Title: Barking and Dagenham, Havering and Redbridge CCGs’ response to the Care Quality Commission’s report on the Urgent Care Centre at King George Hospital.

Summary:
Following publication on 22 August of the Care Quality Commission (CQC) report into the Urgent Care Centre service at King George Hospital (KGH), provided by PELC, Barking and Dagenham, Havering and Redbridge CCGs, together with Barking, Havering and Redbridge University NHS Hospitals Trust, took immediate action and conducted a formal, clinically-led quality assurance visit to the site, the next day, in order to determine any patient safety issues.

After the CQC inspection in April 2018, PELC implemented a number of changes to practices at KGH. Following our visit, we were assured of the safety of services provided by PELC at KGH and that patients can be confident in the safety and quality of the services being provided in the Urgent Care Centre.

Given that PELC also provides the Urgent Treatment Centre services located on the Queen’s Hospital site, BHR CCGs also conducted an early quality assurance visit to that site, again to determine any issues with patient safety.

During this second visit some concerns with clinical governance, policies, procedures and medicines management were identified. PELC has already made rapid progress to address them.

Recommendation(s)
The Committee is asked to note this update report.

Reason(s)

1.0 Purpose of the report

1.1 The purpose of the report is to provide an update to the committee on the actions BHR CCGs have taken in response to the CQC’s report into the urgent care centre provided by PELC at King George Hospital.

2.0 Background/Introduction
2.1 BHR CCGs commission an Urgent Care Centre (UCC) at King George Hospital. This service is provided by PELC.

2.2 The urgent care centre is open 24/7 every day of the week and is located next to the A&E. Urgent care centres provide same-day, urgent care from nurses and doctors for patients who consider that their condition is urgent enough that they cannot wait for the next GP appointment.

2.3 The CQC conduct regular inspections of health services, and they inspected the UCC at King George Hospital in April 2018.

2.4 On 22 August 2018 the CQC published their report into the UCC at King George Hospital and rated the service as ‘Inadequate’. At the same time the CQC also published their report into the out of hours service provided by PELC, and this service was rated “Good” overall.

2.5 The UCC was rated ‘Inadequate’ for being safe and well-led. It was rated ‘Requires Improvement’ for being effective and caring and ‘Good’ for being responsive.

2.6 Among the findings, inspectors reported that:
‘The provider’s clinical streaming process did not safely assess, monitor or manage risks to patients.’

‘…medicines audits lacked a clear process for managing clinicians who persistently breached local prescribing expectations.’

‘Although we saw evidence that the provider learned from safety incidents and improved its processes, we could not be assured that learning included all relevant people.’

2.7 Following the CQC’s report BHR CCGs took a number of immediate actions to review the safety of the service, and support PELC to take urgent action to address the CQC’s recommendations.

3.0 Update on BHR CCGs’ actions

3.1 As commissioners of the service Barking and Dagenham, Havering and Redbridge CCGs were very concerned that the service was rated inadequate and conducted formal, clinically-led visits to the sites - to KGH (23 Aug) and Queen’s (31 Aug) in order to determine any patient safety issues, identify any immediate risks and ensure mitigating actions were put in place to make the services safe.

3.2 After the CQC inspection in April 2018, PELC implemented a number of changes to practices at KGH. Following the visit BHR CCGs undertook, we are assured of the safety of services provided by PELC at KGH and that patients can be confident in the safety and quality of the services being provided in the Urgent Care Centre.

3.3 During our visit to Queen’s we identified some concerns with clinical governance, policies and procedures. Many of these concerns and issues can be easily resolved and PELC has made rapid progress to address them.
3.4 We have placed PELC on an enhanced level of surveillance for the next six months and issued a list of immediate actions we expect to be completed. Our clinically-led team will return to Queen’s for further review of the UTC after an initial four week period.

3.5 We are pleased to report that within a matter of days of this new process being in place, all immediate risks to patient safety have been fully mitigated and all deadlines for completion of actions have been met.