

QUALITY ACCOUNT
2023 - 2024

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Part 2

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Introduction

LCW have been a provider of NHS urgent and primary care services to patients across London for 28 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 scope of service provision includes 111, Clinical Assessment Services (CAS) and GP Out of Hours (OOH) services across North West and North Central London serving approximately 3.7 million residents. 2023/2024 saw the introduction of the delivery of the Urgent Treatment Centre (UTC) at West Middlesex Hospital in partnership with Chelsea and Westminster NHS Trust. LCW also provides GP services to the Imperial College Healthcare Trust in their UTCs with St Marys becoming part of our service delivery in 2023/2024. Our planned care services through our GP Practice continue to be delivered across both Charing Cross and the Hammersmith Hospital.

LCW has become adept at partnership working both with NHS Trusts and private providers of NHS care and continued to develop our ability to work with NHS England and Integrated Care Boards (ICBs) to innovate within the integrated urgent care environment. Innovation and agility continue to be a strong part of the organisations ethos as part of our commitment to continually improving patient experience and the quality of care our patients receive.

Part One

Statement from the Chief Executive Officer

Welcome to the LCW Quality Account for 2023/2024. This publication is an important part of our accountability to our 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 financial year, and to give you a high-level overview of some of our plans for 2024/2025.

I joined LCW in September 2023 and it has been a pleasure to meet colleagues, both clinically and operationally, who are delivering services across the organisation. I look forward to continuing to meet more colleagues and spending more time out in our services.

In the short time I have been in the organisation I am proud that we have been able to retain services and take on new service provision; it was particularly exciting to welcome colleagues working at West Middlesex Hospital Urgent Treatment Centre in September to LCW. LCW has continued to be a leader in digital innovation and 2023/2024 has seen us pilot the NHS Digital Smart Triage service which you will read more about further on in the account. The account also reflects some of the internal clinically led transformation work that we have undertaken which includes a programme of work set up to enhance our clinical queue management.

The document also provides information about the quality of our services; what I hope comes across is the importance that the organisation places on the quality of care it delivers and its ongoing focus on safety and learning.

To the best of my knowledge the Quality Account for 2023/2024 is an accurate and fair representation of the quality of services that LCW provides.

Tessa Harvey
Chief Executive

Reflections from the Medical Director

Overview 2023/2024

LCW has consistently delivered high-quality care across our services and I wanted to share some of the highlights from 2023/2024:

Achievements

Good CQC Rating

- In August 2023 we were very proud to have achieved a good rating from the Care Quality Commission (CQC) for our 111 and Clinical Assessment Services (CAS), reflecting our dedication to providing high quality patient care and service delivery.

Contract Retention and Success

- LCW was able to successfully bid to retain all existing contracts following procurements run by our local Integrated Care Boards. LCW is now working in partnership through most of its provision ensuring we remain at the cornerstone of unscheduled care delivery in London.

New Contracts and Mobilisation

- LCW was able to add to its portfolio of services following the successful award of delivery of services for the Urgent Treatment Centres provided by Imperial College Healthcare Trust (ICHT) and Chelsea and Westminster NHS Trust.
- The mobilisation of these services following the transfer of care from another provider is always challenging to ensure disruption to patient care is kept at a minimum. Following mobilisation The West Middlesex Urgent Treatment Centre (UTC) has gone on to treat an average number of 1450 patients per week.

Innovative Triage Systems

- Demand for LCW delivered services has grown in 2023/2024 which recognised the need to ensure oversight of our clinical triage queue needed to be more robust. LCW piloted an Integrated Clinical Assessment Pool (ICAP) over a 6 week programme with a weekly cycle of feedback built into the pilot. The queue aims to provide an enhanced level of clinical safety to all patients entering our remote clinical services through review by our dedicated team of Senior Clinical and Operational Navigators. This allows real time management of patients will improve patient experience and outcomes.

Comprehensive Audit Functions

- LCW continue to review audit functions across all services, including our new services.
- Clinicians receive constructive feedback to support their professional development and are informed of both areas for improvement as well as compliments received.

- This is part of our drive to ensure quality of patient care is not affected by the pressure in the wider IUC system to ensure patients are managed as efficiently as possible.

Innovation and Partnerships

- LCW was selected as a partner by NHS Digital and North Central London ICB to work on the use of AI through the use of Visiba Smart Triage.
- This AI technology allows patients with dermatological conditions and minor injuries to be assessed by clinicians following an AI assessment, improving patient outcomes, reducing emergency department (ED) attendance, and optimising call handler efficiency.

Collaboration with Imperial College Healthcare Trust (ICHT) and North West London Integrated Care Board (NWLICB)

LCW also collaborated with colleagues from ICHT and NWL ICB to review Emergency Department (ED) formerly Accident and Emergency outcomes from 111 services to determine if patient experience could be improved.

- This has allowed us to build a platform to test how ED outcomes from 111 could be validated by various clinicians within our service, including ED consultants. It is anticipated that this skill mix will improve patient care and foster learning between emergency care and urgent primary care services.

Our commitment to quality, innovation, and collaboration continues to drive our success in delivering unscheduled care services. We remain dedicated to patient care, supporting our clinicians, and pioneering new approaches to healthcare delivery.

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 3.7 million people. As an organisation we have delivered, 8,532 home visits, 501,086 calls via 111 and 142,976 GP consultations through the care of our 726 substantively employed and contracted staff during 2023/2024.

North Central London

- LCW provides 111, CAS and OOH provision for residents in North Central London. From November 2023 this care has been delivered in partnership with London Ambulance Service; prior to November 2023 LCW delivered this care for residents. 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 a number of primary care centres The Whittington Hospital, The Laurels, Finchley Memorial Hospital and Chase Farm Hospital.

North West London

- LCW provides 111 and clinical assessment services in North West London. These services are provided in partnership with London Ambulance Service and Practice Plus Group.
- LCW provides GP Out of Hours care to patients whose practice is opted out across five boroughs: Ealing, Hounslow, Chelsea & Westminster and Hammersmith & Fulham.
- 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 and Charing Cross urgent treatment centres and from October/November of 2023 this expanded to include the St Marys urgent treatment centre.
- From the end of September LCW began working with Chelsea and Westminster NHS Trust to deliver the urgent treatment centre at West Middlesex Hospital.

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 East Finchley N3.

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

The full report of the inspection can be found on CQC's website at the following web address:

<https://api.cqc.org.uk/public/v1/reports/aff4642c-da38-49ec-b7fd-fac155a2731f?20230905070050>

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 through the use of the service "IWantGreatCare" to allow for timely patient feedback.

LCW runs a comprehensive programme of audit using the Royal College of General Practitioners (RCGP) toolkit for GPs and other registered clinicians. Audit results are shared into local assurance groups on a monthly basis 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 on a monthly basis 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 – 2023/2024

LCW continued its improvement focus through 2023/2024 which saw LCW having to submit tenders, with partner organisations to retain business and following successful bids the mobilisation of services to new specifications. LCW focus was on the safe mobilisation of services for 111, clinical assessment services and GP Out of Hours in North Central London and for the UTC at West Middlesex Hospital. This mobilisation saw LCW welcoming the staff transferring to us and developing partnership working with colleagues at West Middlesex Hospital. The service went live with a transfer to Cerner, the Trust and NWL wide EPR system.

Alongside this there have been two key areas of transformation that have centred around improving quality and experience.

We were delighted to have been chosen to trial a new digital online technology for assessing rashes and skin problems. This “Smart Triage” application provided by our Partner, Visiba, allows AI assessment of rashes that aid our clinician’s diagnosis and management. The service is under constant evaluation and both our patients and clinicians consistently rate the service highly from an improved experience and use perspective.

Internally we focused on improving our clinical queue management and in the last quarter of 2023/2024 this was a key project for LCW. This clinically led programme saw us consolidate our queues and enhance our clinical navigation resources and approach. The change was piloted over six weeks with feedback actively sought from navigators, clinical colleagues and operational teams enabling us to deploy a rapid, plan, do, see act (PDSA) cycle over the period. An evaluation was undertaken enabling us to move the way of working into business as usual, although work continues to iterate and improve the approach with regular training being provided to clinical and operational staff.

In addition to all the quality improvement work and focus the below provides updates against the quality objectives from the previous quality account:

- **Build on the members of our workforce gaining accreditation as mental health first aiders.**

Achieved: LCW grew its accredited mental health first aider workforce to 21 members in 2023/4.

Mental Health First aiders have proven to be an invaluable source of support to colleagues, and we have particularly seen this in our 111 service. Our mental health First aiders have been able to assist staff following distressing or challenging encounters in the course of their work.

- **Implement a new People management system**

Partially achieved: Work has been ongoing to mobilise and get ready for the launch of the ITrent system which will provide staff with an interactive tool to manage sickness, leave and provide better-quality real-time data for reporting from a management perspective. This is planned to go live in 2024.

- **Move to a new call centre environment.**

Achieved: Our 111 staff moved into a new call centre environment in summer 2023. This refurbished space offers improved working conditions, breakout and rest areas as well as a spacious kitchen. Following feedback from CQC highlighting that learning wasn't being shared as well as it could with our Health Advisors in the 111 service, we take now every opportunity to provide feedback to staff and promote learning in the workplace through the use of all channels available including large screens, notice boards, regular newsletters and alerts to all staff via our rota broadcast system

- **Embed our new organisational values**

Achieved: LCW undertook work in the later part of 2022 to review and refresh our organisational values. This work sought to include staff from across the organisation. Work to embed our values is ongoing and will continue to be a feature of our work through 2024/2025. LCW's values were co-produced with our staff of all disciplines and levels of responsibility. This was achieved through a number of workshops which enabled them to identify LCW's contribution to the community, what makes us effective and where we aim to be in the future in the provision of services. This work led to our values being agreed by our team as:

- **Putting Patients First** - LCW's commitment to quality and safety
- **Driving change** - listening and acting on new opportunities
- **Working together** - towards a common goal
- **Belonging** - Inclusive and caring
- **Community focussed** - Investment in social values

Priorities for Improvement 2024 / 2025

The organisation has set itself eight key priorities for 2024/2025 that look to drive and support improvement across all parts of the organisation. Two of these form part of the four quality priorities for 2024/2025 with a further two priorities that are directly linked to the clinical care we offer.

LCW Objectives 2024 / 2025

| | | | |
|---|--------------|----------------|--|
| Develop and establish a financially sustainable organisation which is able to diversify and grow. | Finance | Quality | Agree, implement and use a balanced scorecard across all service lines to support LCWs journey towards improving its CQC rating. |
| Deliver improved performance across every service demonstrating the value of LCW to system partners and patients | Performance | People | Work together to improve employee job satisfaction through developing our people and culture with the aim of reducing sickness absence and improved retention. |
| Improve the number of complaints managed within agreed timeframes enabling the focus of effort to be on learning and improving our care. | Quality | Transformation | Prioritise digital transformation utilising available and affordable technology to support improving our productivity and efficiency |
| Improve productivity across the organisation through clear SLAs and improve clinical productivity to an average of 3 cases per hour in all settings by December 2024. | Productivity | Innovation | Continue to be at the forefront of digital innovation through collaboration with NHS England, digital innovators and other partner organisations and stakeholders. |

Clinical Delivery Focus

Priority One – Improving the use of the Chaperone Policy

How was the priority identified?

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.

Why has it been identified?

This is to support both the patient and the practitioner with a contemporaneous record of examinations and the request to have a chaperone present. This process protects both patient and staff and is essential in demonstrating a professional clinical service and meeting expected regulatory requirements.

How will this be achieved?

Sharing of policy both in written and recorded form to improve awareness and share best practice across our clinical teams. Improve training for chaperones across our clinical services. Share learning promptly via Learning from Experience bulletins.

How will this be monitored?

- ✓ Reviewing of complaints and incidents
- ✓ Training records
- ✓ As part of audit programme

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

How was the priority identified?

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

Why has it been identified?

Anti-microbial resistance has been identified as one of the biggest threats to community health. Effective prescribing of recommended first line treatments for specific illnesses minimises the need for broad spectrum drugs. As a provider of care outside of working hours for primary care it is important that we follow the same protocols for antibiotic prescribing so that there is a consistent approach to clinical care around the clock.

How will this be achieved?

Reminding and sharing with our clinical team's best practice in antibiotic prescribing. Sharing information and data through education sessions and learning by practice bulletin. Including data as part of balanced scorecard approach to review of service delivery.

How will this be monitored?

- ✓ Reviewing of prescribing data
- ✓ As part of audit programme
- ✓ Reviewed within internal assurance meetings.

Advances in our quality and governance reporting across services

Priority three – Quality, Safety and Patient Experience Balanced Scorecard

How was the priority identified?

Through the running of our internal assurance processes, it has been 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.

Why has it been identified?

This has been identified as a priority to enable colleagues both responsible for running services and colleagues' part of the delivery of services as to how well these are delivering care. Through discussion with colleagues, it is evident that we could do more to support the understanding our delivery and be more targeted in the improvements that could be made.

How will this be achieved?

Development of a balanced scorecard through discussions with colleagues. Implementation across the services. Use in services from quarter 3 onwards.

How will this be monitored?

- ✓ Development of scorecard as part of Head of Quality, Safety and Governance work plan
- ✓ Use in local assurance groups
- ✓ Use in the Quality, Safety, Workforce and Performance Committee.

Priority four – Improving consultation rates whilst maintaining and improving outcomes

How was the priority identified?

Through audit and review work the organisation has found that the overall consultation rate through services that offer triage is benchmarking poorly.

Why has it been identified?

The organisation has set an objective to achieve an average of 3 cases per hour 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.

How will this be achieved?

This will be achieved by developing and implementing a continuous improvement approach with all clinical disciplines delivering telephone consultation. The approach has been underpinned by the development of a performance tool. This enables us to understand the rates being delivered but sat alongside a range of measures that include outcome information, audit scores, auditor feedback, complaints information and feedback from our operations teams. The approach will offer a supportive framework for the improvement with re-induction opportunities, support from clinical directors and clinical practice sessions on specific topics. The organisation will also support with process and technology improvements.

How will this be monitored?

- ✓ Development of approach and sign off through Board Committee
- ✓ Use of the tool and the sharing of data with colleagues
- ✓ Data shared in the Quality, Safety, Workforce and Performance Committee.

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

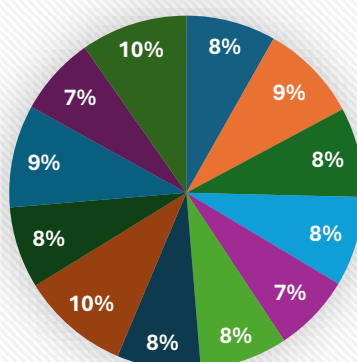
Safeguarding activity including the number, type and location of referrals made is reviewed at each of our local assurance groups. In addition to this we review the safeguarding training compliance and provide vignettes of interesting cases for learning which are then shared wider via our Learning from Experience Bulletins, supervision and drop-in sessions.

The following data shows the number and type of referral by LCW service

| Month | No Of Cases Adult | No Of Cases Child | Total Adult/Child |
|--------------|-------------------|-------------------|-------------------|
| Apr-23 | 166 | 274 | 440 |
| May-23 | 182 | 112 | 294 |
| Jun-23 | 166 | 111 | 277 |
| Jul-23 | 166 | 95 | 261 |
| Aug-23 | 144 | 66 | 210 |
| Sep-23 | 162 | 72 | 234 |
| Oct-23 | 155 | 80 | 235 |
| Nov-23 | 200 | 91 | 291 |
| Dec-23 | 151 | 94 | 245 |
| Jan-24 | 190 | 89 | 279 |
| Feb-24 | 146 | 85 | 231 |
| Mar-24 | 197 | 90 | 287 |
| Total | 2025 | 1259 | 3284 |

The stability of our safeguarding referral rates by month is a reliable indicator that our staff have a consistent level of awareness and reporting.

Safeguarding referrals by month Adults and Children



■ Apr-23 ■ May-23 ■ Jun-23 ■ Jul-23 ■ Aug-23 ■ Sep-23
■ Oct-23 ■ Nov-23 ■ Dec-23 ■ Jan-24 ■ Feb-24 ■ Mar-24

Incident reporting

LCW have a well-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.

A review of the reported incidents in this period has enabled us to identify and prioritise themes and issues that require action from our leadership teams to address.

Total incidents reported by service 2023/4

North Central London 111 and Out of Hours (OOH)

| Location | NCL 111 Incidents | NCL OOH Incidents |
|----------|-------------------|-------------------|
| Total | 252* | 20 |

**The higher number of NCL 111 incidents reflects the higher proportion of the contracted service provided by LCW in this area as opposed to NWL*

North West London 111 and Out of Hours (OOH)

| Location | NWL 111 Incidents | NWL OOH Incidents |
|----------|-------------------|-------------------|
| Total | 52 | 29 |

GP Practice and UTC

| Location | GP Practice | WM UTC |
|----------|-------------|--------|
| Total | 11 | 50 |

Themes of incidents

If themes are identified from incidents, complaints and feedback it prompts us to look more closely at an area in order to address any risks and make improvements.

The following shows a breakdown of themes from incidents reported on LCWs RADAR management system by service:

A total of **20** incidents were logged for NCL OOH from 01.04.23 – 31.03.24.

| Themes | % |
|---|-----|
| Missing medication/issues with drug storage | 30% |
| IT related issues | 25% |
| Health & Safety issues | 10% |
| Others included: <ul style="list-style-type: none"> Failed home visit, Staff death in service. Case modified incorrectly on system potentially delaying care, Home Visit closed in error, Staff able to book appts 24 hours in advance instead of limited to 24 hours creating potential risk. | 35% |

A total of **29** incidents were logged for NWL OOH from 01.04.23 – 31.03.24.

| Themes | % |
|--|-------|
| Missing medication/prescription pad | 20.7% |
| IT related issues | 20.7% |
| Health & Safety issues | 13.8% |
| Productivity & behaviour related GPs and Clinicians | 10.3% |
| Inappropriate use of the DOS options | 13.8% |
| Others included: <ul style="list-style-type: none"> Case delayed in being transferred for GP to make home Visit, On call manager not informed of NHS Property Service evacuation of service. Concerns re management of case by LCW & LAS), Lost visiting car keys, Referral to Rapid response visiting service not received, Use of general feedback route by patient for a more serious concern | 20.7% |

A total of **11** incidents were logged for the GP Practice from 01.04.23 – 31.03.24

| Themes | % |
|--|-----|
| Processing of patient notes referrals and results. | 44% |
| Medication and prescribing related | 22% |
| Others included: <ul style="list-style-type: none"> Information Governance (1G) breach Portering /sample collection Receptionist communication IT system related | 44% |

A total of **50** incidents were logged for the West Middlesex UTC from 28.09.23 – 31.03.24

| Themes | % |
|--|-----|
| Provision of care/treatment | 26% |
| Communication related | 16% |
| Information governance & confidentiality related | 12% |
| Fire procedures/ Health and Safety/ Estates and facilities | 10% |
| IT and medical device related | 10% |
| Appointments & clerical issues | 8% |
| Abuse & aggression (service user) | 6% |
| Other | 12% |

A total of **311** incidents were logged for 111 from 01.04.23 – 31.03.24.

INCIDENTS

| Themes | % |
|---|-------|
| Failure to follow local policy e.g. 3 rd party, toxic ingestion, remote caller policy | 26.1% |
| Working outside expected role or standard | 15.4% |
| Missed questions/did not ask all questions/ failed to assess patient appropriately | 13.5% |
| Lack of or over probing responses to questions in assessment | 8.7% |
| Health Advisor failure to seek clinical advice where appropriate | 6.4% |
| IT related issues | 5.5% |
| Current location – failure to identify | 3.8% |
| Information and data protection related | 3.5% |
| Health & Safety issues | 2.9% |
| Others included: <ul style="list-style-type: none"> • No worsening advice given, • Incorrect pathway used, • Disconnected from call before LAS arrived, • Assessed patient outside UK, • Health advisor” took calls while Improvement Plan was in place, • Health advisor rota gap. • Trainee was “combative” in manner with patient, • HA slow to respond to emergency situation, • Closed case in error. | 14.2% |

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.

In the year 2023-4 we carried out 10 themed 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.

Examples of Clinical Audit

| Subject | Audit type | Findings |
|--|--|---|
| NCL IUC Urgent Home visit Audit | Retrospective audit of home visit requests to determine if the urgent requests reflected the clinical need and to see if any could be managed differently. | 75% of urgent visits were appropriate (end of life/medically complex). The inappropriate referrals led to learning internally (fed back to clinicians via teaching & LfEB*) some learning and learning sent externally to LAS which they reviewed and was upheld. |
| Optimising the North Central London clinical Pathway for eye problems. | Retrospective audit to establish if the eye problem pathway is being utilised appropriately when it could be and to Identify any opportunities for learning. | LCW has a very good process for rejecting the NCL Eye pathway when it is inappropriate to use it. 94% of cases were appropriately managed This included management advised from Moorfields, patients presenting with other symptoms present and very minor eye conditions. Clinician input was sought for some of the more challenging cases which indicates good practice. |
| Optimising the TIA (Minor Stroke) pathway to Same Day Emergency Care (SDEC) | A missed opportunity audit, to establish if there were any cases where the TIA SDEC could have been selected and identify any learning needs of our clinical team. | 88% cases were managed conservatively. SDEC was correctly not used in 97% of all cases audited as the patients would have been unsuitable. There were only 3 missed opportunities to use the pathway. Learning was cascaded through the learning sessions and LfEB. |

(* LCW Learning from experience bulletin)

Other audit activity

Training and audit relating to effective prescribing is carried out year-round by subject matter experts. LCW review the prescribing practice of all our 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. Results are presented at our local assurance groups

and feedback is given by LCW's Clinical leads/head of medicines management. Medicines and prescribing audit is a cornerstone of our governance framework and has been selected as such due to it being a high risk high volume activity which has previously been a theme of incident reporting. We have set an objective around reduction of broad spectrum antibiotics for this year as we believe that any improvements should be part of an ongoing process and there is always more work we can do.

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.

Training and development

LCW pride ourselves on being a learning organisation, as well as learning from incidents, complaints and feedback we provide ongoing clinical learning to assist our clinicians attain their ongoing accreditation and professional revalidation. This work is led by our Clinical Directors, Director of Quality and Governance and Safeguarding lead. During 2023/2024 we put on several well attended and positively evaluated sessions, a sample of which is presented below:

- A chaired learning event with a Consultant Psychiatrist and an expert by experience (mother of a 20-year-old non-verbal man) to discuss Autistic Spectrum Disorders. Focussed on how best to communicate with, assess and care for patients with a spectrum disorder with an emphasis on improving access and outcomes. July 2023.
- Peer review and learning session on assessment of breathlessness and diagnosis of pulmonary embolism, follow up learning to a previous incident. September 2023
- A chaired workshop on Palliative Care with guest speakers from North London Hospice team. Shared best practice when managing symptoms and end of life. This was followed by a plenary where clinicians discussed cases of interest with subject matter experts - October 2023
- A chaired learning session on complex rheumatology presentations identified as learning from an incident to update clinicians. This was facilitated by a consultant rheumatologist. Looked at case examples and differential diagnosis - January 2024

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 tables below share some key themes identified from feedback where we have considered improvements and shared associated learning with our teams to improve patient safety and experience. Feedback is collated centrally and reported through local assurance groups overseen by Clinical Directors and Service Leads on a monthly basis with actions assigned to responsible officers.

Total Complaints 2023/4 All LCW services

| LCW | Complaints |
|-------|------------|
| Total | 172 |

Complaint themes by service

North Central London 111 and Out of Hours (OOH)

| Location | NCL 111 Complaints | NCL OOH Complaints |
|----------|--------------------|--------------------|
| Total | 35* | 26 |

North West London 111 and Out of Hours (OOH)

| Location | NWL 111 Complaints | NWL OOH |
|----------|--------------------|---------|
| Total | 7 | 27 |

** The higher number of NCL 111 complaints reflects the higher proportion of the contracted service provided by LCW in this area as opposed to NWL*

GP Practice and UTC

| Location | GP practice | WM UTC (Sep-Mar) |
|----------|-------------|------------------|
| Total | 24 | 23 |

A total of **26** complaints were logged for NCL OOH from 01.04.23 – 31.03.24.

| Themes | % |
|--|-------|
| Unhappy with management of care/advice given | 19.2% |
| Attitude and communication | 46.1% |
| Delay in getting a call back from OOH or no call back made | 15.4% |

| | |
|--|-------|
| Others included: | 19.3% |
| <ul style="list-style-type: none"> • Delay in responding to complex Subject Access Request • Inappropriate referral to social services, • Related to patient opting out form primary care • Related to homelessness and services • incorrect information regarding appointment time versus arrival time at walk in services | |

A total of **42** complaints were logged for LCW 111 services from 01.04.23 – 31.03.24.

| Themes | % |
|--|-------|
| Unhappy with management of care/advice given | 7.5% |
| Attitude (rude, intimidating) | 42.5% |
| Incorrect information re appointment versus arrival time | 15% |
| Inappropriate referral to social services | 7.5% |
| Complaints regarding care from own GP/hospital care | 5% |
| Others included: | 22.5% |
| <ul style="list-style-type: none"> • No consent to share information, • Alleged treated differently due to homelessness. • Prescription issue (not registered with a GP), • Unable to access medication as in-between GP practices, • Having to go through another assessment when calling back into service, Request for no male HCPs not followed/ able to be followed • Inappropriate referral to OOH services. | |

A total of **27** complaints were logged for NWL OOH from 01.04.23 – 31.03.24.

| Themes | % |
|--|-------|
| Unhappy with management of care/advice given | 23% |
| Attitude and performance related GP or Clinician | 23% |
| Prescription related issues (not sent or sent to a pharmacy miles from patient) | 15.4% |
| Delay in getting a call back from OOH or no call back | 23% |
| Others included: | 15.4% |
| <ul style="list-style-type: none"> • No consent for sharing information, • Related to being told had an appointment when it was an arrival time only, Alleged sexual assault • Communication issues | |

A total of **24** complaints were logged for the GP practice from 01.04.23 – 31.03.24.

| Themes | % |
|--|-----|
| Unhappy with aspects of the Surgery's systems or processes | 46% |
| Multiple complaints in short intervals by individuals | 21% |
| Others included: | 33% |
| <ul style="list-style-type: none"> • Reception staff related • Individual GP related | |

A total of **23** complaints were logged for West Middlesex UTC from 10.23 – 31.03.24.

| Themes | % |
|--|-----|
| Staff attitude /Communication | 70% |
| Clinical Care/management | 16% |
| Discharge process related | 7% |
| Others included: <ul style="list-style-type: none"> • Waiting time related • Being asked to leave department | 7% |

A total of **33** complaints were logged from 01.04.23 – 31.03.24.

| Themes | % |
|--|-------|
| Attitude related (verbal communication, politeness) | 54.5% |
| Incorrect information re: appointment versus arrival time | 21.3% |
| Inappropriate referral to social services | 12.1% |
| Others included: <ul style="list-style-type: none"> • unhappy told by 111 that patient deregistered from GP surgery • incorrect information given re. pharmacy opening times • did not give consent for records to be shared • annoyed that they had to go through a 2nd assessment | 12.1% |

Patient and service user compliments

As well as learning from incidents we appreciate it when our patients offer feedback regarding their positive experiences. We always log these and pass them 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 36 from 1st April 2023 - 31st March 2024.

| Service | Out of hours (NCL & NWL) | 111 (NCL & NWL) | Single point of referral SPOR) | GP Practice | WM UTC |
|---------|--------------------------|-----------------|--------------------------------|-------------|--------|
| Total | 25 | 9 | 2 | 4 | 5 |

Compliments – a sample by LCW service:

- “The doctor was so caring, gave my husband a thorough examination, and chatted with us for some considerable time while he was waiting for urine test results. Not once did we feel rushed, and the attention was second to none. We felt reassured after his visit”.
- “The doctor was absolutely excellent, professional, and very compassionate”.
- The doctor was absolutely wonderful with her (patient) and completely reassured us both that things were going in the right direction. He had empathy and respect for an old lady and gave her confidence. I wish he was our GP!

- “The call handler we spoke to was very helpful and got a doctor to phone us”.
- Patient made a compliment about “the lovely nurse who contacted her supervisor. I'm grateful for her help”.
- (Dr) has given me excellent advice and helped me understand my condition better. The information I received today, to help treat my symptoms and go back and speak to my GP gives me hope of living a better quality of life and the ability to resume some of my normal activities. I am extremely grateful and pleased with the service
- Thank (Dr) for his brilliant advice. He advised me with few ways to overcome my problem. He was very caring and helpful, explaining what I need to do. It was a pleasure to know him
- Dear All, I thought I would let you know how happy I am to come over to you fromDr. and to praise your receptionistwho has treated me with respect and courtesy to me she is professional, knowledgeable, patient and very helpful, nothing is too much trouble and her communication skills are excellent -Thank you
- The clinical pharmacist is a truly exceptional pharmacist. She is not only knowledgeable, kind and caring, she is also goes above and beyond, ensuring the best care for her patients. Today she reviewed my conditions and my medications in details and she extensively explained my medications that no one else did for me before! I am truly grateful for her outstanding service and support! Thank you very much!