Gambling treatment services

Primary Care Gambling Service

Date of assessment: 18 and 19 November 2025

Background to assessment

We carried out an assessment of support and treatment services delivered by Primary Care Gambling Service (PCGS). This formed part of work agreed between CQC and the Gambling Commission under Schedule 4, paragraph 9 of the Health and Social Care Act 2008, which allows CQC to provide advice and assistance to other public bodies. The Gambling Commission asked CQC to work alongside GambleAware to develop a programme to measure and ensure the availability of high-quality support services within the National Gambling Support Network (NGSN) for people experiencing gambling harm.

Gambling harms treatment services are not regulated under the Health and Social Care Act 2008. As a result, CQC does not have the legal authority to register these services, pursue enforcement, or provide an overall rating following assessments. However, CQC does assess these services who are members of the NGSN to support quality improvement. Our assessments review if services are providing safe, effective, caring, responsive and well-led care while meeting the needs of people seeking support for gambling-related harms. CQC will provide recommendations to support improvements where needed.

PCGS is a free confidential NHS service for adults who experience harms from gambling and wish to receive help. In addition, the service also provides support with physical, social and mental health problems. It connects healthcare and community services to make support for people affected by gambling easy to access, consistent, and focused on the whole person, working closely with the third sector as part of the NGSN. They offer a range of support and therapy both in South East London but also nationally through the use of technology. They also work to improve the awareness of primary care practitioners, including GP's, about gambling related harms, how a person may present and what support is available to people.

PCGS employs a multidisciplinary staff team, which includes registered mental health nurses, care-coordinators, a GP and a Consultant Psychiatrist with a specialism in addiction. They also have a range of therapists who are externally employed and work on an as-needed basis.

The NGSN supports people experiencing all levels of gambling harms, with interventions split across a tiered system. Tier 1 interventions provide information and advice; tier 2 treatment includes

motivational interviewing and extended brief intervention sessions with clinicians; tier 3 includes structured treatment such as talking therapy. Tier 4 treatment typically includes residential care for complex cases. Primary Care Gambling Service provide free treatment for people needing tier 3 treatment.

How we carried out this assessment

Before the assessment, we sent an information request to the provider. We completed our assessment over 2 days. During our assessment, we reviewed information about service delivery including policies and procedures, governance documents and case records. We spoke with leaders, managers, operational staff and people who were using the service. A survey was also sent to people with lived experience to gather their feedback. We received feedback from other services working with Primary Care Gambling Service and the commissioners for the service, GambleAware.

Our view of the service and recommendations:

We found that the service was well led and that the management team was highly passionate and effective. They provided a clear vision for the service's direction and shaping the delivery of a unique service. Leaders had relevant experience, skills and knowledge to ensure a credible and effective service was delivered.

There was a motivated and dedicated team who wanted to help improve the outcomes for people who used the service. Staff were knowledgeable about gambling harms and also the people they were working with. Those we spoke with were well supported in their roles and this included having regular supervision and access to training.

We found that people were offered a holistic service and were at the centre of how support and treatment was planned and delivered. PCGS provided prompt assessments and access to a range of interventions and ensured individual needs were met effectively during support and treatment. This included people being offered face-to-face or online sessions, access to therapists who spoke languages other than English and a group for people who were neurodiverse.

Robust risk management processes were in place which included a weekly multidisciplinary team meeting, which reviewed all cases and managed risk and treatment planning. We found prompt action had been taken where risks were identified, including effective communication and escalation helping to keep people safe.

Partnership working was effective. We found that there was a strong collaboration with stakeholders and community services such as GPs, community mental health services, and other NGSN partners with a focus on improving outcomes for people who used the service.

Robust governance processes were in place which helped provide strong oversight of performance and service delivery, supported by regular audits and ongoing review to ensure continuous improvement.

The provider demonstrated a clear commitment to innovation and continually developing and improving the service so it could better meet people's needs, while also increasing awareness of support for gambling harms at both local and national level.

We found that access to the service was excellent, which helped to ensure people received timely support that prevented harms from escalating, supported their mental health and enabled them to be connected quickly with holistic support.

People's experience of the service

We received very positive feedback from people who used the service. One person stated "The Service was initially easily accessible with no prolonged waiting periods. The support I receive is professional and I cannot praise the staff enough for the excellent service they provide. There is no judgement, and the support structures are very good". Another stated that "I can now happily say that I haven't gambled for 11 months thanks to [name of therapist]. Your service is fantastic, and I'll always be appreciative for the support you have given me". Other comments included "Excellent service really nice people and they have changed my life completely", "I found them to be exceptionally good, I haven't gone back to gambling since" and "This service is a god send. I need and rely on the service they provide".

The provider received exceptionally positive feedback from stakeholders. One stakeholder stated that "PCGS demonstrates strong collaboration and partnership working, which is essential for delivering smooth and safe transitions of care. By working closely with community services, specialist providers, and health and social care partners, they help create a seamless pathway for those most in need, reducing barriers and improving outcomes". Another stated that "We find the staff team from top to bottom exhibit exemplary empathic skills along with an excellent understanding of Gambling Related Harm issues". A stakeholder stated that the people that they had referred into the service received "fantastic outcomes" and that "we couldn't have asked for better". We were told that the service had been very inclusive and had accepted all referrals that their service had made. This included "those who are very complex and all natures of profile from single addiction to multiple co-morbidities" which had been possible "due to the breadth of their service provision and range of expertise that they provide". Other comments included "The clinical expertise of PCGS is a great asset to the NGSN" and "is a greatly needed service in our space, filling an important and unique gap in the NGSN support and treatment offer".

Is the service safe?

Safe overall summary

We found there was a strong commitment to safety, underpinned by openness and honesty. Robust incident reporting processes were in place, and we were assured that investigations were completed, appropriate action taken, and learning shared across the staff team. Staff understood their safeguarding responsibilities and had received relevant training. Robust risk management processes were in place. Staff had completed training relevant to their role and had regular supervision. All staff felt extremely well supported by both managers and peers. There were safe recruitment practices in place, and regular health and safety checks were evident for the building we visited.

Learning culture

The provider had a strong commitment to safety, underpinned by openness and honesty. The provider helped to ensure an open culture where staff were encouraged to report incidents and concerns, and staff felt that they would be treated with compassion and understanding when doing so. One staff member told us that it was “not about pointing fingers, it's about making it right” and improving the service. Feedback was consistently requested and used constructively as an opportunity to address issues, learn from them, and make improvements to the service which helped to keep both staff and people who used the service safe. We found that where lessons had been learned from incidents or complaints that changes had been made helping to improve outcomes for others. For example, ensuring confidentiality following a review of data management processes.

Safe systems, pathways and transitions

We found that safety of both staff and people who used the service was a priority for the provider. This involved a collaborative approach with people who used the service and other relevant community professionals such as the person’s GP.

The provider maintained a comprehensive register of people with a high level of vulnerability to ensure robust processes for monitoring risks associated with people using the service. A multidisciplinary team, including, a GP and mental health nurses, met weekly to review all cases and confirm that appropriate actions had been taken. Multidisciplinary meetings considered a wide range of factors, including co-morbidities, other addictions and safeguarding issues. This collaborative approach strengthened risk management processes and ensured accountability was shared rather than placed on a single individual. By involving a range of staff with different knowledge and expertise, it helped to ensure the team made well-informed decisions. The provider demonstrated a strong awareness of the risks people faced during their support, and a proactive and effective approach to identifying and managing these risks.

We saw completed risk assessments with actions in place to mitigate and manage the risk. We found that there was an appropriate escalation process in place to support staff in responding to concerns. There was ongoing contact with relevant community professionals where needed to help keep the person safe, such as ensuring a person's GP was aware of any issues.

Therapists shared a summary of their sessions with the provider at regular intervals. This information was then stored on the provider’s secure electronic system to protect the confidentiality and safety of individuals’ records.

The provider had a robust incident reporting process and evidence that we reviewed showed investigations had been undertaken and appropriate action taken, with any learning shared across the staff team. For example, updating staff about a change in formal processes to help improve the service.

People who used the service told us that they felt safe accessing support from the provider. One person told us that their initial assessment felt like a "safe environment to be honest about their problems", and others highlighted that professional boundaries were made clear and adhered to by staff.

Safeguarding

We found that staff had a strong understanding of safeguarding and how to take appropriate action. They received relevant training in safeguarding adults and children and were supported by a safeguarding lead within the organisation. Appropriate and up-to-date policies for safeguarding both adults and children were in place. Where there were safeguarding concerns in cases, then these would be managed by a clinician with higher level of safeguarding training to help manage the risk. Safeguarding concerns were also routinely reviewed in multidisciplinary team meetings. We saw evidence in records of appropriate and effective safeguarding actions being taken, for example around domestic violence and risks to children.

We found that there were effective systems and processes in place to make sure that people who received support and treatment were protected from abuse and neglect. People were supported to understand safeguarding and what it meant to be safe and offered support from other services, such as services that support people who are victims of domestic violence.

Involving people to manage risks

The provider completed a holistic assessment with the person to help address their gambling harm but also their wider health and wellbeing issues. This meant that treatment met their individual needs in a safe and supportive way. Assessments were completed at initial contact with the service and continuously reviewed throughout people's engagement with the provider. This approach ensured that the provider remained responsive to emerging or ongoing concerns.

Staff worked with people who used the service at regular intervals during their treatment and support to complete CORE 10 which helps to assess psychological distress and also the Problem Gambling Severity Index (PGSI) which looks at problematic gambling behaviours and helps to identify risk. Once undertaken, outcome scores were reviewed by staff and action taken if further support was indicated, such as holding a multidisciplinary team meeting to further assess individual need or by increasing the level of support offered.

Safe environments

Regular health and safety checks were in place for the building we visited, including regular fire drills. The provider had worked closely with their wider organisation to ensure that equipment and facilities remained safe for both service delivery and staff working in the environment. Staff received training in key areas such as health and safety and fire safety, which helped ensure they were well-supported in their roles and could respond appropriately to any risks.

A business continuity plan was in place to ensure service stability during unforeseen disruptions, such as loss of power to the building. This meant there was a plan to minimise service interruptions,

provide advice and direction to staff and help to safeguard both staff and people who used the service.

Safe and effective staffing

We found that there were robust and safe recruitment practices in place which included carrying out thorough pre-employment checks and ensuring that all staff had enhanced DBS clearance. There were also regular checks in place to ensure that externally contracted therapists had the relevant skills, knowledge and accreditation to work safely in the service. This helped to ensure that staff were suitably experienced, competent and able to carry out their role.

We found that staffing levels and skill mix were appropriate to ensure people received safe, consistent support and treatment that met their needs. At the time of assessment, there were no vacancies, which helped maintain service delivery. Staff that we spoke with were positive about their induction into their roles, which included shadowing staff from different disciplines within the team and receiving a staff handbook before they started on site.

Staff were appropriately registered and supported to deliver safe support and treatment. All therapists were registered with an accredited professional body, and nurses held relevant professional registrations. All staff received regular clinical supervision, as well as group reflective practice, annual appraisals, and, where required, professional revalidation. Despite working remotely, many therapists reported they felt part of the team and described managers as highly responsive. Staff consistently told us they felt well supported and could approach managers or colleagues for guidance.

Several meetings were established to provide staff with ongoing support in their roles and to promote clear, effective communication. These included a monthly online meeting open to all team members, including externally contracted therapists. There were also occasional events where all staff could meet in person.

For staff that had lived experience, there were appropriate mechanisms in place to ensure they received the relevant support if required. Staff we spoke with who had lived experience stated that they felt safe as there was an open and understanding environment to discuss their experiences if they needed to, and their wellbeing was always prioritised.

Staff had met all of the commissioners mandatory training requirements. In addition, they had received other training appropriate and relevant to their role and had opportunities to learn and develop their skills, such as further counselling qualifications. This helped ensure they had the necessary knowledge and skills to provide safe, effective support and treatment and understand and respond to people's needs. Staff received allocated time to complete training where needed and could also access additional training to further support them in their roles which included attending conferences with senior managers. We heard that therapists also delivered monthly topic-based training for the wider staffing group. People who used the service spoke positively about the level of knowledge that staff had around gambling harms.

Infection prevention and control

The provider had an infection prevention and control policy in place, helping to maintain a safe and healthy environment by reducing the spread of infections. The building we visited was visibly clean and well maintained. Staff had completed mandatory training in infection prevention and control area as required by the commissioner.

Medicines optimisation

Although our assessment framework covers medicines optimisation, the provider was not responsible for managing medicines. Medication reviews were carried out by qualified professionals outside of PCGS, such as a GP or nurse prescriber, to ensure there were no concerns. If any issues were identified by the provider's staff, the person's GP or community mental health professional was informed and asked to consider appropriate action.

Is the service effective?

Effective overall summary

It was evident from speaking with staff, feedback and records we reviewed that support and treatment delivered was person-centred. Regular assessments were undertaken by staff which helped to ensure that both interventions delivered met current need but also maximised their effectiveness. These were based on current evidence-based practice. Psychological formulations were developed through a multi-disciplinary approach and based around the person's needs and wishes. A holistic service was delivered from assessment through to discharge. There were effective systems in place to monitor the impact of interventions on people. Data showed that the service was having a positive impact.

Assessing needs

The provider had a clear referral pathway in place. People could access support through self-referral through the provider's website or referrals from partners in the NGSN or wider services. The service looked to support anyone who approached them, although did not directly support people with acute psychosis or a significant forensic history. People were fully involved in the assessment process and planning their support and treatment and what they wanted to achieve.

Data from April to September 2025 showed that following referral to the service, initial contact was typically made within 2 days. Assessments were completed on average within 5 days of this first contact, and treatment commenced approximately 3 days after the assessment, which was significantly faster than the commissioners' expectations. This timely process helped to ensure support was delivered promptly, helping to sustain individuals' motivation to engage with the service.

A full holistic assessment of people's needs was undertaken at first contact with the service, which considered the person's wider health and wellbeing as well as their gambling harms. This enabled the provider to make relevant referrals and offer support to address all the person's needs such as housing. Needs assessments were reviewed regularly to ensure they accurately reflected each person's current circumstances. Feedback from individuals using the service showed they felt their needs had been thoroughly assessed, clearly understood, and effectively supported.

Twice-daily multidisciplinary meetings, chaired by the provider's GP or Consultant Psychiatrist, facilitated timely case reviews. Psychological formulations were developed during these meetings to identify all risks and needs, with plans implemented to manage them effectively.

The needs of affected others, such as family members and partners, was also considered and if required, they could access support and treatment.

Delivering evidence-based support and treatment

Assessments were carried out in line with current national guidance to ensure compliance with standards and to maximise the potential for positive outcomes.

Treatment interventions were individualised to meet the person's goals and wishes and were based on evidence-informed models of care. These included Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR). People receiving treatment typically completed an average of 8-12 sessions with a therapist, although this could be extended if there

was a particular need. People could also return to the service at any point in the future if further support was required, and those we spoke with knew how to re-access support.

Treatment was delivered by qualified nurses and therapists, who were all registered with professional bodies and adhered to professional codes of conduct. The provider supported staff through ongoing professional development and ensured they received regular clinical supervision in line with accreditation requirements, helping to maintain consistently high standards of practice.

People using the service reported that the support and treatment they received equipped them for their recovery journey. One person told us they had received support and help from the provider and that having ongoing access to weekly group support sessions was "very helpful and a key tool in my recovery".

How staff, teams and services work together

The provider demonstrated a strong commitment to collaboration with other services to ensure the needs of people using the service were fully met. The team worked effectively both internally and in partnership with local and national organisations, for example charities like Age UK and local authorities. Stakeholder feedback reinforced the positive impact of these collaborative efforts.

There were clear systems in place to support appropriate information sharing. This included structured feedback from therapy sessions and the use of a secure electronic care recording system. These processes along with regular staff meetings, helped maintain good communication and effective service delivery.

We found that plans for transition, referral and discharge were effective and considered the person's individual needs and circumstances. We received positive feedback from people who used the service about plans being in place once their support and treatment with the provider had ended. This included ensuring people had the tools and individualised ongoing support they needed, for example referral to services who offered peer lived experience, or homelessness charities.

Supporting people to live healthier lives

The provider adopted a holistic approach, aiming to address all aspects of a person's wellbeing, not just gambling-related harm, supporting individuals to lead healthier lives. This included sharing relevant information with other services, such as the person's community mental health team. We observed examples where the provider liaised with external organisations, such as housing providers, to ensure people's wider needs were met.

We found that people were supported to make choices to help promote and maintain their health and wellbeing and given tools to help support them. One person stated that "I came into the process feeling that nothing was going to help and during that time we have developed methods and understandings that make me more able to cope".

Monitoring and improving outcomes

The provider used a range of recognised gambling harm and wellbeing assessment tools, including the Problem Gambling Severity Index (PGSI), the CORE-10 outcome measure for psychological distress, and PSYCHLOPS (a mental health outcome measure). These tools were used to monitor progress throughout people's support and treatment. Evidence reviewed showed that the services

delivered were having a positive impact on individuals, consistent with feedback from people reporting improved outcomes because of the support and treatment provided.

The provider submitted data regularly to commissioners, reporting against key performance indicators to track progress and outcomes. The evidence from this data supported that the service was having a positive impact on people who used the service.

People using the service were routinely invited to provide feedback at the end of treatment and during follow-up intervals at 1, 3, 6, and 12 months. This process helped identify whether additional support was required and informed ongoing evaluation and continuous improvement of the service.

Consent to support and treatment

Registered mental health nurses carried out assessments for people using the service, bringing a strong understanding of consent and capacity principles. Their training and professional experience ensured they could identify when individuals had the ability to make informed decisions about their care and support. Nurses were skilled in explaining treatment options clearly, checking comprehension, and respecting a person's right to decline or withdraw consent at any stage.

Staff consistently sought explicit consent before sharing treatment details with other professionals, such as GPs or mental health teams, and ensured this was documented accurately. This approach ensured confidentiality and upheld legal and ethical standards, reinforcing trust between people using the service and those delivering support and treatment. It was explained to people who used the service about when confidentiality could be broken such as if the person was at risk.

All staff completed mandatory training on the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS), which are designed to protect individuals who lack the capacity to make decisions about their care. This training equipped staff with a clear understanding of their legal and ethical responsibilities when assessing consent and capacity. It also ensured they could apply these principles in practice, safeguarding the rights and wellbeing of people using the service.

Is the service caring?

Caring overall summary

We found that staff were committed to improving outcomes for the people they supported and demonstrated a strong understanding of individual needs. People we spoke with told us they were treated with kindness and respect by all staff. Feedback we received was very positive about the approach of staff and the quality of support and treatment provided. Managers and leaders showed genuine care for their staff and were offered consistent support in their roles. Staff shared examples of how the provider actively promoted their wellbeing.

Kindness, compassion and dignity

We found that people who used the service were treated with kindness, compassion and dignity by staff. The staff we spoke with during the assessment demonstrated a strong commitment to delivering effective support and showed a genuine commitment to help individuals achieve positive outcomes. 17 out of 18 respondents to our survey gave the highest possible rating for being treated with dignity and respect by staff.

People who used the service told us that staff listened and communicated in ways in which they could understand, with a focus on listening, and privacy and dignity. They also felt assured that personal information was treated confidentially. One person stated that "[name of therapist] is caring, compassionate and she actually listens and acknowledges your struggles. I am glad I got put with [name of therapist] because she really did help me through a tough time in my life". Another told us that staff were "fantastic" and that they showed "Compassion, understand patients and [are] knowledgeable".

Feedback from stakeholders was very positive about the kindness and compassion of staff. One stated that "Staff consistently show empathy and deliver holistic support" and another commented that "an empathic approach has always been core to their service provision".

Treating people as individuals

The provider adopted a person-centred approach, tailoring services to meet each individual's unique needs and preferences. Staff we spoke with showed a strong commitment to supporting people by respecting individuality and maintaining a non-judgmental attitude. Feedback from stakeholders was positive about the provider treating people individually. One stakeholder stated that "PCGS is a highly responsive service with an accessible and person-centred model, particularly valued for their fast access to support and their flexible, holistic and tailored approach to treatment."

We found that the provider considered people's personal, cultural, social and religious needs and treated people as individuals. For example, people were given a choice of gender of their therapist. Their communication needs were also met to allow them to engage in effective treatment. For example, the provider offered interpreters for different languages, support for people who used sign language, assistance for those who needed to lip-read and access to a hearing loop on the premises.

Independence, choice and control.

People who used the service chose to engage voluntarily with the support and treatment offered. They had the flexibility to end sessions at any time while retaining the option to return for further help whenever needed, ensuring ongoing accessibility.

People were given choice in how their support was delivered, with options such as face-to-face or online sessions to best suit their personal circumstances. In addition, affected others such as family members could access support and treatment, recognising the wider impact of gambling harm.

We found that the provider offered an appropriate level of support tailored to each person's needs. This was informed by an initial assessment and ongoing evaluation of gambling-related harm using tools such as the Problem Gambling Severity Index (PGSI) after each session. Where a person's needs could not be met within the service, staff ensured timely referrals to appropriate external services, promoting continuity of care

Responding to people's immediate needs

The provider quickly assessed people's immediate needs during their initial contact with the service and contacted other services involved such as community mental health workers to help ensure that needs were met and prevent any discomfort or distress.

While accessing interventions, staff monitored people's psychological distress using the CORE-10 psychological assessment to ensure responsive action was taken such as escalation to support individual needs if required, such as offering additional internal support or onward referral to other appropriate services.

We also found that, where appropriate, some individuals would have additional regular calls during which staff would listen, provide support, and work collaboratively to understand their needs and determine what actions could be taken.

Workforce wellbeing and enablement

We found that the provider actively recognised and supported staff health and wellbeing needs. Staff expressed positive feedback about the support and adjustments that had been offered to them. This included processes for safe working, access to the organisation's employee assistance programme, adaption for individual communication needs, and flexibility with working hours which had a positive impact on staff.

Staff described an open and collaborative culture where managers and peers contributed to a positive working environment. One person stated that they felt they were the "Best employer-empathetic and listening and treating people as human beings". All staff confirmed receiving regular supervision and attended regular meetings to support their roles and noted that the provider was responsive in offering additional training and support when needed.

Is the service responsive?

Responsive overall summary

We found that people who used the service were at the centre of how support and treatment were planned and delivered. The provider had a good understanding of the often complex health and wellbeing needs of people who used the service. They provided prompt access and ensured individual needs were met effectively during support and treatment. There were systems in place to enable people to share feedback or raise complaints about their treatment and support. Where complaints had been received, we found that these had been investigated and appropriate action taken.

Person-centred support

We found that the treatment and support delivered was person-centred and focused on meeting each person's needs and preferences. People receiving treatment had an individualised treatment plan in place that was centred around their needs. People received the most appropriate treatment for them and the provider made adjustments where necessary, such as breaks during the assessment, and not being required to have the camera on during remote one-to-one sessions if preferred.

Staff described adopting a person-centred approach, and feedback from people who used the service confirmed this was their experience. One person who used the service told us that their worker was "fantastic" and that they made everyone who attended the group feel welcome and everyone was listened to. Another person who attended a group told us they "Enjoy[ed] coming into the group every week, don't have to come but want to come, 16 months free and still feel welcome into the group".

Stakeholders were very positive about the provider's person-centred approach. One reported that that all staff "demonstrate[d] a high level of empathy, warmth, and relational skill". And that feedback from all the people that they had referred "highlighted a non-judgmental, supportive atmosphere... valuing the personal approach and the sense of being 'heard' and met" whilst receiving support and treatment from the provider.

Treatment provision, integration, and continuity

We found the provider collaborated effectively with other stakeholders in the network which helped to ensure continuity for people who used the service. Working together helped make sure people were referred to the right support service and moved promptly and safely between services. This included meeting regularly with other stakeholders to review referral pathways and develop new ways of working. Support and treatment were delivered in a way that met the person's assessed needs and from a service that was responsive and worked well with other stakeholders and clinicians.

The assessment process allowed staff to ensure that the support and treatment offered met the needs of the individual.

People who were accessing support and treatment worked with the same members of staff for the duration of their support to help ensure continuity and build therapeutic relationships, including care coordinators and therapists. The provider had access to a wide range of therapists with different

specialisms such as trauma-based specialists and art therapists as well as therapists who spoke many different languages. This was a significant strength as it allowed individuals to receive highly personalised and culturally sensitive support, improving accessibility and overall quality of care.

Providing information

The provider had accessible information about the service which was sent to each person at the start of the intervention. This included information such as how to complain, the process for not attending appointments, as well as ground rules for group work sessions. We saw evidence of people being provided with information which was relevant to the area in which they lived, such as the details of local citizens advice services. They also had a website about the service which included being able to make a self-referral, find out about the service and wider information on general health and wellbeing. People could also access information outside of working hours on the provider's website as well as information on who to contact in an emergency.

The provider ensured that people who used the service could access information in a format which met their needs. This included having access to translation services for service users who spoke other languages and support for people who need to use British Sign Language. People who had difficulty with using digital services were also supported with accessible information to help ensure they could access relevant services.

Listening to and involving people

The provider consistently gathered feedback from individuals across all aspects of service delivery from staff, which included an annual staff survey, and people who used the service. This feedback was used to inform ongoing development and was regularly reviewed to drive continuous improvement.

There was a clear complaints policy in place, and feedback showed people knew how to raise concerns if they needed to. Where complaints had been received, there was evidence that these had been investigated and appropriate action taken, such as additional sessions being offered or a change of practitioner.

Equity in access

We found that people were able to access timely, free support through the Primary Care Gambling Service. Referral and treatment pathways were clear, making it easy for individuals to engage with the service in a way that suited their needs. Options included face-to-face interventions or remote sessions via platforms such as MS Teams, scheduled at times convenient for them.

The provider ensured reasonable adjustments were in place to facilitate access for all. Examples included having access to a hearing loop, ensuring the building was compliant with the requirements of the Disability Discrimination Act and providing information in formats that supported different communication needs. There were different groups available such as women only, male only and another for people who were neurodiverse. People that we spoke with felt that these specific groups helped them feel safe and not judged in any way, and one person commented that they felt "free to talk".

Based on feedback received, the provider had reviewed their assessment form to help ensure it was more accessible for all people, such as those with a learning difficulty or those who were neurodiverse.

Equity in experiences and outcomes

Staff had access to a policy outlining the organisation's expectations around equality and diversity and received mandatory training on these principles. Feedback gathered during the assessment was consistently positive regarding staff attitudes, and no concerns were raised with us about experiences of discrimination.

Planning for the future

The provider had robust discharge processes in place, designed to ensure people left the service with the skills and tools needed to continue reducing gambling-related harms and maintain progress. Planning for discharge started from the point people started receiving support from the provider. Safe discharge procedures included signposting and referrals to a wide range of external services that could support individuals in their ongoing recovery journey. For example, stepping down to NGSN partners who provided the appropriate services to meet people's ongoing recovery needs. This approach helped people access additional resources tailored to their needs beyond the scope of the service.

The provider had contact with people at 1, 3, 6, and 12 months after completing treatment, offering opportunities to review progress and provide further support if new or additional needs arose. People could re-enter the service at any time for further treatment, ensuring continuity of care. Feedback from people highlighted that they felt listened to, supported, and empowered throughout their recovery journey.

.

Is the service well-led?

Well-led overall summary

We found that the management team was highly passionate and effective and provided a clear vision for the service's direction, shaping the delivery of a unique service. Leaders had relevant experience, skills and knowledge to ensure a credible and effective service was delivered. We found that there was a positive workplace culture, and many staff reported high levels of satisfaction working for the organisation. Staff stated that they were well supported, managers were approachable, and they felt listened to. We found there was a strong collaboration with stakeholders and community services such as GP's, community mental health services, and other NGSN partners. Governance processes provided effective oversight of performance and service delivery, supported by regular audits and ongoing review to drive continuous improvement.

Shared direction and culture

We found that the management team ensured that there was a clear and shared vision for the service, with the aim to bridge the gap between primary care and the third sector so that people affected by gambling harms and affected others could receive prompt, responsive and improved quality support and treatment to reduce their gambling harms. Staff we spoke with understood their roles and responsibilities and how they contributed to this vision. They had a strong focus on delivering safe, high-quality and compassionate care.

Staff said the organisation had a supportive culture that focused on learning and improving. Managers encouraged open and honest conversations, resulting in an environment where people felt listened to, respected, and supported by both peers and managers.

Capable, compassionate and inclusive leaders

Leaders and managers showed extensive expertise around gambling harms, as well as the capability and the integrity needed to translate the organisation's vision into a credible service delivering practical outcomes while keeping potential risks under control. Their leadership was proactive and supported a clear direction for the service with a focus on continuous improvement to help ensure needs of people who used the service were met.

Staff reported that managers were very accessible, supportive and responsive. One person told us that the service was "one of the most caring services I have ever worked for and I believe this is down to the leadership of [name of manager]" who they described as an "amazing individual" who works incredibly hard. Another staff member stated that "there is a hierarchy [in terms of management structure], but you can go directly to any senior manager if need to" and that they were all "very accessible and would make time for you". Team meetings were held regularly, which provided opportunities to ensure that staff were supported and received clear and effective communication about the service.

Freedom to speak up

There was a culture where staff could raise concerns, including through the whistleblowing process, and they were supported in doing this. Staff had access to all relevant policies and guidance to support them in these processes. Where concerns were raised, they were investigated sensitively and in confidence and any learning shared. Where mistakes occurred, people received an appropriate apology, and the provider took action to reduce further risks.

Workforce equality, diversity and inclusion

All staff had completed equality and diversity training, which strengthened their understanding and respect for individuals from different backgrounds, including their colleagues and people who used the service. The provider had a clear Equality and Diversity policy, which was also covered in the staff handbook, ensuring accessibility. Additional policies and procedures, such as Disciplinary, Dignity at Work, and Grievance policies, supported any potential workplace issues and fair and consistent management practices. This demonstrated the provider's commitment to valuing individual differences and recognising everyone's contribution.

The provider also had an Equal Opportunity, Diversity & Inclusion Strategy 2022-2025 which set out objectives to help ensure that they were an inclusive workplace. For example, education, empowerment, and support, which included nurturing a culture that encouraged development of individuals in respect of diversity and inclusion, ensuring a responsive training plan was in place and celebrating diversity. Staff also had the opportunity to join staff networks within the wider organisation which provided an opportunity for staff who shared one or more aspects of their identity such as their sexual orientation, race, or disability status, to offer support to each other.

Governance, management and sustainability

Robust governance processes were in place, which helped to ensure effective oversight of performance and service delivery. The provider had a proactive approach to monitoring service quality and driving continuous improvement as the service had grown in size. They collated information from numerous sources, such as feedback from people who used the service, and a comprehensive range of audits. Audits which included analysis of record keeping, as well as auditing some calls made to people who used the service (not therapeutic interventions directly due to confidentiality). We found that this information was used to address any concerns and support ongoing improvements.

There was an appropriate range of policies and procedures in place to support the running of the service, and standard operating procedures to support staff with effective service delivery. There were processes in place to ensure that policies were reviewed and updated regularly.

We found that record keeping and the systems to provide oversight of this were mainly robust and effective. There were regular checks in place to ensure the quality and consistency of recording across the different parts of the service. While therapists told us that they maintained individual treatment notes in line with professional requirements and we found no issues around safety or confidentiality, there were some differences in approach around retention which the provider reviewed following our assessment.

We found that effective systems were in place to identify, document, and monitor risks. The provider fed into an organisation-wide risk register with senior managers taking responsibility and acting as a conduit. At a local level, risk was actively monitored through a register for people who used the service who presented with a heightened risk or vulnerability. This included a weekly review by clinicians which monitored what action had been taken to reduce the risk and ensure that people with more complex needs were receiving effective support and treatment.

NGSN services are funded by GambleAware, which receives voluntary donations from gambling operators in line with Gambling Commission requirements. We found no evidence that the provider or the support and treatment delivered was influenced by the gambling industry. Staff adhered to their professional codes of conduct in their everyday work, and we saw how this underpinned their

work. This meant that the support and treatment offered was independent, unbiased, and based on proven, evidence-informed approaches.

Partnerships and communities

We found that the provider placed a strong focus on partnership working, collaborating effectively with stakeholders at both local and national levels. Data showed that between April 2024 and March 2025 the provider had collaborated with 272 regional organisations that generated formal facilitated referral pathways, which was significantly higher than the commissioners target of 18. This included work with universities to promote support at induction fairs, joint working with other addiction specialists around support in the criminal justice sector, Ministry of Defence, community promotion programmes with mosques, food banks and children's health services. The provider was also holding a joint conference with Age Concern Lambeth. They had invested significant effort in building strong relationships with third-sector organisations and other members of the NGSN, ensuring that support and treatment were accessible to everyone who needed it and was well-coordinated. One stakeholder stated that "I am nothing other than grateful for their [PCGS] generous support and I rate our relationship with them as one of the most positive of all the external organisations we work with".

Stakeholder feedback that we received highlighted the provider's strong contribution to the wider network. A stakeholder told us that "PCGS has demonstrated exemplary leadership by bringing partners within the NGSN together to explore ways of identifying and managing risk in a consistent and coordinated manner. This collaborative approach strengthens safeguarding practices and ensures that service users receive safe, high-quality care across the network".

Learning, improvement and innovation

The provider had a strong focus on service development to ensure that people could access appropriate support for their gambling harms but also that their wider health needs were met by acting as a conduit between primary care services and third sector. A stakeholder stated that "PCGS is a highly responsive service with an accessible and person-centred model, particularly valued for their fast access to support and their flexible, holistic and tailored approach to treatment. It is a greatly needed service in our space, filling an important and unique gap in the NGSN support and treatment offer".

The provider also worked with the Royal College of General Practitioners to increase GP awareness around gambling harm and knowledge of support and treatment available and offering accreditation for GP practices. A stakeholder stated that "The proactive GP engagement and education addressed a major gap in early identification and early intervention for gambling related harms. The PCGS's support in development of a national competency framework for primary care support for gambling harms represented a big step forward in equipping primary care staff across England with the necessary skills to assess, treatment and management [of] gambling related harms". By the end of October 2025, there were 558 accredited GP practices. This helped ensure that more clinicians were aware of gambling harms, making it more likely that these issues were considered when patients presented with risks.

Staff were well-supported with access to additional training opportunities and had protected time to enhance their skills. The provider encouraged professional growth and created an environment

where learning was encouraged to help improve and try new ideas. This included engaging with staff about service development including those with lived experience which helped to ensure their unique perspectives contributed to learning and service development.

The provider was working with Portsmouth University on a research project looking at developing a short self-report measure of gambling harms and recovery, called the "Gambling Harms Severity Index" with input from people with lived experience. This would act as a screening tool in general practice and also help with triage and signposting to relevant services.

The provider had collaborated with eConsult, a secure digital online consultation tool used between a GP and patient, to include a gambling harms screening question within the mental health consultation template. This had involved large-scale work with people with lived experience to help model a relevant question to use. If a person identified that gambling harms was an issue, then the eConsult form would direct them to the provider for support and treatment. This meant that gambling harm questions were being considered at a national level where eConsult was used. They were also working with a main clinical software used by GP practices, to add templates and coding for gambling harm in primary care. The clinical software provided search tools that helped clinicians identify patients at risk and guided them to the most suitable care pathway.

The provider was also developing a triage service to make it easier for people affected by gambling to get the right help. This would use digital tools and templates so patients could quickly and confidentially assess their needs and be directed to the right support through GPs, charities, or online services.