did we do:

- Reviewed the relevant complaints and incidents to understand learning themes
- Developed a training session with experts from the Medical Defence Union and the Medical Practitioner Tribunal Service. The session was delivered on 14th January 2025. Positive feedback from attendees was received.
- Posters created reminding patients that they can seek a chaperone and displayed across our sites.
- Team huddles held to discuss chaperoning and the importance of this.
- Learn from experience bulletins for clinical staff reminded them of the importance of considering if a chaperone is recorded and appropriately documenting that this has been offered / taken up by a patient.
- Focus on chaperones, use and importance at our safeguarding drop-in sessions.
- Discussed at team meetings and quality assurance groups to understand and track progress.

Impact:

- An audit process was implemented that looked at the use and recording of chaperones.
- Although there is low volume of intimate examinations required in our setting, there was a high compliance in documenting the use of chaperones.
- Chaperone use for non-intimate exams: Near-universal compliance in these cases. Isolated lapses in documentation were addressed via direct feedback to clinicians.
- Strong Documentation Culture
 - >70% of consultations included chaperone documentation, even when not clinically required. Reflects our team's commitment to thorough record-keeping and patient safety.
- Proactive Monitoring & Transparency
 - Findings shared via direct individual communication, teaching sessions and the Learning from Experience bulletin reinforces awareness for continuing improvement.
 - New quarterly audit cycle implemented to sustain standards.
- Our clinicians demonstrate excellent adherence to chaperone policies, with robust systems in place to maintain and monitor best practices.

Priority Two – Reduce the prescribing of broad-spectrum antibiotics to minimise risks of anti-microbial resistance in the community.

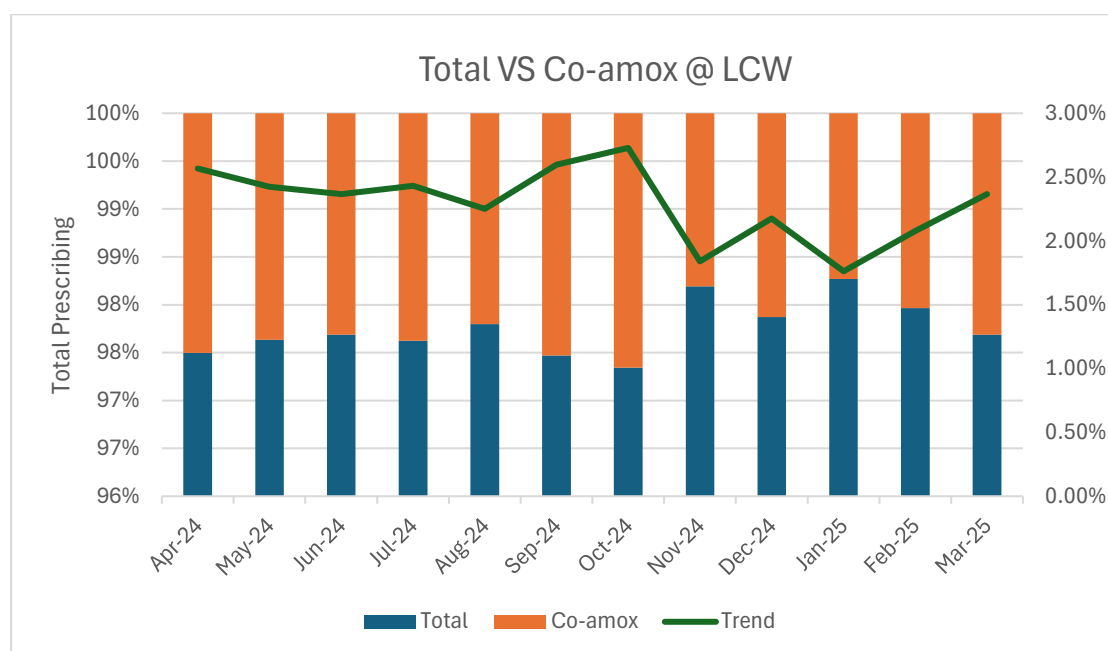
Through reviewing our prescribing, it has been identified that there is further improvement that can be made to the rate of broad-spectrum antibiotics.

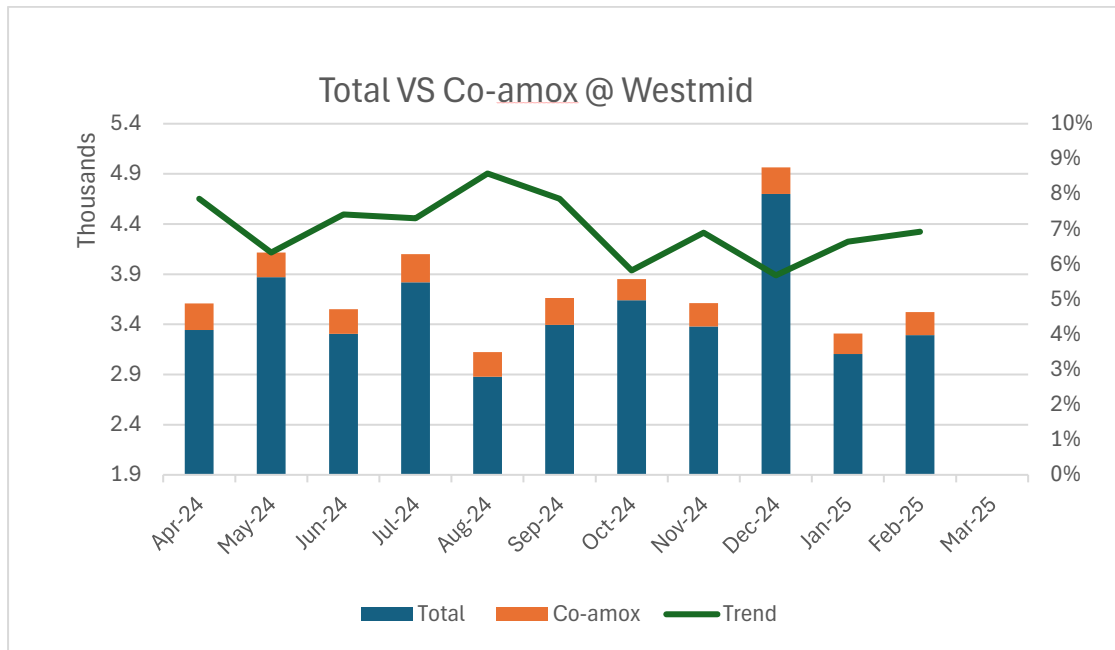
What did we do:

- Medicines management group led the review of data and understanding of what this was telling us about prescribing across services.
- Developed messaging for the learn from experience bulletins focused on appropriate antibiotic prescribing.
- Regular audits of prescribing data with feedback to clinicians where appropriate.
- Benchmarking against national trends.

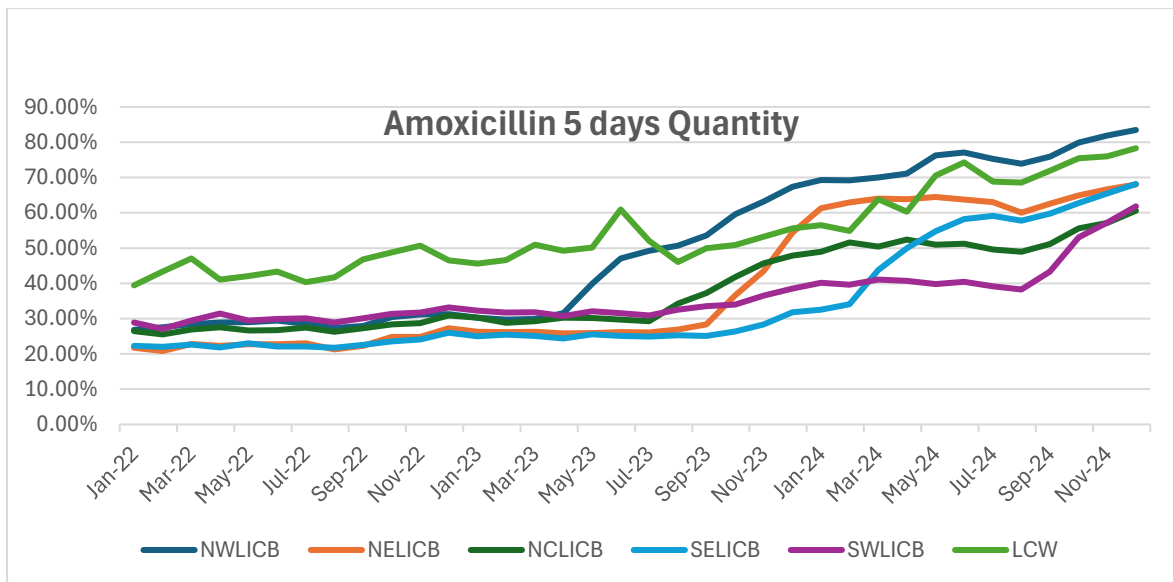
Impact:

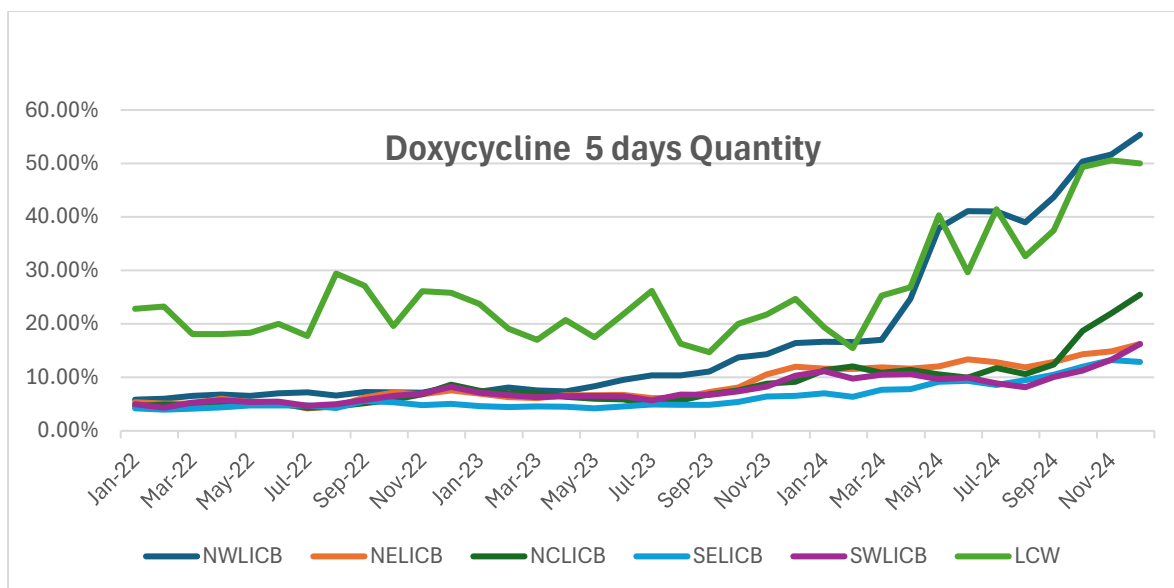
- **West Middlesex UTC:** Co-amoxiclav use remains between 6–8%, with a gradual downward trend which is a positive sign of improved prescribing. In months where there were higher numbers work has been undertaken to determine that this reflected the case mix at the UTC.
- **LCW services:** downward trends have been observed in prescribing data from Adastra covering the broader LCW services.





- Benchmarking Against WHO DDD Targets:** amoxicillin and doxycycline, review of information has shown that when benchmarked against five local London ICBs and LCW performance closely aligns with NWL ICB, the best performing ICB.





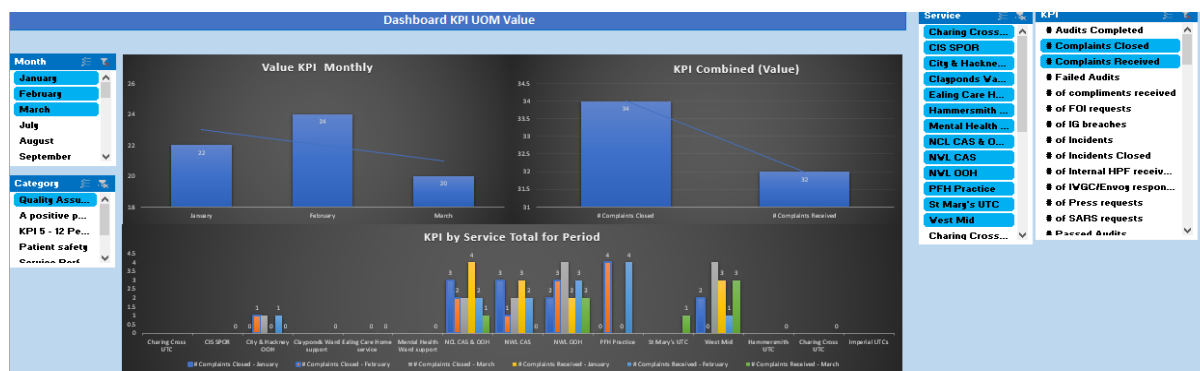
Advances in our quality and governance reporting across services

Priority three – Quality, Safety and Patient Experience Balanced Scorecard

Through the running of our internal assurance processes, it was identified that the organisation would benefit from a more streamlined approach to understanding a range of quality, safety, and patient experience indicators in each of the services being delivered enabling benchmarking across our delivery and enhancing our ability to focus on the ‘so what’ of the information.

What did we do:

- Plan, Do, Study, Act improvement approach taken
- Contractual requirements reviewed and understood
- Group workshop held to discuss and determine a framework and approach
- Development of prototype scorecard undertaken
- Testing of prototype through one to one and group sessions
- January onwards scorecard used in local assurance groups and supporting the transition into the quality assurance group.
- Demonstration and used in the Quality, Performance and Workforce sub committee to help aid understanding of delivery.



Impact

- Improved awareness across service and management teams of the range of indicators for managing their service
- Improved understanding and management of risk.
- Helped our move to improved data driven discussions.

Priority four – Improving consultation rates whilst maintaining and improving outcomes

Through audit and review work the organisation has found that the overall consultation rate through services that offer triage is benchmarking poorly. The organisation set an objective to improve productivity across our telephone consultation services by December 2024. The objective is set in the context of achieving this with no detriment to the safety and quality of care being delivered.

What did we do:

- Steering group set up to oversee and manage the programme with colleagues from a range of functions and areas across LCW.
- Developed a dashboard to help the steering group understand the baseline and set a trajectory for improvement. Dashboard includes outcome measures, productivity and breach information to ensure that the work is tracked in the context of quality and safety.
- Developed an information set that is shared with clinicians to aid their understanding of their own productivity and outcomes.
- Engagement sessions offered for colleagues to attend.
- Part of wider PDSA cycle related to our rota management.
- Innovation opportunities reviewed and in progress at the end of the 24/25 year to further support efficiency and productivity.

Impact:

- Productivity improvement of 35% through 24/25.
- 29% reduction in breaches in NCL CAS delivery over 12 months.
- Improved performance over the 12 months in North Central London CAS.
- No change to clinical outcomes as measured through Pathways Clinical Consultation system (PaCCS) over the same period.
- Self-care as an outcome has remained above 30% in the North Central London CAS which performs well against an expected 15%.

Part three

Review of quality performance

Local assurance groups provide the focus for our internal assurance creating the space to look at the delivery of services in a rounded way using the CQC domains as the framework for these meetings. These groups review a broad range of indicators corresponding with these domains to evaluate our performance in these areas with a focus on:

- Responsiveness - Identifying learning themes,
- Oversight of quality safety and service delivery,
- Effectiveness of our clinicians and service leads,
- Empowerment of staff to provide the best standards of care.

The below provides a summary of quality performance across the organisation's delivery:

Safeguarding

Between April 2024 and March 2025, we continued to prioritise the safeguarding of children and adults. Our approach included proactive safeguarding initiatives, staff-generated referrals, and the safeguarding team followed up on safeguarding referrals with the local authorities for feedback.

These follow-ups enabled us to provide timely feedback to staff and support engagement in preventative safeguarding efforts.

Referrals that did not meet the safeguarding threshold were not escalated to external agencies. In such cases, staff received constructive feedback for reflection and learning. It was also recorded on the patient's Adastra record that a safeguarding referral had been considered but ultimately withheld.

Safeguarding activity, including the number, type, and location of referrals is regularly reviewed at the Safeguarding group meeting and in the quality assurance group. Our compliance with safeguarding training has remained excellent with rates exceeding 95%. Audit of cases remains a core part of the teams work with over 720 random audits (30 adult and 30 child cases monthly) were conducted, with no missed safeguarding concerns identified. Review work has shown that the number of inappropriate referrals has significantly decreased, largely due to enhanced communication, myth-busting sessions, and face-to-face support.

The meetings will review cases to ensure that learning is identified and shared through learning by experience bulletins. The team also actively share learning from external events, such as safeguarding forums and conferences both into the safeguarding meeting and more widely through group and supervision sessions. An example of this is sharing the Assessment Triangle Tool to all members of staff after the Medical Director and Safeguarding Lead attended a Level 4 safeguarding update training. The triangle is due to be installed by the IT team to feature as the desktop screensaver across the organisation to support holistic child assessments and improve multi-agency communication

The safeguarding team continues to offer consistent support, with staff able to access safeguarding lead in person, via email, or through phone or teams. In addition, safeguarding supervision is available every 12 weeks, with positive feedback from staff who have attended.

Safeguarding drop-in sessions and supervision meetings have strengthened staff involvement in safeguarding processes. These sessions provide a space to discuss real-life cases, review documentation standards, and enhance safeguarding understanding.

Safeguarding referrals

The table below shows the safeguarding referrals from LCW service during 2024/2025. Referrals generated through the 111 service are included until the end of the July when the service transferred.

Month	Adult	Child	Total
Apr 2024	140	43	183
May 2024	153	66	219
June 2024	170	43	213
July 2024	144	54	198
Aug 2024	59	11	70
Sep 2024	59	15	74
Oct 2024	54	13	67
Nov 2024	46	10	56
Dec 2024	51	10	61
Jan 2025	52	29	81
Feb 2025	53	11	64
Mar 2025	45	9	54
Total	1026	314	1340

These referrals breakdown into the following category types across adults and children.

Categories	Adult	Child	Total
Care Needs Assessment	445	1	446
Domestic Abuse	51	3	54
Financial Material	18	0	18
Medication Error	31	3	34
Mental health	213	39	252
Modern Slavery	1	0	1
Neglect	124	174	298
Organisational Institutional	34	3	37
Physical	32	39	71
Psychological Emotional	8	6	14
Self-harm	24	26	50
Self-neglect	32	0	32
Sexual	13	20	33
Total	1026	314	1340

We continue to prioritise safeguarding across the organisation, ensuring that safeguarding is everyone's responsibility. Key values include:

- **Think Family:** We promote a holistic approach that considers the needs of all family members.

- **Professional Curiosity:** Staff are encouraged to explore concerns and ask questions to ensure that safeguarding is not overlooked.
- **Effective Documentation:** We emphasise accurate and thorough documentation to ensure concerns are clearly communicated across agencies.
- **Seeking Consent and Voice of the Child:** We stress the importance of obtaining consent and ensuring that the child's voice is heard in all safeguarding matters.
- **Assessment Framework Triangle:** This tool is regularly used as part of staff training to guide informed safeguarding decisions.

Incident reporting

LCW have an established patient safety culture that is rooted in our staff being encouraged to record and report any occasion or circumstance where expected outcomes haven't occurred or where a process or policy has failed.

Through 2024/2025 LCW has moved towards and has been using many of the tools underpinned by the approach in the NHS PSIRF framework. In the last quarter the organisation worked with a subject matter expert to deep dive into our incident management to enable greater learning and to help us develop our PSIRF policy and plan. Continuing the implementation of this is now a focus through the quality objectives for 2025/2026.

Incident data has been reviewed for the period April 2024 to March 2025 for OOH and UCC services.

Reports extracted from Radar for LCW led services show 258 incidents reported for the period. It is noted that work is ongoing in relation to how incidents are categorised by location and service. Currently, it is not possible to theme easily as depending on how the data is filtered, very different results are generated as demonstrated in the two tables below. Incident data has therefore been reviewed line by line based on description and category to identify any trends in type of event or patient safety issue.

Service location	
111	137
Ballards Lane	5
All locations-IT Outage	2
NCL - Integrated Urgent Care - CAS	2
NCL - Integrated Urgent Care - OOH	39
NWL - Community Independence Service Single Point of Referral (CIS SPOR)	1
NWL - OOH	43
NWL CAS	15
Other (External Service)	3
Royal Free (PCC)	1
St Charles Centre for Health & Wellbeing	4
West Middlesex UTC	5
Charing Cross UTC	1
Total	258

Incident location	
Call Handling (111)	126
Charing Cross UTC	1

Chelsea & Westminster	1
Churchwood House (North Hub)	2
Clinical Advice (111)	2
Community Hospital	1
Finchley Memorial (North Hub)	1
GP Advice	19
Home Visiting Car	6
Martin House	1
Nursing Home / Care Home	1
Other	32
Patient's Home	3
St Charles Centre for Health & Wellbeing (Ground Floor)	23
St Charles Centre for Health & Wellbeing (The Tower)	5
St Charles Centre for Health & Wellbeing (The upstairs office)	24
St Marys	1
St Pancras Hospital (South Hub)	1
Telemedicine	2
West Middlesex UTC	5
Whittington Hospital (South Hub)	1
Grand Total	258

Top categories reported are:

Individual or clinical	135
Operational	32
Information management and technology	28
Medicines	15
Information Governance**	15

** None of these reached the threshold for reporting to the information governance commissioner.

Clinical Audit

LCW have always placed significant importance in carrying out clinical audit as part of our quality measures. Overseen by our clinical leads we apply selection criteria which look at, high volume or high-risk activity, themes from complaints, incidents and feedback and testing new care pathways.

Our professional standards are maintained by the multidisciplinary audit of consultation recordings and notes against the Royal College of GPs Out of Hours Toolkit. Our team of two clinical auditors led by an experienced GP performance lead review at least 1% of consultations by clinician to identify any learning needs. The RCGP toolkit gives an overall performance score and LCW have always expected our clinicians to score higher than a "satisfactory" rated score as standard, as this promotes higher standards of consultation and professionalism as a minimum. Clinical audit is also in place at our UTCs with Clinical Leads undertaking a sample of audits each month. These findings are shared

into our quality assurance group and any learning shared here and into learning by experience bulletins.

In the year 2024/2025 we carried out several focused clinical audits in addition to our regular cycle of GP/Clinician performance audits and those required under the terms of our NHS pathways licence in the 111 service and then in the CAS services from August onwards.

Examples of Clinical Audit

Subject	Audit type	Findings
Chaperone Use	All audits that were reviewed routinely for 2 consecutive months for NCL and NWL that included face to face interactions with patients (base or visits) were reviewed for documentation of chaperones for intimate examinations.	<p>Trends & Patterns: High compliance with chaperone documentation was observed, with the majority of intimate examinations including recorded use of a chaperone.</p> <p>Feedback: In rare instances where chaperone documentation was missing, clinicians received direct feedback, demonstrating active oversight and a commitment to continuous improvement.</p> <p>Record-Keeping Consistency Over 70% of consultations included chaperone documentation, even when not clinically required, reflecting strong and consistent record-keeping practices across the board.</p>
Review of High ED Referrals	A retrospective audit where a sample of the top 5 Emergency Department (ED) referrers over three consecutive months was reviewed, with 5 referrals per clinician examined for appropriateness-	<p>Trends & Patterns: Most ED referrals assessed were deemed appropriate, indicating general compliance with referral guidelines. Clinicians were fed back directly on their referrals, alongside broader reminders through the "Learning from Experience" bulletin and teaching events to reinforce appropriate service use.</p> <p>Promotion of Alternative Services There is a continued emphasis on encouraging the use of alternative pathways such as Same Day Emergency Care (SDEC) and Urgent Community Response (UCR), when appropriate.</p> <p>Ambulance Use One clinician was provided with direct feedback and support to reinforce appropriate use of Category 2 responses for urgent cases.</p> <p>Ongoing Monitoring and Quality Assurance This review process will be repeated monthly to ensure sustained improvement and support clinical decision-making.</p>

High Intensity User audit in North West London	Monthly audit of high intensity users	<p>Universal Care Plans: Identified new high intensity users who would benefit from proactive care planning.</p> <p>Liaised with GPs to request UCPs, ensuring coordinated emergency, urgent, and community care.</p> <p>Trends & Patterns: Monthly variation in high intensity user activity observed.</p> <p>While the borough with the highest number of high intensity users varies over time, our most recent data shows Ealing Borough currently leading in this category.</p> <p>Stakeholder Collaboration: Worked closely with external partners, including commissioners, high intensity user leads, London Ambulance Service, and secondary care teams, to optimise care pathways for complex patients.</p>
NCL CAS 2-hour disposition audit	Reviewed cases requiring 2-hour callbacks in the NCL CAS queue over 1 month (triggered by high volume).	<p>One of the top dispositions were medication Requests. Common reasons:</p> <ul style="list-style-type: none"> ○ Patients running out of acute medications. ○ Misplaced/lost medications. ○ Pharmacy-related issues (e.g., delays, stock problems). <p>All 111 Pathway Adviser referrals to the CAS were clinically appropriate.</p> <p>External collaboration: widened discussions on how LCW could better support same day access, for patients, especially given the high demand in primary care.</p>

Other audit activity

Training and audit relating to effective prescribing is carried out year-round. LCW review the prescribing practice of all clinicians to ensure they are not prescribing medicines that are available over the counter (to protect NHS funds). We also audit the use of broad-spectrum antibiotics - the improper use of which contributes to antibiotic resistance in the community as set out in the earlier section 2. Results are presented at our local assurance groups and feedback is given by LCW's Clinical leads and medicines management lead.

Training and development

At LCW we aim to learn from incidents, complaints and feedback as well as offer access to ongoing clinical learning to assist our clinicians attain their ongoing accreditation and professional revalidation.

This work is led by our Clinical Directors and Heads of Quality, Safety and Experience and our Head of Clinical Services. During 2024/2025 we offered a number of well attended and positively evaluated teaching sessions. These focused on high-yield clinical topics, incident-based learning, and hospital consultant-led updates from across London NHS trusts. Sessions combined case peer reviews, best practice guidance, and interactive discussions creating a supportive space for remote and in-person clinicians.

Key Topics Delivered:

Chaperone Training in Urgent Care

- Importance of chaperones in unscheduled care settings ensuring patient safety, dignity, and compliance with GMC guidelines
- Case-based discussion on managing sensitive examinations

Mental Health Emergencies

- Risk assessment for suicidal patients
- Crisis management and referral pathways
- Safeguarding high-risk vulnerable groups

Gynaecology in Unscheduled Care

- Approach to pelvic pain (red flags, endometriosis, pelvic inflammatory disease)
- Managing acute gynaecological presentations in urgent care

Urology Updates

- Latest evidence on lower urinary tract infections (UTI) and symptoms
- Differentiating UTIs, retention, and prostate-related issues

Respiratory Emergencies

- Lessons from recent incidents: pulmonary embolism (PE) diagnosis pitfalls
- Structured approach to breathlessness (COPD, asthma, PE)

Dermatology Smart Triage Integration

- Smart Triage tool and recognising and managing urgent skin conditions (cellulitis, rashes, necrotising fasciitis)

Emergency Medicine: ED Validation Cases

- Streamlining appropriate ED referrals using validation protocols
- Case studies: Identifying inappropriate referrals (e.g., primary care-appropriate cases)

- Redirecting patients to Same Day Emergency Care (SDEC)/Urgent Community Response (UCR) where suitable.

Feedback from Patients

LCW values feedback from our patients and service users so that we can identify the aspects of our service which work well and those that may require some change or improvement.

The data below shows complaints across the full year of 2024/2025 other than for 111 which is only shown April to end of July.

The last quarter of 2024/2025 saw the patient safety, quality and experience team focusing on complaints with a full review of the process. Improvements were made to our quality management system in the last quarter improving the coding and accuracy of recording informal and formal complaints. The focused improvement work also saw the reduction in elongated complaint response times from an average of 44 days in November to an average of 16 days in January and February 2025.

Across the IUC services the majority of complaints related to delays in call backs or visits, and staff attitude when speaking with or seeing a patient. In the UTC setting four of the complaints related to clinical misdiagnosis. Each complaint was investigated and learning identified and shared with appropriate staff. Winder dissemination of learning is through our learning by experience bulletins for both IUC and UTC.

LCW	Complaints
Total	83

Complaint themes by service

Location	All 111 Complaints April to July
Total	18

North Central London 111 and Out of Hours (OOH)

Location	NCL IUC Complaints
Total	CAS-2 OOH-17

North West London CAS and Out of Hours (OOH)

Location	NWL CAS Complaints	NWL OOH
Total	16	25

West Middlesex UTC

Location	WM UTC
Total	36

Other services

Location	City & Hackney OOH	Other external service
Total	1	1

Feedback from Healthcare Professionals

LCW values the feedback it receives from other organisations that it works with. Both positive and areas for improvement are always logged, reviewed and discussed with colleagues. Where learning is identified this is shared in learning by experience bulletins and externally shared with colleagues who have provided it or onwards into meetings with systems partners to support systemic learning and change.

In 2024/2025 LCW received 110 feedbacks from colleagues interacting with our colleagues and the care we have delivered.

Patient and service user compliments

As well as learning from incidents we record positive feedback from patients and others. These are logged and passed onto the team members involved in their care. We also use these compliments, and the feedback gained to support our learning from experience bulletin as an opportunity to share best practice.

A summary of compliments by service and a sample of feedback is detailed below.

Total of 21 compliments were received from 1st April 2024 - 31st March 2025.

Service	Out of hours & CAS (NCL & NWL)	111 (NCL & NWL)	Single point of referral SPOR)	GP Practice	WM UTC
Total	17	4	0	0	0

Compliments – a sample by LCW service:

- 111 - patient compliment to the Health Advisor and Clinician who assessed them, patient was very happy with the way she was treated and very grateful for their kindness.
- NWL OOH - Compliment from the patient who had a great experience during their home visit, Doctor was professional and thoroughly explained every medical term to help them understand what needed to happen to get treatment. Patient found it useful and insightful.
- NWL CAS - The GP who assessed the patient was exceptionally good, very thorough and professional.
- NCL CAS - Patient was extremely happy with service he received from the ACP that called, who was very understanding and helpful.
- NCL OOH - Patient wanted to thank the home visiting GP who saved her life, patient had sepsis and the GP helped her get treatment promptly.

Part 3

Quality Objectives for the Coming Year 2025/2026

LCW drive to improve quality, safety and experience will continue through 2025/2026 along with our approach to reviewing our own systems and processes and taking opportunities to strengthen these.

The organisation has selected four areas to focus improvement:

- Fully embed the Patient Safety Incident Response Framework (PSIRF) and foster a proactive safety culture across urgent care services, with structured support and leadership
- Strengthen our approach to patient engagement to enable a better understanding of our services from our patients
- Strengthen the safety and experience of patients waiting across IUC delivery (e.g., in-person, remote triage), through queue management improvements, comfort calling, and potential automation solutions
- Build on this year's operational focus on antibiotic prescribing by continuing strong antimicrobial stewardship and ensuring safe, compliant management of drugs as we expand services and sites where CDS will be held.

These objectives will be delivered through colleagues across the organisation, overseen by steering groups where appropriate and updates brought to the Quality, Performance and Workforce committee.