



Mastercall Quality Account 2021/2022



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Introduction:

Statement from our Chief Executive

Mastercall Healthcare is a Social Enterprise organisation (Company Limited by Guarantee) and has been accredited by the Social Enterprise Mark. We provide a diverse range of Out of Hospital Healthcare services, specialising in 'out of hospital' healthcare. Our primary purpose is to provide services to the NHS which support admission avoidance to hospital and safe management of patients being discharged from hospital earlier than otherwise would have been safely possible.

Safe, high quality, patient centred services are our key priority and to ensure we deliver effective, clinically safe services, we have a robust clinical governance process in place which is overseen by our Organisational Medical Director who is a GP, supported by a multi-disciplinary team of highly skilled and experienced clinicians.

We have rigorous processes in place to ensure our compliance with statutory, legal and contractual obligations all of which are regularly reviewed and monitored by our Quality and Safety Team and scrutinised at Board level.

Our CQC rating is good with 'OUTSTANDING' for Caring. We have been accredited with the Daisy Award for Dignity in care and are members of Urgent Health UK (a federation of Social Enterprise organisations) and commit to a number of external quality/performance audits which are benchmarked against other UHUK members.

Our Good Governance Framework covers all of the CQC pillars, and we have designated committees to ensure that we are meeting our obligations, identify lessons learnt and embed a culture of continuous learning and feedback.

Our greatest asset is our workforce. During 2021/22 we continued with our innovative and agile response to supporting the impact of Covid as well as expanding our award-winning Technology Enhanced Living Service and Hospital at Home Service.

To ensure appropriate capacity to manage our 'business as usual' and new technology driven services, without compromising quality and safety, we have significantly invested in digital technology to support our home/remote working platform and video consultation. We currently have more than 150 home working placements which have enabled us to adequately manage our contractual and performance metrics.

There have been times throughout the year where our performance KPIs were challenged, in particularly within our dental services however, we ensured that we continued with our stringent monitoring of capacity and demand, KPI and audit cycle so that we were aware of the challenges and risks to ensure these were mitigated. As a result, we have not had any adverse outcomes.

We will continue to adopt a continuous improvement plan to ensure patient safety is maintained as we enter into the second phase of Covid. I am incredibly proud of what our team have achieved and how they have responded through one of the most challenging years the NHS has ever experienced.

To this end, I declare that I have read and approve these Quality Accounts and I am happy with the accuracy herein.

I am satisfied with the quality of the services that we have delivered. Whilst our KPIs have not always been achieved I am confident that we maintained safe, high-quality care to our patients. We are aware of the areas of risk, and we have put measures in place to support/mitigate these.

We are committed to ensuring continuous services improvements which will be achieved through our commitment to staff recruitment/development, investment in digital technology and a culture of openness, transparency, reward and recognition.

MICHAELA BUCK
CHIEF EXECUTIVE



Who we are and what we do:

Mastercall is an award-winning social enterprise provider of Out of Hospital services to the NHS in Greater Manchester. We were founded in 1996 in Stockport as a GP Co-operative, to provide Out of Hours Primary Care to patients of Stockport GPs. We have grown to provide a portfolio of services throughout Greater Manchester. Currently we provide Out of Hours primary Care Services to over 500 000 patients in Stockport and Trafford. We also deliver bespoke community services to reduce the need for hospital care, such as our Community Intravenous Treatment Services which is integrated with our Virtual Ward, for remote patient monitoring. The highest dependency patients can have intensive home care and treatment in our Hospital at Home service. Other services include Dental Helplines, Walk-in Centre, GPs in Emergency Departments, specialised services to the Homeless community. We have a 24/7365-day clinical hub. We are proud of our ability to rapidly design develop and deploy service to meet unexpected urgent clinical need, such as our range of face-to-face Covid management services delivered at pace during the pandemic, and services developed to care for Asylum seekers.

We are an agile innovator and a founder member of the Greater Manchester Urgent Primary Care Alliance Community Interest Company (GMUPCA CIC). This Alliance was set up by three Greater Manchester, 24/7, Out of Hospital providers (Mastercall, gtd Healthcare and Bardoc) to provide opportunity to contract for integrated Urgent Care delivery across Greater Manchester at scale (with improved economies). To that affect, the GM Clinical Assessment Service (CAS) was established.

We designed, piloted and proved the concept of the Pathfinder Alternative to Ambulance Transfer service, now adopted nationally. We are at the forefront of delivering services to help our local community manage the current COVID 19 pandemic emergency. As a social enterprise we have no shareholders. All resources received are devoted to patient care. We are dedicated to providing the right care to the right patient in the right place at the right time, and to act at all times in the best interests of our patients, the NHS and our local community.

The Covid Pandemic

Long term positive changes:

During the pandemic Mastercall responded in a timely manner to the way we provided our services. Mastercall has made some positive long-term changes in the way we work, this includes using video consultations and electronic prescribing. For example, prescriptions can be sent directly to pharmacies rather than patients having to collect them from one of the Mastercall premises. These changes have had a positive impact for patients, carers and clinicians to manage demand, utilise resources efficiently, whilst providing a safe and effective high-quality service.

We continue to implement the infection control and prevention measures when consulting with patients face to face. We have reviewed our management plans in accordance with the Government's living with covid plan and seek regular advice and guidance from the local public health teams.

2021/2022 targets:

Clinical Targets

	Objective to be achieved	Have we achieved this?
Culture & engagement	To engage with clinical staff to relaunch our organisational values and beliefs. This will be addressed within already existing meetings which take place with our clinical staff so has no impact on service provision or cost.	Business plan with updated values and beliefs for 2022 – 2023 has been launched. We have added a new value which is Kindness with red and green behaviour, so staff are aware of when they have worked towards the values. The clinical team have also reviewed how often the values badges in the organisation are being used and the evidence is that we do use them but there is room for improvement.
	To identify areas from these engagement sessions and incorporate into our clinical strategy.	The clinical team both medical and non-medical have provided engagement sessions, training and service awareness sessions throughout the year and intend for this to continue. Feedback from these sessions have driven service change and clinical development and future engagement sessions so it's a continuous cycle of change and is linked to our growth and sustainability strategy.
	To review the culture/ engagement elements of the clinical strategy after information has been gathered from clinicians. This will help to identify further areas to be explored and developed.	As above and to add to this, we have also looked at understanding our staff by looking at the personality of our staff through a Myers Briggs questionnaire so we can look at affective teamwork.
Development	To further implement and develop the leadership program for our Advanced Clinical Practitioners and Service Leads.	Linked to the 2022 – 2023 business strategy. Enablers identified and linked to the next 12 months Clinical training and development budget. The plan is that we will also develop a training academy. A clinical development framework will be launched in 2022 – 2023 and will be accessed on the intranet which will offer structure to all clinician's development in Mastercall.

Education	To develop a monthly training program for our clinicians to access as part of their development. A timetable for this was create in early 2020 but due to covid demands the training program was postponed. This has been moved to our 2020/2021 priorities. It will be reintroduced and managed remotely.	As above
	To offer IV training for district nurses to upskill the wider workforce not just in Stockport but in other areas.	This has not been possible to achieve die to the Pandemic. This is an area we wish to develop once our IV service lead has been through the leadership program.
	To develop skills by offer triage training in other areas of primary care	Not progressed as no funding available from the CCG. We have continued to develop our own cohort of staff as we strive for effective safe and efficient care. As remote triage and assessment has developed across the primary and secondary care we have explored offering this training to other organisations. This has not been taken up due to the pandemic but it is an area we will launch once we have capacity. Not progressed due to the pressures on primary care and yearlong clinical demand experienced by the system.

Human Resources Targets

Objective to be achieved	Have we achieved this?
100% of employees to have had a goal setting and appraisal with line manager. Completed appraisal forms, supporting PDP, objectives and metrics by end Sept 2021.	121 manager support continues to be provided to all staff. Appraisal forms and Matrix have been created and tested before the full roll out. Formal appraisals will re-start following roll out of the objectives from which individual targets can be set.
Ensure all managers and supervisors (at all levels) have the relevant development plans required in order to fulfil their financial and functional departmental objectives.	There has been a delay in the publication of the objectives to managers while additional work has been undertaken to further develop the business

Communicate/cascade objectives to departmental managers, put in place PDPs by Sep 2021. Create leadership and management development framework by end Dec 2021.	plan. This will continue to be a priority publication and is scheduled before the end of the year.
Continually achieve Daisy re-accreditation. Challenge as SHH Foundation Trust have suspended Daisy, looking at a new assessor or train to become an assessor ourselves in 2021.	Unfortunately, the Daisy programme is no longer available to accredit to. Mastercall continue to embed the Daisy principles of care throughout all that we do and have committed as Dignity in Care Champions.
Create new diversity policy. This has been started and will be finished by the end of 2021.	Diversity policy has been created and distributed on the intranet.
Ensure succession planning framework developed 2021. Review organisational design to ensure structure and posts fit for purpose by end Dec 2021.	Mastercall organisation structure was reviewed in 2021 and succession plan reported to board November 2021 relevant updates and changes have been implemented.
Further develop organisational culture survey 2021. Survey to be sent out by end Oct with results communicated by end Dec 2021.	Mastercall has undertaken culture surveys as part of an audit conducted by Audit South West (ASW) and via Urgent Health UK (UHUK) which benchmarks against similar organisations. Internal surveys have been regularly sent to specific teams or job roles across the organisation.
Develop company-wide wellness strategy. Wellness strategy to include employee feedback from culture surveys and appraisals, final draft to be completed by end Dec 2021.	Wellness continues to be a focus for Mastercall. Strategy is still being formed and is not yet published. Wellbeing initiatives continue with massage, support via referral to psychological support or occupational health. Health awareness campaigns are promoted. Trial for a wellbeing and employee assistance programme app is being investigated.

Finance Targets

Objective to be achieved	Have we achieved this?
To increase the use of more varied and complex financial data and to ensure its accuracy for effective, quality decision making. Development of in-house business intelligence tools, to start October 2020.	Some progress has been made on a 'reclaiming fiscal engine' which draws funds from the GMUPCA to the minute accurate (in terms of time worked).
To improve efficiency in processing financial transactions. Investment in a tailored business resource planning tool.	Some payroll automation SQL rules have been written to support expedited financial processes with payroll Again, we continue with a comprehensive use of financial ledgers with Investment in a tailored business resource planning tool as per our previous report.
To increase the efficiency of integrating financial information. Undertake updates to automations.	A macro direct labour fill rate visualisation tool has been built in powerbi to allow for the company to see the entirety of its contracts shifts against their % fill to ascertain under and over utilisation. As the main business outgoing is clinical labour this is a significant visualisation of integrating rota data with a quasi-financial output for an overarching metric. <i>Automated the conversion of:</i> The Master GP Pension summary sheet that payroll maintains, into the correct format for import into Sage Payroll. Rotamaster data into the correct format to import into Sage Payroll, to meet a legal requirement to provide a breakdown by different pay rates on pay slips.

IT Targets

Objective to be achieved	Have we achieved this?
Moving the Smart Card User Service to IT. A review of Smart Card Process in Training, and measured and staged approach to move full services to the IT department.	We are working with GM Integrated Care, and NHS Digital on a pilot to ensure that Digital Cards are implemented.
Provide IT Services from Mastercall to the GM Alliance. Provide a structured ITIL IT Service Desk to the Alliance from Mastercall. Ensure rigid IT support and skills gap analysis are covered, providing 24/7 Integrated IT service support.	Staff will undergo training, and also a skills gap analysis is to be resent out to organisations.
To implementation new Digital Stethoscope technology	This was started to support vulnerable patients in Care Homes with Chronic/ Long Term Disease and Conditions. However, it has now been expanded to support the Covid pandemic. Currently assessing the new solutions, which will undergo an assessment via criteria.

Information Governance Targets

Objective to be achieved	Have we achieved this?
To complete and submit the annual Data Security and Protection Toolkit (DSPT) by 30 th June 2022.	By following the DSPT project plan to ensure all criteria/work is complete. Yes, this is submitted online at https://www.dsptoolkit.nhs.uk/

Organisation code: Y00597

Address: INTERNATIONAL HOUSE, PEPPER ROAD, STOCKPORT, CHESHIRE, ENGLAND, SK7 5BW

Primary sector: Other (including charities and NHS business partners)

Publication history

Status	Date Published
21/22 Standards Exceeded	28/06/2022
20/21 Standards Met	28/06/2021
19/20 Standards Met	29/09/2020
18/19 Standards Met	29/03/2019
18/19 Standards Met	29/03/2019

To provide 'role specific' Data Security and Protection training across the organisation.

Yes, by updating the Data Security and Protection Training Needs Analysis (DSPTNA) Mastercall continues to ensure all staff receive appropriate training for their role.

This has included the below specialist training;

- Data Protection (CPD)
- SIRO training
- Caldicott Guardian training (including
- Information Asset Owner training
- National Data Opt-Out
- Subject Access
- Cyber Security

To raise staff awareness on Data Security and Protection Issues.

2 comprehensive IG newsletters have been sent out to all staff, as well as other emails/computer screensavers regarding IG issues.

To ensure compliance with the National Data Opt-Out by the national deadline 30th September 2021.

Mastercall confirmed compliance with the National Data Opt-Out in March 2022

To build on and improve (where appropriate) Mastercall's bespoke Information Asset Register to ensure all information assets/data flows are mapped, recorded and risk assessed.

The majority of Information Asset Owners have provided an annual assurance statement to confirm their information assets have been reviewed; with consideration to data protection, security, risk, confidentiality and availability of each asset.

Quality Improvement & Lessons Learned in 2021/2022:

Throughout the Covid pandemic and moving forward out of the pandemic, we have continued to undertake various quality improvement projects at Mastercall. These processes allow us to identify areas of care across services where we may need to concentrate our efforts on making improvements to patient care.

At Mastercall we also actively seek to learn from anything that has gone wrong (lessons learned). Through incident reporting, risk management, complaints and adverse patient feedback we investigate and take action to reduce errors and prevent recurrence. Poor practice and adverse feedback are regularly communicated to enable us highlight issues and promote shared learning throughout the organisation.

Topics we consider when selecting areas for quality improvement projects include the following:

- User views or complaints
- Adverse incidents/ near miss reporting
- Local priorities or concerns
- Assurance monitoring
- Legal requirement
- Contractual requirement
- National / Local guidelines

Results of our quality improvement projects are widely shared with Mastercall staff through weekly bulletins and newsletters. Positive patient feedback, good news stories and reassuring audit results are acknowledged and communicated to encourage staff and to recognise the great contributions they make to the quality services we provide.

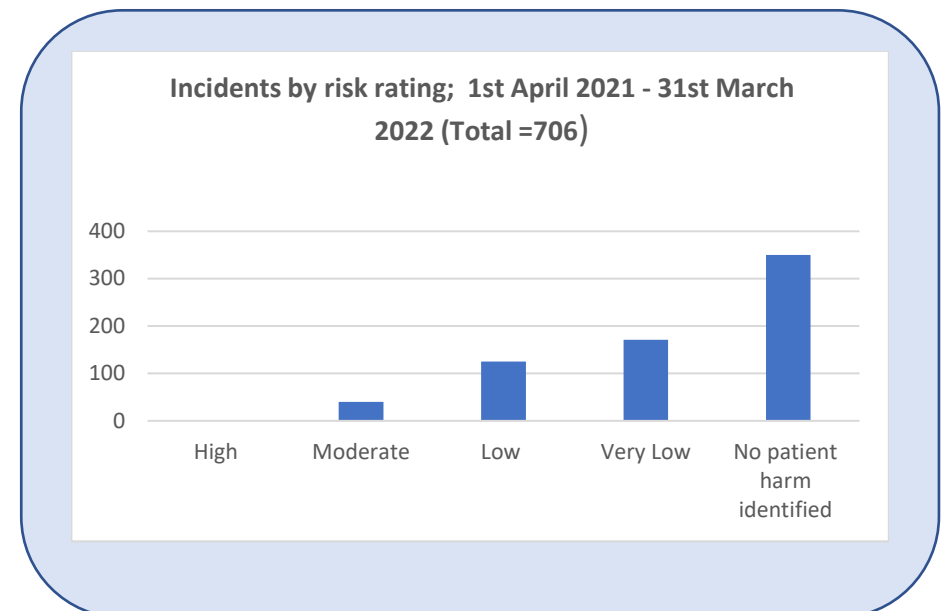
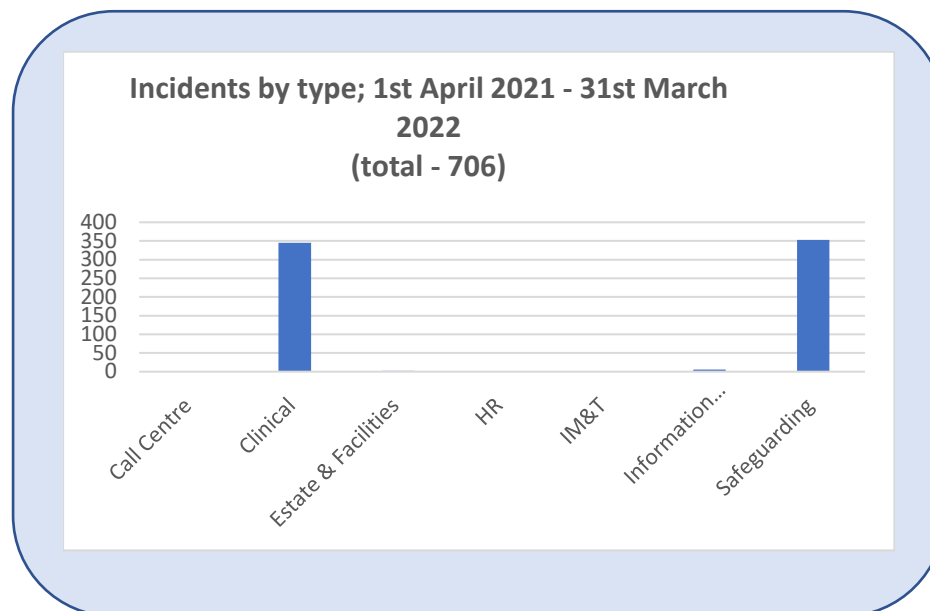
The Quality & Safety Team consists of the Medical Director, the Deputy Medical Director, the Associate Medical Director, the Director of Nursing, The Nurse Consultant, the Head of Clinical Operations for both Trafford and Stockport, Head of Clinical Performance, Safeguarding Lead and the Quality & Safety Manager.

Incidents

All of our incidents are reviewed by a Service Lead and a clinical member of the Quality & Safety team and incidents are not closed unless they have been signed off by a Medical Director. Each incident is investigated, and the outcome and any lessons learned are disseminated across the organisation via Quality & Safety Bulletins or via the Quarterly Newsletter. Any actions taken are also fed back to the individual who raised the incident, whether internally or externally received.

Incidents are reported to the Commissioners on a quarterly basis and the commissioners are also advised if each incident was; attributable, partially or not attributable to the organisation.

Between the 1st of April 2021 and the 31st March 2022, 706 incidents were logged. Of these 1 was classed as high risk, 40 were classed as moderate, 125 as low risk, 171 as very low risk and 350 had no patient harm identified.



Here are some of the trends we have identified when investigating incidents during 2021-2022.

Several incidents were raised regarding failed contacts with patients and a reminder was sent in the Quality & Safety Bulletin to ensure they follow the 3 failed contact procedure. i.e. call 101, arrange a knock on or a home visit. On closing the case, the clinician should advise the shift lead to send a text message if it is a mobile phone to ensure all options to contact the patient have been made. Should shift leads need to make a comfort call, they must try twice and then send a text message (if this is a mobile phone) and leave it open for a clinician to decide on the next action as per the 3 failed contact procedure.

Incidents logged regarding broken and faulty equipment and clinicians not keeping the rooms tidy. A reminder was sent to clinicians reminding them of their responsibilities for good infection prevention and control precautions. We also committed to more frequent room cleaning and decontamination by our domestic team. The communication also stated that Mastercall are having an increase in lost and broken equipment and the reminder was for clinicians to ensure that medical equipment is treated carefully and that they report any problems back to the shift lead should any item become faulty.

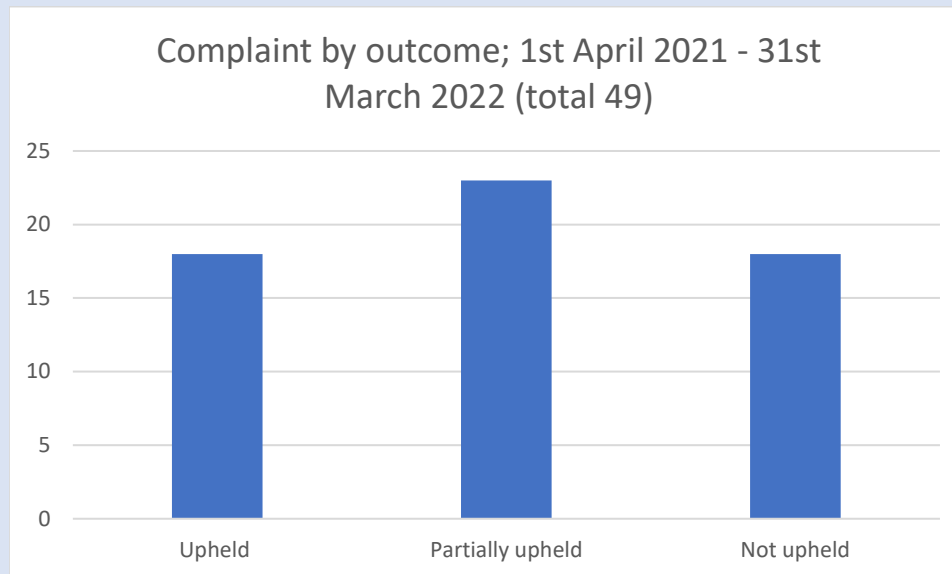
Communication was sent to all staff regarding cancellation of shifts at short notice following a couple of incidents raised where there was unnecessary pressure on colleagues due to staff shortages. The reminder was to refer to the Sickness Absence policy which is available to all staff.

A couple of incidents were reported due to patient details not being checked; therefore a reminder was added to the Quality and Safety Bulletin for clinicians to check patient details and clarify their currently location and this reminder was added to the 'clinical crib sheet'.

Trafford General Hospital was designated a 'cold site' and therefore, patients with a temperature or respiratory symptoms should have been offered an arrival time. This information was sent out in the Quality and Safety Bulletin as a reminder that until Manchester Foundation Trust guidance changed clinicians must either advise patients to attend Wythenshawe or Manchester Royal Infirmary for assessment.

Complaints

Mastercall Healthcare received 49 complaints for the period 1st April 2021 to 31st March 2022 from a total case list of 250154. This equates to **0.02%** of our cases. All complainants are offered the opportunity of a written response and a face-to-face meeting if the written response does not resolve their concerns. For this period no complaints have been progressed to the Parliamentary and Health Service Ombudsman.



Top 3 complaint trends identified

- Communication
- Waiting times
- Lack of provision in relation to dental appointments

- Mastercall manages all complaints in line with the NHS complaints procedure
- All of our complaints are overseen by our Medical Director
- Complaint outcomes and trends are communicated across the organisation for shared learning

Here are some of the lessons we have learned from a sample of our complaint investigations

A complaint was received from a relative regarding long delays and being given incorrect information re pharmacy opening times

- Response sent to the relative, after receiving appropriate consent, explaining that Mastercall were given incorrect information regarding pharmacy opening times. It explained that some pharmacies had decided not to offer extended opening times during this period. The Directory of Services (DOS) stated that the pharmacy where the prescription had been electronically sent was open. The response explained that community pharmacy contractors do not have to open on days specifically designated as a 'bank holiday' and they do not have to give formal notice of closure but must ensure that their DOS and NHS website entries are accurate and this does not appear to have happened. The letter stated that it was extremely busy over this bank holiday weekend and apologised for the delay. Unfortunately, as it was late at night, we have limited access to pharmacies. This issue was raised with the Commissioners and our Pharmacy Lead has raised the issue with the Local Pharmaceutical Committee. This was also raised at the next Safe and Timely Access to Medicines for Patients (STAMP) committee. We have also asked our operational staff to contact the local pharmacies before bank holidays to clarify that we have the correct opening hours to try and ensure this does not happen again.

Several complaints received regarding a lack of emergency dental helpline appointments

- One fifth of complaints were driven by the difficulty in getting urgent dental appointments through the Urgent Dental Helpline. Mastercall's Medical Director notes that we are very aware that there are currently not enough urgent NHS dental appointments to meet the need. Unfortunately, Mastercall does not have any influence or control over the number of available appointments. Mastercall is commissioned only to provide telephone response, and filling of appointments provided by other providers. We have made this situation clear to the relevant authorities. We do understand the difficulties and frustration the lack of appointments causes patients and have great empathy for those patients who struggle to access dental care. The situation has not changed from 2020/2021 to 2021/2022 in relation to provision of appointments.

Complaints received regarding communication/attitude

- All calls are voice recorded therefore, if a complaint is received regarding the attitude of a clinician or an operational member of staff, a member of the Quality & Safety Team will listen to the voice recording and be able to respond accordingly.

Action taken to address areas of poor practice

Where a complaint is deemed to be upheld we take a number of steps to make improvements, these may include:

- Communicating with and supporting the clinician to reflect on anything that has gone wrong
- Identifying if additional training is required for an individual clinician or across the organisation
- Increasing the percentage of cases a clinician has included in audit each week
- Sharing Lessons Learned across the organisation to try to prevent or reduce recurrence via a Quality & Safety bulletin

Patient feedback

Positive patient comments (1st Apr 2021 – 31st March 2022)

Here is a sample of just some of the positive comments we have received from our patients over the past year. We regularly share these with staff to encourage them to be proud of the great service they provide and to carry on this fantastic work across the organisation.

Hospital at Home

Nothing could have been better, it has been amazing.

OOH Stockport

I needed to use the out of hours GP service in Stockport last Saturday. I am writing to say how much I appreciate the help I was given. I was dealt with in a caring and kindly manner by all your staff and 111. Thank you all concerned and long may you be there.

TEL

I wanted to formally acknowledge how much I have appreciated the care and kindness that I have received from your service over the last few months.

It has made a huge difference to my health and wellbeing knowing you were monitoring my Long Covid Symptoms.

Your service is very valuable and potentially life saving for some patients. Thank you all so much. Best wishes.

OOH Trafford

Consultation was excellent. GP had a nice manner and dealt with my condition as expected.

Trafford Walk-in-Centre

Just a quick thank you to all the staff at Trafford walk-in-centre for the excellent care and attention I received from 'Limping' into reception through to EMU and radiology.

Thank you for your professional and caring work

GM dental

I rang the call centre and spoke to a lady by the name of C on 2/9/21 @ 6.05pm, I just wanted to bring to your attention how helpful, polite and courteous this lady was. Obviously I rang due to being in pain etc and C was very kind and compassionate throughout the call, I just wanted to say a big thank you to her.

CAS Green 3&4

Patient telephoned to say thank you as without the service she may have died.

Patient had been trying to get an appointment for several days with her GP. Patient wanted to say how wonderful the service is.

IV Service

Very impressed with the IV service.

Knowledgeable staff, very helpful and nothing was too much trouble. 10/10 all round.



Safeguarding

Mastercall has a clear safeguarding policy, and all staff are aware of their responsibilities with regards to safeguarding. There is a clear process for staff to follow and an online reporting system to allow Mastercall's safeguarding lead to have oversight of all safeguarding concerns identified.

Due to the Covid-19 pandemic, we were unable to continue face to face training and so we have adapted training, so it can be delivered virtually. Increasing training across the organisation has had an impact on the number of safeguarding concerns being reported as staff feel more confident in identifying safeguarding concerns and actioning them appropriately.

Number of safeguarding cases reported 1 st Apr'21 – 31 st Mar'22					
	Apr-Jun21	Jul-Sept21	Oct-Dec21	Jan-Mar22	Total
Safeguarding Adults	80	45	38	59	222
Safeguarding Child	27	42	23	47	139
Total	107	87	61	106	361

The Ulysses safeguarding reporting system also allows the safeguarding lead to give feedback to staff on how cases have been managed which, also continues this learning. Mastercall's safeguarding lead is available for safeguarding supervision so staff can be reassured and advised on an individual level.

The Covid-19 pandemic appears to have had an impact on the mental health of many adults and children which, has also affected the numbers of safeguarding referrals which have been made. Staff have responded well and appropriately referred patients to relevant support services and used a "whole family" approach in considering how other family members could be affected. Recognising and responding to these safeguarding cases has had a positive impact on patients who require extra support.

Further bespoke training is now planned for different Mastercall staff groups such as dental nurses and call handlers to further empower them to recognise and manage safeguarding concerns. This will increase staff confidence further so that our vulnerable patients can be supported and safeguarded to a high standard.

Audits

Across Mastercall we carry out a range of audits in the following areas to evaluate our care against best practice standards:

- Infection control audits
- Prescribing audits
- Palliative Care Pack audit
- Call Handler audits
- Dental audits
- Clinical Guardian peer review audit

Here are the findings of some of our audits showing the great results we achieve along with the action we take when we identify areas for improvement.

Call Handler Priority Guidelines Audit

All call handlers undertake Priority Guidelines training on induction. Each quarter a sample of calls are reviewed by our Call Centre Managers (CCS) to determine whether the call handler prioritised the call correctly on receipt.

Over the past year our Call Handlers Priority Guidelines Audits are showing great results, consistently >99% compliant. We regularly share these results with staff in our Quality & Safety bulletin and encourage them to keep up the great work.

Number of cases where Call Handler prioritised correctly (Compliance %)			
Apr-Jun21	Jul-Sept21	Oct-Dec21	Jan-Mar22
1036/1038 (99.8%)	819/822 (99.6%)	749/750 (99.9%)	603/603 (100%)

Action taken to address areas of low compliance:

Where a call handler prioritised a call incorrectly feedback is given to the individual by the CCS Managers with discussion of the call and advice on the most appropriate priority for the case. Further training is provided where necessary.

Prescribing Audits - Out of Hours Service (Stockport & Trafford) 1st Apr 2021 – 31st March 2022

We conduct monthly prescribing audits as part of our contractual agreements and also as part of antimicrobial stewardship. The aim is to change prescribing practice to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection.

Antibiotic use is also audited as part of the clinical guardian clinical audits to ensure appropriateness as Mastercall is keen to ensure safe and effective prescribing at all times.

Antibiotic prescribing

The number of prescriptions and the appropriateness of co-amoxiclav prescriptions prescribed has been:

OOH Service	Number of prescriptions	% Appropriateness		
		'20/'21	'21/'22	
Stockport	476	78%	89%	11%↑
Trafford	172	70%	87%	17%↑

Grey and DNP Lists

The number of grey list prescriptions prescribed has been:

OOH Service	Number of prescriptions	% Appropriateness		
		'20/'21	'21/'22	
Stockport	231	70%	92%	22%↑
Trafford	181	81%	89%	8%↑

Impact of Covid: Mastercall saw an increase in prescribing antibiotics by almost 50% during last year which we feel reflects covid activity as we ran covid hot clinics and visiting services as well as out of hours services. The covid services are no longer commissioned and there is an expectation that services will return to pre covid times. Since the pandemic Mastercall has diversified and adapted quickly in the way we manage patients in Trafford and Stockport. We continue to offer remote triage and consultations using the media of video as well as telephone and the use of electronic prescribing (where we can send the prescriptions to the preferred open pharmacy). We have received a lot of positive patient feedback as they are able to have a consultation in a timely manner, the comfort of their own home. We are keen to ensure new ways of working (video consultations, electronic prescribing) will remain and be embedded into current practice.

Action taken to address areas of low compliance:

Each month we write to individual clinicians, including agency staff who have not adhered to the local guidance or those prescribing grey and blacklisted items and we ask for their individual feedback on their rationale for prescribing to identify any learning needs. We feel this helps raise awareness of current antimicrobial guidelines and support learning.

Prescribing Audits

The Prescribing Audits

The Quality & Safety Newsletter is used to regularly share results of our prescribing audits and also to remind clinicians of key factors to consider when prescribing:

- Updates to local antibiotics guidelines and where to find them at the Greater Manchester Medicines Management Group (GMMMG) website
- Requests to familiarise themselves with the grey and black listed medications as per GMMMG
- Not to prescribe branded items but to offer generic and more cost-effective options.
- Not to prescribe any supplements or sip feeds unless a SALT assessment has been done, this includes Thick and Easy
- We have also encouraged clinicians to reduce 'over the counter' prescribing where possible in line with NHS England guidance <https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/>
- The appropriateness percentages increased over the 12mths we are very encouraged to see and we hope this is a reflection of raising awareness of current guidelines.
- The percentage of appropriateness of grey and black listed medications has also increased. The number of inappropriate cases is due to the fact that some of these items are repeat prescription requests. Where possible we flag this to the GP practices concerned to ensure we all adhere to the GMMMG guidance.

We also encourage all staff (clinical and non-clinical) to pledge to become antibiotic guardians <https://antibioticguardian.com/> and urge clinicians to sign up to Antimicrobial Stewardship e-learning <https://www.e-lfh.org.uk/programmes/antimicrobial-stewardship-ams-out-of-hours/>

Clinical Guardian (Clinical Audit) 1st Apr 2021 – 31st Mar 2022

Clinical Guardian is an online audit system that allows quick and efficient evaluation of our clinicians practice. Each week a sample of cases from all Mastercall clinicians are audited by a member of our multiple disciplinary audit group. The great benefit of this system means that multiple areas of a clinician's practice can be audited in one process. Areas included in each audit are:

- History / Assessment
- Documentation
- Prescribing
- Red flags / Safety netting
- Treatment / Appropriate onwards referral

Upon evaluation real time feedback is sent online to clinicians to support their learning and development. Cases that may be scored with lower compliance are firstly submitted to a group review where audit group members come together to peer review the cases. A final score is assigned only after discussion and agreement with the peer review group.

Impact of Covid: To allow us to continue with our audit reviews during the pandemic we quickly moved our weekly meeting from a physical meeting to a remote setup. This has proved to be very successful and minimised the impact of Covid, ensuring staff safety whilst still enabling us to carry out our review meetings and to provide assurance that clinical practice continues to be regularly monitored.

Scored as:	Out of hours (n=5551)	Pathfinder (n=1262)	CAS (n=749)	TEL/Dignio (n=318)	TPAS/TGH/WIC/UTC (n=2361)	Wythenshawe UTC (n=144)	Total (n=10385)
Excellent	188	59	38	13	129	8	435
Good	4964	1056	621	191	2012	135	8979
Satisfactory	304	97	65	87	155	1	709
Reflection	93	48	25	27	64	0	257
Concern	2	2	0	0	1	0	5

Between 1st Apr 2021 – 31st Mar 2022 10,123 cases out of 10,385 (97%) were scored as Excellent, Good or Satisfactory (91% scored Excellent or Good).

- Total cases worked: **91,782**
- Total consultations worked: **133,642**
- Consultations worked in this period that have been audited: **10,385**

Action taken to address areas of low compliance:

Where clinicians score 'Reflection' or 'Concern' they are asked to reflect on the case and provide feedback to the audit panel. Extra training and support is provided to the clinician where required. Repeated areas of concern may be considered for performance management monitoring.

Staff Survey – Patient Safety Culture

Each year Mastercall staff are invited to participate in the Urgent Health UK (UHUK) Patient Safety Culture Staff survey. This survey is designed to assess organisational culture in relation to patient safety. In 2021 the survey was completed by 126 members of Mastercall staff. Results are reported across 14 key areas.

- In 2020 Mastercall staff submitted 113 responses, this increased to **126 responses in 2021**, a 11.5% increase in responses from 2020.
- 12 organisations took part in the 2021 survey with a total of 728 responses submitted. The number of respondents per organisation ranged from 26 to 126 with Mastercall submitting the highest number of responses.
- Out of the 14 original questions reported Mastercall has scored higher than the UHUK overall score for 11 questions, 1 question scored equal to the UHUK score and for 2 questions Mastercall scored lower than the UHUK overall score.

Impact of Covid: In addition to running the standard annual survey for 2021 UHUK have included an additional eight questions (Part2 of the survey) specifically relating to the COVID-19 pandemic. The results of both parts of the survey are summarised below.

Part1 OVERALL SCORES: Percentage of staff that gave positive responses to the survey questions.

	2019	2020	2021
Mastercall score	77%	76%	73%
Overall average score across all UHUK organisations	75%	75%	71%

Part1- Standard questions: SCORES BY QUESTION: Count and percentage of staff that gave positive responses to the survey questions.

Question:	Mastercall score UHUK report 2021
Q1 - This organisation has good procedures and systems for preventing errors from happening	105/126 (83%)
Q2 - In this organisation we are actively doing things to improve patient safety	106/126 (84%)
Q3 - In my unit it is easy for staff here to ask questions when there is something that they do not understand	108/126 (86%)
Q4 - In my unit, medical errors are handled appropriately	92/112 (82%)
Q5 - This is a good place to work.	103/125 (82%)
Q6* - <i>When my workload becomes excessive, my performance is impaired.</i>	20/119 (17% disagree)
Q7 - This organisation does a good job of training new personnel.	84/125 (67%)
Q8 - Trainees in my discipline are adequately supervised	81/121 (67%)
Q9 - In this organisation, senior management provides a climate that promotes patient safety.	100/124 (81%)
Q10 - In this organisation, if I point out a potentially serious patient safety incident, management will look into it.	103/122 (84%)
Q11 - In my unit, my supervisor/manager seriously considers staff suggestions for improving patient safety.	82/116 (71%)
Q12 - In my unit, when a serious error occurs, we analyse it thoroughly.	94/118 (80%)
Q13* - <i>In my unit, others make you feel like a bit of a failure when you make an error</i>	83/123 (67% disagree)
Q14 – This organisation's management is doing a good job.	93/126 (74%)

**For questions 6 & 13 to disagree or strongly disagree is counted as a positive response, agree or strongly agree are negative responses.*

Part2 - OVERALL SCORES: Percentage of staff that gave positive responses to the covid questions.

	2020	2021
Mastercall score	78%	77%
Overall average score across all UHUK organisations	75%	78%

Part2 – Covid questions: SCORES BY QUESTION: Count and percentage of staff that gave positive responses to the survey questions.

Question:	Mastercall score UHUK report 2021
Q1. This organisation does a good job caring for patients during the COVID-19 pandemic.	111/123 (90%)
Q2. My organisation took effective steps to minimise my risk of contracting COVID-19 infection whilst working.	100/124 (81%)
Q3. In my organisation the new ways of working during the COVID-19 pandemic worked well.	101/124 (81%)
Q4. When I had any concerns that might have affected my physical or mental health during the COVID-19 pandemic, my organisation was there to support me.	78/105 (74%)
Q5. Overall, in this organisation staff were kept well informed during the COVID-19 pandemic.	102/124 (82%)
Q6. During the COVID-19 pandemic if I had to work in new ways, I received adequate training.	81/117 (69%)
Q7. This organisation's leadership is doing a good job during the COVID-19 pandemic.	102/123 (83%)
Q8. I felt able to help shape my organisation's response to the COVID-19 pandemic.	58/109 (53%)
*Q9. In my organisation, safe care of patients was sustained from the start of the pandemic, to today.	99/120 (83%)
*Q10. Overall, this organisation has worked hard to look after my wellbeing throughout the pandemic.	90/120 (75%)

* New questions this year

Action taken to address areas of low compliance:

Members of the Executive and Senior Management Teams reviewed all results from both Parts 1 & 2 of the survey. Areas of low compliance and staff comments were actioned in a 'You said - We did' task. Here are some examples of this.

Any other comments:	Response from Executive & Senior Management Teams as part of 'You said - We did'
Clear clinical governance with the primary aim to prevent harm but is very reactive if problems should arise.	We are pleased to receive such positive feedback and we are committed to ensuring patient safety at all times.
ANPs and APs are not clinically competent. Puts patients at risk. GPs are expected to carry the can for them. Very worrying situation for GPs. Many GPs have stopped working shifts because of this issue. GP OOH work is already high-risk without having to supervise/review the patients of ANPs and APs.	<p>Should patient safety, dignity or comfort be compromised in any way, there is an ethical duty to act immediately and report such matters.</p> <p>Where there is genuine concern regarding competence and patients being at risk, first and foremost this should be urgently escalated through the established Clinical procedures.</p> <p>Should there be some reason that this is unsatisfactory or not considered the appropriate method, then issues can be raised directly with HR to be dealt using the most suitable HR policy.</p> <p>It is also possible to escalate issues using the Whistleblowing Policy or through the Freedom to Speak Up Champions.</p> <p>It should be noted that HR are not currently aware of any ongoing performance concerns or complaints from GPs about or had any similar complaints raised through recent surveys sent directly out to Mastercall GPs. We are also experiencing very high fulfilment rates on the OOH rota.</p>
My only concern regarding patient safety is that the system is overwhelmed and the general public are no longer capable of using their own initiative and common sense. The more systems we put in place, the harder it is to navigate the system.	<p>SPOA, integrated services in adastra, training and buddy system.</p> <p>We acknowledge that it can feel overwhelming for patients to navigate the NHS and 111 and sadly this not within our remit. However, as Mastercall delivers a variety of services some short and some long term and we feel very lucky to have such a resilient workforce who can adapt to these changes.</p> <p>Where possible we have integrated services in adastra, sent communication about new services via rotamaster and other methods, we share standard operating procedures and deliver training.</p> <p>We are delighted to launch the single point of access for referrals for our services which we hope will help streamline referrals.</p> <p>Doctor has set up monthly lunch time learning meetings for new clinicians and we are also going to implement a buddy system.</p> <p>We are in the process of uploading policies and procedures and other relevant information about our services on the intranet to ensure information is easily accessible.</p>
Rota never filled. Unsafe. Senior clinicians on-call NEVER come in when asked to help out. No senior clinician support when you have a problem.	We understand that staffing the rota has been an issue and we have been continually recruiting clinicians to try and ensure safe staffing. Unforeseen sickness has not helped this situation and we are mindful of the impact this has had on clinicians.

	<p>Senior clinicians have and do work clinically, take calls outside of their working hours and respond to calls for help and are committed to supporting colleagues on shift wherever possible.</p>
<p>Rota always under-filled - puts pressure on other doctors. No-one senior on-call to ask for help from. Senior clinicians are in roles they are not qualified for. Should be a doctor in charge at Trafford, not an AP. CAS extremely unsafe service. Under-staffed. No-one has a clue what they are doing on CAS. Many doctors avoid mental health cases. Non-clinical staff are telling clinical staff to pick up non-urgent cases when they are seriously ill patients waiting in stack. Never suspend service even when everything is breaching by many hours...very dangerous.</p>	<p>We acknowledge there has been challenges on the rota.</p> <p>CAS is supported by:</p> <ol style="list-style-type: none"> 1. 3 tiers of admin 24/7 (shift lead and 2 care coordinators) with Operational escalation on call 2. 2Experience SLT with Clinical leadership 3. Fortnightly peer review clinical reference group with patient case audio reviews for best practice 4. Regularly well attended CAS clinical education sessions 5. Clinical Guardian performance review and audit 6. Digital patient and staff surveys for agile review cycles 7. Regularly review SOP 8. Independently evaluated as a service by the GMHSCP 9. Outcomes validated by medical audit and triangulated with the DSCRO to ensure patients are appropriate closed 10. HSJ awarded as a CAS service exemplar 'highly commended' 11. HSJ finalist for integrated pathways and partnership collaboration 12. Has an established governance and review process for audit, complaints and incidents management 13. APs, CP and GP outcomes reviewed under medical audit validate the inclusion of these disciplines as highly skilled banding appropriate for Definitive Clinical Assessment in this service <p>CAS bulletin and Cas evening events</p> <p>We encourage all CAS clinicians to read the CAS bulletin for latest service updates and to attend the monthly CAS evening events which are opportunities to share experiences and help form the development of the service. We are concerned by the comment that doctors 'avoid mental health cases'. We have done a lot of work in collaboration with mental health helpline to support the management of these cases and we have evidence of some excellent patient outcomes due to CAS GP input and signposting.</p> <p>It is the responsibility of the shift lead to alert clinicians to calls that are about to breach to ensure that we meet our KPI's, commissioner and patient expectations. As a clinician, if you feel this compromises patient safety, please discuss this with the shift lead at the time. The shift leads are not challenging individuals. Patient safety is the priority and as a clinician you are uniquely placed to make that decision, however the shift lead is required to alert clinicians to breaching calls and repeat callers.</p>
<p>There are systems for reporting incidents and concerns, but the responses from management often demonstrate an inertia to change or even wilful avoidance of addressing the issue raised. This puts me off raising things as it rarely results in action.</p>	<p>The senior clinical management team investigate and review all incidents reported on Ulysses and we take this very seriously. These incidents and concerns are discussed and reviewed at the weekly Quality and Safety meetings and escalated as needed. Lessons learnt are shared in the Q+S bulletin. We always encourage feedback from all staff and would encourage everyone to report incidents or patient safety concerns they have immediately to their line manager or shift lead so we can respond in a timely manner and ensure patient and staff safety.</p>

Priorities for 2022/2023:

Clinical Priorities

Priority	How will we achieve this?
Develop a structured framework for capability and performance development across the clinical teams	<ul style="list-style-type: none"> • Structured clinical development framework which will be accessed through the intranet. • Ring fenced training budget for 2022- 2023 • Continue with regular timetabled forums and training sessions for all clinicians • Set time of 2 hours for clinical development and service development for all ACPs working on a late in the hub. • Work with Chief people officer to set up a learning academy.
Reduce the use of agency staff from 50% by 10% in 12 months	<ul style="list-style-type: none"> • Continue to recruit on a rolling program. • Revamp JD's and advert and re launch recruitment by service to see if that will attract recruitment • Review staff feedback to improve on areas that may attract and retain staff • Shadowing and buddy shift to attract our own staff • Look at recruiting to a start-up team who can be used to flex up when new services are started. • Review recruitment and retention by each individual service to have a focused response • Ensure we have effective leadership in all service streams
Reduce inappropriate double triage by 1% in the next 12 months	<ul style="list-style-type: none"> • Appoint a Head of Clinical performance by Aug 2022. • Develop the Associate medical Director role so we keep the essence of both these new appointments. • Improve and develop efficiencies in My performance • BI to automate service reports so we can identify performance both through individuals but also by service • Support all line managers with data analysis and identifying clinicians who require support to improve on their triage role to reduce inappropriate double triaging.

Human Resources Priorities

Priority	How will we achieve this?
To improve Mastercall clinical recruitment; ' <i>time to hire</i> ', from offer to first shift (presently av. 3+2/3 notice plus actions. Now moving toward 3+<1 by March 23).	Refining monitoring and tracking of recruitment process working with closely with recruiting managers.
Mastercall to define a mature retention rate/attrition index by March 23.	Providing consistent data to monitor attrition rate taking into account fluidity of contract and service types
Mastercall Wellbeing strategy ratified and live from Oct 22 (covering aspects of mental and physical wellbeing).	Reviewing employee feedback, audit results and working with staff to meet wellbeing needs.
Define and consolidate Mastercall Training Academy by Sept 22.	Formalising career pathways through CPD including leadership and development; hiring, social value and impact on performance goal.
Reduce the use of agency workers from 50% by 10% per annum.	Workforce planning and pro-active rota management.

Finance Priorities

Priority	How will we achieve this?
Ensure no unallocated duty roles or expenditures against service streams or departments within the financial year, recurring objective.	Underway; all catchall roles (roles that spread services in Ops or clinical direct labour) are being rezoned to principle underlying support contracts for profitability/service accurate calculations.
All service budget within tolerances of fixed budgets, recurrent annual target.	Continuous: Via annual appraisal and regular 1:1 framework.

Receive VfM confirmation statements from each commissioner year on year at final year end contract review.	Transferring to ICB CCGs closing out; ICB statement will be sought in 2023.
Annually receive a relative contractual uplift comparative to RPI/CPI (retail/consumer price index).	Contribution to RPI for major contracts received 22/23
Have an integrated data feed of all corporate software in use with a relevant view that fiscally or operationally contributes to performance improvement by Oct 23.	BI are receiving costings of all business services software API costs; pending.

IT Priorities

Priority	How will we achieve this?
Progression of change management and enhanced ITIL service desk delivery.	This will be achieved by training, and levelling up staff
Implementation/Embed of Robotic Process Automation	Requirement for training, investment, and working with partners.
Embed a partnership/academy with a solutions provider	Work in collaboration to explore a training and placement academy with advanced healthcare.
Single Sign On To carry out a feasibility study including a pilot and to submit a paper to the Board of Directors to share the findings.	We are currently reviewing the requirement for this, but also working with the national digital team on identity management.
Infrastructure Replacement	Evaluation of Options available, consideration of full cloud solution, or hybrid. Paper will be sent to board – options appraisal.

Information Governance Priorities

Priority	How will we achieve this?
To complete and submit the annual Data Security and Protection Toolkit (DSPT) by 30th June 2023.	By following the DSPT project plan to ensure all criteria/work is complete
To provide 'role specific' Data Security and Protection training across the organisation.	This will be achieved by updating the Data Security and Protection Training Needs Analysis annually to ensure any gaps in training are identified and resolved.
To continue to raise staff awareness on Data Security and Protection Issues.	Quarterly newsletters will be sent out covering topics including (but not limited to), who's who in the IG Team (SIRO, Caldicott, Chief Information Officer, IG Manager/Data Protection Officer), Data Protection Principles reminder, DPA 2018 individual rights, example ICO fines, updates in policies/procedures, personal data breaches and any lessons learnt to be shared.
<p>To ensure a minimum of 95% of staff across Mastercall complete the online e-learning for health 'Data Security Awareness' training.</p> <p>Note. The NHS Data Security and Protection Toolkit requires a minimum 95% compliance rate.</p>	<p>Mastercall achieved a compliance rate of 99% on 1.7.2022.</p> <p>We plan to achieve the minimum 95% compliance for Data Security Awareness by;</p> <ul style="list-style-type: none"> • ensuring a clear project plan is in place with a co-ordinated team approach. • sending out communications explaining the requirements • getting service leads involved in encouraging their teams to complete the training • sending regular reminders to staff to complete their training by the deadline

Equality, Diversity & Social inclusion:

Mastercall strives to provide a service that is fair, impartial, and inclusive of all patients in the extensive communities it services. It recognises the hugely diverse population it covers and is committed to providing a culture of Equality, Diversity and Social Inclusion for both patients and staff.

Equality impact Assessments

Mastercall completes Equality Impact Assessments (EIAs) to ensure we do not discriminate and that, where possible, we promote equality. EIAs are a way to make sure individuals and teams think carefully about the likely impact of their work on service users and take action to improve activities, where appropriate. The Equality Impact Assessment (EIA) focuses on systematically assessing and recording the likely equality impact of an activity, service or policy. There is a focus on assessing the impact on people with protected characteristics.

The aims of carrying out the impact assessments are to:

- identify whether people with protected characteristics or communities are excluded from or disadvantaged by any of the services or employment opportunities offered by the Trust
- ensure that the organisation engages with service users and stakeholders and increases participation through the consultation process
- ensure staff consider alternative measures that might address any adverse impact
- promote and embed equality of opportunity in the policies and practices of the organisation
- help the organisation to fulfil its legal duties under current equality legislation
- help the organisation to fulfil its ambition to deliver high-quality, integrated care services designed around the patient

We have completed EIAs for all policies and services we provide.

Dignity in Care

While the Daisy Mark Accreditation programme is no longer available to Mastercall we do continue to embed the Daisy principles of care throughout all of our work and we are committed as Dignity in Care Champions.

We continue to provide excellent levels of care and ensure that high standards and good practice are celebrated, recognised and shared. We maintain the following principles in all that we do.

- Have a zero tolerance of all forms of abuse
- Support people with the same respect you would want for yourself or a member of your family
- Treat each person as an individual by offering a personalised service
- Enable people to maintain the maximum possible level of independence, choice and control
- Listen and support people to express their needs and wants
- Respect people's right to privacy
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers as care partners
- Assist people to maintain confidence and positive self-esteem
- Act to alleviate people's loneliness and isolation



Freedom to Speak Up Guardian

Mastercall strives to promote an open and honest culture for its workforce. Effective speaking up arrangements help to protect patients and improve the work environment and experience for all staff. A designated Freedom to Speak Up Guardian (FTSU) has been appointed to support staff across Mastercall to raise concerns without fear of; being victimised, of not being believed or that nothing will change. Staff are encouraged to raise concerns confidentially to their FTSU Guardian. Enabling staff to feel safe and comfortable to highlight their concerns contributes to them feeling valued and thus has a positive impact on delivering safe, high- quality care to all of our patients.



Homeless Friendly Organisation

Mastercall is committed to being a 'Homeless Friendly' organisation working alongside our Greater Manchester Alliance partners BARDOC and gtd healthcare to provide a service for all communities.

This means:

- We speak to everyone including the homeless communities with understanding and compassion.
- We do what we can to help meet the needs of the homeless communities, whether they have a permanent address or not.
- We work with our partners to make sure the homeless communities get the very best help with everything from healthcare to finding support and accommodation.



Homeless and Inclusion Services

Mastercall works closely with The Wellspring Stockport (a centre for homeless and disadvantaged people) to provide open access healthcare and advocacy to people often excluded from mainstream services due to a wide range of reasons. Services are provided in the short term to meet immediate needs and longer term to facilitate engagement with mainstream services. Support is available for those experiencing:

- Homelessness
- Insecure accommodation - transient temporary hostels
- Addiction problems
- Mental health issues
- People with no active GP registration
- Anything which makes arranging and adhering to appointments difficult
- Anything which makes building therapeutic/ trusting relationships difficult

Impact of Covid:

To limit face to face contact during the pandemic more collaborative working with other agencies was introduced, e.g., Housing and addiction services as well as HMP to safeguard people being released into the community of No Fixed Address.

Extension:

The Wellspring surgery extension is now complete, and the front doors are now open for many services. Whilst more people are being seen face to face the collaborative relationships built during covid will continue moving forward.

New services introduced in the past year:

Wythenshawe Urgent Treatment centre (UTC)

Mastercall provides a primary care service within the UTC at Wythenshawe Emergency department. The aim of the UTC is to ensure that the right patient will be seen by the right clinician at the right time in the right place. Delivering safe and effective urgent and emergency care requires collaboration between clinicians and support staff who place patient care at the centre of all they do. The patients are navigated at the front door by the nurse streamer who will complete a set of baseline observations and give an appointment time for the Mastercall GP.

Hospital at Home

The Hospital at Home (H@H) service provided by Mastercall Healthcare offers an alternative to hospital admission for patients who are acutely unwell in addition to supporting early hospital discharge by providing elements of acute care within the patient's home environment. The service is available to individuals aged 18 years and above who reside in the Stockport locality and are registered with a Stockport GP. Care is delivered by a team of skilled Advanced Clinical Practitioners who provide rapid clinical assessment and daily review of the patient's acute care needs and delivery of appropriate and timely care interventions. Critical clinical decision-making is supported with multidisciplinary team (MDT) input from relevant internal and external sources including GP and secondary care. Referrals to the service are accepted from GPs, hospital consultants and other community healthcare professionals. The service is supported by digital technologies and Point-of-Care testing capabilities to aid prompt clinical decision-making and escalation/de-escalation of care provision. The service provides a person-centred care experience in the home environment and reduces the risks of healthcare acquired infection, deconditioning and/or institutionalisation often associated with periods of hospitalisation.

Supporting statements:

Mastercall continues to be a valued partner in the Stockport Locality, providing high-quality, urgent, out of hospital, primary care. The safety and quality of service provision is evidenced in this report. Patient satisfaction with the care provided, is consistently high. Mastercall has played a vital role in supporting Stockport patients throughout the Covid-19 pandemic and through their delivery of the Hospital at Home programme. Mastercall has also supported the Locality with provision of care for some of the most vulnerable of our residents, the asylum seeker population and the homeless.

NHS Greater Manchester Integrated Care – Stockport