City and Hackney GP Confederation

Inspection report

2nd Floor, Lawson Practice
85 Nuttall Street
London
N1 5HZ
Tel: 02077297236
www.cityandhackneygpconfederation.org.uk

Date of inspection visit: 10 to 24 May 2022
Date of publication: 16/06/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Outstanding

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding.

We carried out an announced inspection at City and Hackney GP Confederation between 10 and 24 May 2022. This was the locations first comprehensive inspection following registration with the Commission.

At this inspection we rated: -

Well- led as outstanding. This was because:

- The strategy and supporting objectives and plans were challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.
- Governance arrangements are proactively reviewed and reflect best practice. A systematic approach is taken to working with other organisations to improve care outcomes.
- The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.
- Leaders had an inspiring shared purpose and strive to deliver and motivate staff to succeed.

Safe, effective, caring and responsive as Good. This was because:

- The services had clear systems to keep people safe and safeguarded from abuse.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The service learned and made improvements when things went wrong.
- The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided.
- The services worked together with the GP practices of City and Hackney and secondary care to deliver effective care and treatment.
- The service obtained consent to care and treatment in line with legislation and guidance.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

The areas where the provider **should** make improvements are:

- Review the training matrix to ensure all training is completed and updated regularly.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector, who was accompanied by a GP specialist adviser.

Background to City and Hackney GP Confederation

City & Hackney GP Confederation C.I.C is the registered provider of the service. The provider is registered with the CQC to carry out the regulated activities of diagnostics and screening and treatment of disease, disorder or injury from the head office which is located at:

2nd Floor, Lawson Practice

85 Nuttall Street

London

N1 5HZ

City & Hackney GP Confederation was established in 2014 and consists of 39 GP practices in the City and Hackney, which formed a community interest company. The registered patient population as at 1st April 2022 is approximately 335,739, of which 325,768 are registered in Hackney and 9,971 are registered in the City. Hackney's boundaries are by Islington to the west, Haringey to the north, Waltham Forest to the north-east, Newham to the east, Tower Hamlets to the south-east and the City of London to the south-west.

The service responds to the current needs of the GP practices and their patients by sub-contracting to practices for services, direct service provision, primary care development/support, and representing primary care at system level.

This inspection looked specifically at the direct services which were under the scope of registration at the time of the inspection. These were:

- The extended access service, which offers patients who are registered with a City and Hackney GP practice a 15-minute, telephone, online or face to face appointment with a GP between 8am and 8pm on a Saturday, Sunday and Bank Holidays. GP practices can book patients into the service which is carried out at five locations:
- Hoxton Surgery – South West Hackney – Saturday 8am to 2pm.
- Neaman Practice – City of London – Saturday 8am to 2pm.
- Nightingale Practice – North East Hackney – Saturday 2pm to 8pm.
- Lea Surgery – South East Hackney – Sunday 8am to 2pm.
- Stamford Hill Group Practice – North East Hackney – Sunday 2pm to 8pm.
- The doorstep assessment and pulse oximetry at home service. The service was started during the pandemic, where clinical staff would visit patients who were unable to leave their homes to carry out physical observations. This was initially offered for patients with Covid-19 symptoms or who were Covid 19 positive and were housebound. This enabled GPs to monitor and treat patients in their own homes for up to 14 days and escalate to secondary care if/when appropriate. In addition, the pulse oximetry enables GPs to care for patients who had been discharged from hospital on an Enhanced Discharge Pathway.
- The doorstep assessment and pulse oximetry at home service team comprised of a Director of Nursing and, a nurse, a technician, a specialist paramedic practitioner and administration support. Supported by Corporate Development, the Covid-19 Clinical Lead City & Hackney Clinical Commissioning Group, North East London Digital First Lead & Clinical Lead for Pulse Oximetry.
- The care settings Covid 19 service which delivers Covid and flu vaccinations to residents and staff in care settings.

The provider had other services which were not under our scope of registration but were considered in the report in regard to responding to patient needs, these were: -

- Salaried GP scheme which provided newly qualified and more experienced salaried GPs with an opportunity to combine clinical sessions with funded development time to focus on areas of specialist interest or undertake work within a GP practice.

- A nursing team that offers advice regarding infection prevention and management to CQC registered and non-registered care settings.
- A smoking cessation service.

In addition, the provider holds contracts covering the following services. These contracts are delivered by the 39 practices in City & Hackney, ensuring 100% population coverage:

- Long Term Conditions
- Proactive Care: Home Visiting Service
- Proactive Care: Practice Based Service
- Duty Doctor
- End of Life Care
- Primary Care Anticoagulation
- Community Phlebotomy
- Community Wound Care
- Primary Care Mental Health Alliance (including new CYP ADHD service)
- Prostate Specific Antigen (PSA) Follow up in Primary Care
- Early Years
- Primary Care Extended Access (Neighbourhood Model)
- Latent TB
- NHS Health Checks
- Sexual & Reproductive Health
- Teledermatology

Good

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The services had clear systems to keep people safe and safeguarded from abuse.

- The service had a designated safeguarding lead who was a member of the confederation board and children's and adults safeguarding policies and procedures were in place for staff to follow. Staff told us that any children who did not attend appointments were followed up and reported back to their own GP. Staff had received up-to-date safeguarding and safety training appropriate to their role.
- Staff working in the services were either directly employed by the provider or from an agency. The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required for staff they directly employed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Where the staff were employed through an agency the provider had assurances of the necessary checks had taken place and explained they had carried out their own interview process.
- The provider had an infection prevention management-and control policy last reviewed on 13 September 2021. Staff had completed the infection prevention and control training.
- The extended hours service was carried out at GP practices, where staff used one office and part of the reception. The service had an agreement in place with the GP practices that provided assurances that the practices carried out the management and prevention of infection and clinical waste. In addition, when staff used the clinical rooms, they ensured the premises were kept clean and tidy and any associated cleaning was carried out.
- The doorstep assessment and pulse oximetry at home service, staff had the necessary access to personal protective equipment and used clinical disinfectant wipes to disinfect their equipment after every use. In addition, staff completed peer to peer hand washing audits.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The extended access services had been provided with relevant clinical equipment for the GP hubs and ensured the clinical equipment was maintained and calibrated and kept a record of this.
- The service had an agreement in place with the GP practice that provided assurances that the practice conducted safety risk assessments.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The extended access service ensured all hubs had a minimum of one receptionist and a duty manager during opening hours. The doorstep assessment and pulse oximetry at home service had two members of staff working each day to ensure they could meet any increased demands on the service.
- The extended access service had a comprehensive induction system for GPs. In addition, any updates were included in the providers weekly bulletin, which was available on their website and by email.
- Staff had received training on how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- When there were changes to services or staff the management team assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Good

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- The provider had an agreement with all the GP practices in City and Hackney which enabled them to access and record consultations in patient records.
- We reviewed a sample of patient records for the extended access service and found Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- To deliver safe care and treatment the services had systems for sharing information with other agencies. the doorstep assessment and pulse oximetry ensured information was shared with the GP who referred the patient within two hours. The extended hours service notified the practice through the patient records systems.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The services had systems in place to follow up any referrals.
- All directly employed staff working in the services were issued with mobile phones, laptops, mobile Wi-Fi, patient assessment equipment, personal protective equipment (PPE) and patient information leaflets.

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The extended access service had an arrangement in place with the GP service they were located in to use their prescription stationary.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The extended access GPs prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- The extended access service used the emergency medicines and equipment located at the practices. Although, the service had an agreement in place that it was the practice responsibility to check the equipment, they did not check it prior to the start of a shift.
- The extended access service for remote or online prescribing had protocols in place for verifying patient identity.
- The care settings covid 19 service had a system in place to maintain the vaccines cold chain. Vaccines were collected from the vaccination service on the day they were administered and transported in an insulated bag with a thermometer to ensure they were stored at the correct temperature.
- The care settings Covid 19 service staff had the Patient Group Directions in place to administer the COVID 19 and flu vaccines. However, we noted one had not been signed by the authorising manager.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

The service had a good safety record.

- The provider had systems in place to mitigate risks in relation to safety issues.
- The services monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Good

Are services safe?

- There was a system for receiving and acting on The Medicines and Healthcare products Regulatory Agency (*MHRA*) safety alerts. The Director of Nursing and Corporate Development was responsible for reviewing and cascading safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. In addition, these were raised at team meetings.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The provider had a total of 20 incidents across all services between 1 April 2021 and 31 March 2022. These consisted of two for the childhood immunisations, three in regard to data protection/data security, and 15 for the local vaccination centres.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- These were discussed at weekly service meetings, reviewed by the leaders and learning communicated to all staff.

Good

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

- The doorstep assessment and pulse oximetry at home service, and enhanced discharge monitoring service, was designed to provide GPs with a reading of patients with observations with Covid 19 when they were at home. This was used for patients who had tested positive, had possibly symptoms or had been discharged from hospital following treatment for Covid 19. The service monitored the patients for up to 14 days and where either visited at home or encouraged to calls into the service with their results once or twice daily.
- Prior to referral to the service patients had a face to face or virtual assessment completed by secondary care or the GP practice.
- Patients were seen at home by a member of the team and the observations would be sent to the GP within two hours of the appointment. Where the patient's illness worsened, the service had an escalation process in place with set observation parameters of where the patients care should be escalated to. This could be the patient's GP or out of hours service, or the emergency services. The escalation process was completed in conjunction with the GP practice.
- The range of observations taken were pulse oxygen saturation at rest and on exertion, temperature, blood pressure, urine test, respiration rate and blood glucose.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The staff provided examples of patients during the pandemic, who lived alone and were isolated that they had provided support for.
- The extended access service provided initial telephone triage, with access to face-to-face appointments at the end of a session if clinically indicated. The service was open on a weekend and bank holidays between 8am and 8pm at five locations. Each hub had either one or two GPs working at any one time. Patients were booked into the 15-minute appointments by the GP reception staff or through the 111 service.
- The extended access GP service had access to the patients' full medical record and each GP had the functionality to send text messages and links for patients to receive a video consultation where appropriate.
- For the extended access service, we saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Where patients were prioritised for an urgent referral to secondary care the service had a system to ensure these were followed up to ensure the patient's GP was aware and the patient was allocated an appointment. The service staff explained, although the numbers of referrals were low, 15% of their referrals resulted in a cancer diagnosis, compared to the national rate of 10%.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided.

- The extended access service clinical governance team met monthly to undertake an anonymised consultation audit for all GPs who have worked for the service in the previous month.
- The extended access service undertook six-monthly audit of two weeks wait referrals to assess whether their referral rates were in keeping with national rates.
- The clinical goverance leads undertook prescribing audits to review compliance with prescribing guidelines, these were:

Good

Are services effective?

- An antibiotic prescribing audit for urinary tract infections from January 2021 to February 2022, which checked whether staff had followed local and national guidelines. This found 21 of 177 prescriptions (12%) had inappropriate prescribing. The findings show there was a change in practice due to remote consulting and more empirical antibiotics being given. The action was to ensure at induction all GPs were made aware of local prescribing guidance and carry out a reaudit after 12 months.
- An audit of the prescribing of the controlled drug tramadol from January 2021 to December 2022, this found patients were appropriately prescribed short course of the medicine.
- An audit of gabapentin and pregabalin prescribing (medicines prescribed for epilepsy, seizures disorders and neuropathic pain) in January 2022. This found GPs in the extended access had not initiated prescribing of these medicines. The action was to continue to ensure prescribing guidelines continued to be part of new doctor's induction and that they were signposted to user guides.
- The extended access service was also meeting its locally agreed targets as set by its commissioner.
- The doorstep assessment and pulse oximetry at home service carried out a review of our patient records three monthly for all clinicians to review the clinical consultations. In addition, the Director of Nursing and GP Confederation Clinical Lead carried out a six-monthly review and provided the clinician with overall feedback for continuing professional development.
- The doorstep assessment and pulse oximetry at home service had also carried out hand hygiene audits.
- The provider was actively involved in quality improvement activity in the area of City and Hackney. Some examples of other services they provided to GP practices were: -
- A salaried GP scheme which provided newly qualified and more experienced salaried GPs with an opportunity to combine clinical sessions within a GP practice and funded development time to focus on areas of specialist interest.
- The provider held the contract for the management and monitoring of long-term conditions, which it contracted out the management to the GPs (39 Practices) and then monitored the practices performance.
- A nursing team who offers advice regarding infection prevention and management to CQC registered and non-registered care settings.
- A smoking cessation service.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The services had an induction programme for all newly appointed staff.
- The extended hours service GPs had a virtual induction, which was held with the clinical goverance lead in advance of their first session for the service. The induction covered record keeping, investigations, local pathways, safeguarding and prescribing. A named member of the clinical team was allocated to the GPs remotely to offer support and guidance for their first session. After their first session, 100% of their consultation notes were reviewed before further sessions could be undertaken.
- Prior to the commencement of their first shift, the doorstep assessment and pulse oximetry at home service staff completed the COVID 19 awareness course, personal protective equipment and other necessary training for their role. And carried out a shadow shift with another clinician to ensure the staff member is confident and competent to undertake the clinical activities.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when needed.
- Staff were provided with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making.

Good

Are services effective?

- There was a clear approach for supporting and managing staff when their performance was poor or variable. For the extended access service, the clinical governance team met monthly to undertake an anonymised consultation audit for all GPs who had worked for the service in the previous month. Cases of concern or reflection were discussed in a triangulated manner. Feedback was given to the extended access GPs which they could use for their own General Medical Council appraisals as robust evidence of their work.
- Oversight was kept of staff training who were directly employed by the service. In addition, each service manager was responsible for ensuring staff had completed the necessary training for the role. However, we noted the overall training matrix was not fully up to date. For example, it did not include the training dates the lead nurse for the covid and flu vaccination service had completed covid 19 vaccine training or resuscitation training since 2019.
- For agency staff such as the extended access GPs, the managers were informed by the agency when the GPs training was due, and the agency provided a three-monthly spread sheet which detailed all of the GP's training for the management team to review.

Coordinating care and treatment

The services worked together with the GP practices of City and Hackney and secondary care to deliver effective care and treatment.

- With the consent of the GP practices, the services had access to the GP practices patient records systems. This provided staff in the extended access service with full details of the patient histories and alerted them to vulnerable patients. We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Staff at the extended hours service communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. Where the service had completed a referral for urgent secondary care, the staff would follow this up to make sure an appointment was offered and sometimes speak with the patient's GP.
- Staff at the doorstep assessment and pulse oximetry at home service ensured the patient observations were with the GP Practice within two hours.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- All the services worked together and identified patients who may be in need of extra support. For example, the doorstep assessment and pulse oximetry at home service, was used by the GP extended hours service. The staff from the doorstep assessment and pulse oximetry service described working with the GP practices, and emergency services.
- The City and Hackney GP Confederation also provided other services, such as the smoking cessation service
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. The doorstep assessment and pulse oximetry staff provided examples of escalating care and treatment for patients at home with covid 19.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

Good

Are services effective?

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- At the time of booking an appointment for the extended access service, patients were asked to give their consent to give access to their medical record.

Good

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Feedback received by the doorstep assessment and pulse oximetry at home service of a randomised selection of 10% of patients from March 2021 until March 2022, resulted in patients stating 67% were very satisfied with the service and 33% were satisfied.

Involvement in decisions about care and treatment

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).
- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

- The City & Hackney GP Confederation was established in October 2014, as a community interest group comprising of 39 GP practices in the City and Hackney. The providers key roles were to respond to the population and GP practice needs by subcontracting to practices for service, direct service provision, primary development and support and representing primary care at system level. The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- In response to patient and GP practices feedback alongside their knowledge and experience they had organised and delivered services to meet patient needs and preferences. Please see examples below:
- The Covid-19 Doorstep Assessment Service (DAS) was developed to support patients presenting with Covid-19 symptoms or who were Covid-19 positive. This reduced GP practice staff from unnecessary exposure to the virus as the responsible GP had access to accurate observations which were taken by a third party at the patient's home. For patients who were isolating it also provided both contact and support. The level of service delivery was currently assessed by demand. Where there was evidence of increased referral activity or local outbreaks, the number of staff per days were increased.
- The extended hours service provided extended appointments for patients, through contracted services with GP practices from Monday to Friday and a direct service on a Saturday, Sunday and bank holidays. During the pandemic the service responded by providing two Covid 19 hot hub services, this was where patients who suspected they had Covid 19 could be seen.
- The Care Setting Covid-19 service was set up during the pandemic and had provided support with testing and screening in adult social care services, where the staff did not have the experience to screen residents or staff for Covid-19. In addition, they provided support with the use and provision of personal protective equipment and prevention and management of infection control guidance. At present the service continues to provide guidance and a vaccination service for residents.
- A smoking cessation service, to help patients cease smoking.
- During the winter period a roving flu vaccine service for patients who cannot leave their homes.
- In response to the arrival of refugees from Afghanistan a service to administer childhood vaccines in City and Hackney.
- A salaried GP scheme which provided newly qualified and more experienced salaried GPs with an opportunity to combine clinical sessions in a GP practice, with funded development time to a focus on areas of specialist interest. This helps City and Hackney GP practices recruit GPs.
- The provider held the contract for the management and monitoring of long-term conditions, which it contracted out the management to the GPs (40 Practices) and then monitored the practices performance.
- The facilities and premises were appropriate for the services delivered.
- The extended hours services hubs were fitted with hearing induction loops.
- At the time of the inspection the provider was collaborating with a local charity to review whether the move by primary care to more digital services at the extended hubs had been problematic for some patient cohorts. Such as people with a learning disability.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The extended hours service was open on a Saturday and Sunday and Bank Holidays from 8am to 8pm at five sites across City & Hackney. The City & Hackney GP confederation choose the sites and opening times dependent upon location, transport links, suitability of premises, population distribution, and knowledge of local communities to ensure good access.

Good

Are services responsive to people's needs?

- The service was commissioned to ensure that at least one hub is open from 8am to 8pm on bank holidays.
- The registered patient population was approximately 335,739 at the time of the inspection. Patients accessed the appointments initially through their own GP booking service and from 6:30pm on a Friday if appointments were still available through the NHS 111 service. Patients were unable to book directly into these appointments.
- GPs provided the service and each hub had one or two GPs working at any one time, supported by a receptionist.
- All appointments due to the pandemic were for initial telephone triage.
- The extended access GP service had access to the patients' full medical record and each GP had the functionality to send text messages and links for patients to receive a video consultation where appropriate. Each GP had access to face-to-face appointments at the end of their session so that they can arrange for patients to attend in person if clinically indicated once the GP has triaged them to assess for COVID19 risk. Whilst GPs will review and assess patients with COVID19 remotely, they did not see these patients face to face and would refer them to the Doorstep Assessment Service (DAS), or secondary care.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- We saw the most recent local key performance indicator results for the service 1 April 2021 to 31 March 2022 which showed the provider was meeting the following indicators:
- To deliver a minimum of 34,569 consultations per annum. The service had delivered 37,692 appointments. The appointments consisted of 31,911 (85%) telephone and 5,781 (15%) face to face.
- At least 70% of appointments to be delivered by a GP. The service had achieved 90%.
- Utilisation of total number of appointments to meet or exceed 90%. The service had achieved 89%.
- The doorstep assessment and pulse oximetry at home service, and enhanced discharge monitoring service was offered to patients currently resident in City and Hackney or within a half a mile radius of the borough boundaries, who were registered with a City and Hackney GP and aged 18 years or above. The service was operated from 9:30am to 6.30pm seven days a week.
- From Monday to Friday the service was staffed by two clinicians who were based within the community, at weekends and bank holidays, the service was staffed by one clinician who responded to any referrals.
- Referrals to the service were accepted from 9:30am to 5:30pm, the service accepted referrals from GP practices, the out of hours services, North East and Central London accident and emergency services and wards.
- The number of referrals received from each practice in the City & Hackney GP Confederation from 17 August 2020 until 14 March 2022 was 1087.
- The doorstep assessment and pulse oximetry at home service was not set key performance indicators by the commissioner, however they chose to set their own. These were: -
- A response to referral to be accepted within 30 minutes of receipt and observation results sent to practices within 2 hours. From March 2022 to December 2021, the service had achieved 52% met, 33% not met and 15% were referrals which were withdrawn. In response to these results which were due to the service capacity exceeding that of the staffing capacity, the provider increased staffing levels. Between January 2022 and March 2022, the staffing levels were increased, and this had demonstrated a higher rate of achievement at 59% met and 23% not met.
- The Care Settings Covid 19 Service provided flu and Covid-19 vaccination booster programmes to supported living, care settings and the homes of private residents deemed vulnerable across City and Hackney. At the time of the inspection the service operated over four older persons nursing homes, 11 care homes for people with poor mental health or with a learning disability and 75 residential settings. This service was available 9am to 5pm Monday to Friday.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The Director of Nursing and Corporate Development was responsible for the management of concerns and complaints. The service had a complaints policy and procedure and a complaint leaflet available for staff and patients to follow.

Good

Are services responsive to people's needs?

- From the 1 April 2021 to 31 March 2022 the provider had received five complaints overall, which included one about the extended hours service. We reviewed this complaint and found the service had fully investigated the complaint and referred to national guidance. They had asked the staff involved to reflect on the case and learnt from the complaint and made recommendations to the service.
- City and Hackney GP Confederation website had a page for the patient to give positive and negative feedback, but it did not directly mention how to complain.

Outstanding ☆

Are services well-led?

We rated the service as outstanding for providing a well led service .

Leadership capacity and capability

The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.

- Staff told us that leaders at all levels were visible and approachable.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. For example, the service directors submitted briefings for the GP extended access, the doorstep assessment and pulse oximetry and the care setting covid 19 service. These evidenced a clear understanding of the development, achievements and outcomes of their services and how they had responded to the community and patient needs. This also included well thought out systems and processes they had put in place to ensure the service was safe, such as staff recruitment and induction, patient records management and incident reporting.
- Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. For example: -
- The service teams directors and managers were aware of the challenges for each of the services. Such as the change to the national commissioning changes which may result in the City and Hackney GP Confederation no longer directly providing the GP extended hours service rom October 2022.
- The doorstep assessment and pulse oximetry service were looking at possible developments with GPs to understand what could better support them in their clinical decision making. Such as the completion national patient early warning score.

Vision and strategy

The strategy and supporting objectives and plans were challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.

- Every year the provider produced an annual work programme, which was developed with feedback from the local commissioners, Healthwatch, the GP practices and the feedback the GPs received from patients. The plan was in-line with health and social priorities across the region. The plan scoped out what local external goverance committees the provider needed to have engagement with and what programmes/services they were considering providing. The work programme was presented to the Confederations Board, which reviewed and agreed the plan. The annual work programme was then used to inform the service organisational risk register. In addition, once approved the work programme was used to inform staff individual objectives and appraisals.
- The plan was kept current by the leadership team and a quarterly review was carried out by the audit committee; all developments were reported to the Board.
- Once agreed City and Hackney Confederation collaborated with the local integrated care services, the commissioners and the GP practices to ensure the services initiatives were fully aligned with the wider health economy. Examples of these developments were: -
- The development of two covid 19 hubs, where patients with suspected Covid 19 could visit during the pandemic, which prevented the GP practice staff from contact with the virus.
- The doorstep assessment and oximetry service, which enable GP practices to monitor patients with Covid 19 at home and prevent them from hospitalisation. In addition, for some patients who deemed at risk and had to self-isolate alone, it provided human contact.

Outstanding ☆

Are services well-led?

- In response to the arrival of refugees from Afghanistan, City and Hackney GP Confederation provided a service to administer childhood vaccines in two hotels in City and Hackney.
- In response to the difficulties in recruitment of GPs. A salaried GP scheme which recruited newly qualified and more experienced salaried GPs and provided them an opportunity to combine clinical sessions within a GP practice with funded development time to focus on areas of specialist interest for one year. This service also provided regular peer group meetings for the GPs to discuss to evaluate their work and have support.
- The Nursing Director attended the North East London Covid19 Remote Monitoring Operations Group meet on a monthly basis and represented all of the organisations in North East London who provided Covid 19 services, oximetry at home and long Covid 19 services.
- A further example of a demonstrated commitment to system-wide collaboration and leadership was provided. The funding contract for the extended access service was to move into the control of the primary care networks and the contract could now include other types of services, such as a physiotherapist. In response to this, the provider had put patients first by working collaborative with the primary care networks, the local GP practices and patient participation groups and the local commissioners, to understand how the service would transition and what the primary care networks required to ensure a consistent service to patients. This included sharing operational information and data to produce a model of care.
- We received 11 completed staff questionnaires and spoke with members of the management team all of which demonstrated that staff were aware of and understood the vision and values and their role in achieving them.
- We spoke with staff and received questionnaires from staff who worked away from the main base, who stated felt engaged in the delivery of the Confederations vision and values.

Culture

Leaders had an inspiring shared purpose and strive to deliver and motivate staff to succeed. For example,

- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- The provider championed protected learning time for staff. For example, the local commissioners provided the provider funding to run a single round of protected learning with GP practices, to review what had happened to them during the pandemic, the impact and looking to the future about how what learning could come out of this. The provider provided support, guidance and implemented a protocol to GP services to enable them to close once for a half day and facilitation of the meetings. The feedback from the meetings was positive, and the GPs are now planning to carry this out for staff on a quarterly basis.
- There were positive relationships between staff and teams. Staff at all levels were encouraged to speak up and raise concerns, and policies and procedures positively supported this process. For example, we spoke with staff and received 11 completed questionnaires, who all indicated they felt they comfortable to make their views known and felt they would be listened to.
- Staff development plans and appraisals were agreed and implemented in line with the providers work plan and objectives.
- Our discussions with the leadership team and staff evidenced there is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. For example, the leadership team and service staff met weekly, where they discussed and reviewed the services, any issues were feed to the audit committees and the Board. The Board consisted of independent members of City and Hackney, such as four GPs, a practice manager, a lay member and an independent chair. All staff and members of the confederation received a weekly bulletin.
- The provider had a Freedom to Speak Up Guardian and Whistle Blowing Policy, which had been emailed to all staff outlining the importance of the Freedom to Speak Up Guardian process and role.

Outstanding ☆

Are services well-led?

Governance arrangements

Governance arrangements are proactively reviewed and reflect best practice. A systematic approach was taken to working with other organisations to improve care outcomes.

- There were clear responsibilities, roles and systems of accountability to support good governance and management. City and Hackney GP Confederation was a non-profit organisation, with a board of trustees and a Chief Executive who was responsible for the day-to-day management of the service. They were supported by human resources and improvement, two operational, nursing and corporate and finance and information directors. Who were responsible for the management of the service team leaders. The service worked with the GP members to meet unmet need and improve patient care.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. The provider produced an annual work programme in collaboration with stakeholders, which was reviewed and agreed by the Board. Once agreed this was used to inform the organisational risk register and annual service objectives. The risk register and plan were reviewed by the Chief Executive and the directors weekly and the audit commission quarterly, all findings were reported to the board. The providers objectives formulated from the annual workplan were used to formulate staffs annual objectives.
- All staff had job descriptions in place so that staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, The GPs working in the extended access service received weekly guidance when working over the weekend.

Managing risks, issues and performance

- The risk register was built around the annual work programme, and the initial risks were agreed at Board level. The Board met monthly and risk issues, performance and exit strategies were discussed and reviewed. In addition, the register was a live document which was updated when any risks were identified. This was reviewed by the audit committee who reported to the Board for a formal review four times a year. The audit committee would carry out a deep dive into different issues and how to mitigate the risks at different times of the year. For example, winter pressures.
- The Chief Executive and Directors met weekly to review the work programme and the risk register.
- An example of a risk which has been identified and mitigated was the transition of the extended hours service to the primary care networks until the end of September 2022, which was due to a change in contract. The Board had a number of discussions on how to keep the service running until the end of September and what the support the provider could give to the primary care networks to ensure the transition of a quality service. The way forward included some initial work with the Primary Care Network GPs patient participation groups and patients to find out what would meet the patients and GPs needs in terms of style of service, goverance and identifying staffing. To mitigate any risk and help the emerging model of service, the provider had shared the data about the present service. The way forward was to be agreed by the local commissioners.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

Outstanding ☆

Are services well-led?

- The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided and improved patient outcomes. Such as the extended access carried consultation, prescribing for antibiotics and controlled drugs, two-week referrals to secondary care, and met their key performance indicators for the local commissioners. The doorstep assessment and pulse oximetry at home service carried out clinical consultation hand hygiene audits and monitored their key performance indicators.
- The provider responded to the COVID19 pandemic and made changes in the mode of delivery of the Extended Access service to ensure safety for both patients and staff. All changes were agreed with the local commissioner and extended access steering group and are kept under review. Such as moving from face-to-face appointments to telephone consultations and triage and additional weekend sessions to assist 111 and out of hours services.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, The Doorstep Assessment service had reviewed patient pathways to treat patients with Covid 19 or suspected Covid 19 out of hours.

Appropriate and accurate information

The service invests in innovative and best practice information systems and processes.

- The provider had an agreement with GP practices in City & Hackney to share their electronic patient records. This meant the services had access to the patient medical histories, which included previous test results, previous diagnosis, consultation notes and safeguarding concerns and the GPs wrote their consultation notes directly into the patient record. This enabled the services to provide consistent accurate care and treatment for patients.
- There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. For example:
- Data had been shared with the local Primary Care Networks, the local commissioners and the local ou5 or hours service to ensure the smooth and safe transition of the extended hours service.
- The Board consisted of four GPs, a practice nurse and a practice manager, who worked in the GP practices in City and Hackney, who shared information with the practices.
- The Board met monthly and risk issues, performance and exit strategies were discussed and reviewed.
- Feedback was sought from the patient participation groups and individual patients of City and Hackney GPs.
- The service used information technology systems to monitor and improve the quality of care.

The service submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- During the pandemic and in response to COVID 9 the service accelerated the progress of adopting digital technology which has allowed clinicians to consult with patients via video links and to send information by text message etc.

Engagement with patients, the public, staff and external partners

- Services were developed with the full participation of those who use them, staff and external partners as equal partners. Innovative approaches were used to gather feedback from people who use services and the public. For example: -
- City and Hackney GP Confederation produces and distributes via its website, a weekly bulletin every Thursday to the GP practice members of the confederation and the staff. The bulletin includes any changes to the services they provide.
- City and Hackney GP Confederation website had members' zone and a contracts/services section. The section provided access to the key documents for each service.

Outstanding ☆

Are services well-led?

- The provider sought patient feedback from the GP members of the City and Hackney GP Confederation and their patient participation groups and patients in regard to the services they had developed. For example, a service was delivered to one patient community that required an extended access service on a Sunday to meet their religious and cultural needs.
- The need to carry out Patient Participation and Involvement of the Public, was included in the organisational risk assessment. The actions to be taken to mitigate the risk were for Confederation to undertake patient satisfaction audits and mystery shopping exercises, GP member practices to undertake patient satisfaction audits, regular liaison with Healthwatch and patient participation groups.
- The provider had an agreement in place with local commissioners to pilot a new system for capturing patient feedback and satisfaction with services provided via GP Confederation held contracts.
- The extended access had changed the method of obtaining patient feedback, due to limited patient face to face appointments and had recently commenced using a feedback using a not-for-profit website that asked patients to share their good or bad experiences of UK health and care services. Before this was implemented it was piloted in one of the GP practices in in January 2022. Prior to implementation the GP Confederation's General Privacy Notice was updated to include the GP Confederation seeking patient feedback in relation to directly provided services. Links were sent to all patients who had used the services to request feedback and patient stories. Which were then available to view on the providers website to members. At the time of the inspection, we found the providers services had received a total of 205 comments over 18 months.
- The Doorstep Assessment and Oximetry at Home Service commenced a randomised survey of patient, 10% of all referral numbers for each month from March 2021 to March 2022. To date 74% of patients and carers/relatives had given feedback, which the provider described as positive, which the provider was collating and analysing at the time of the inspection.
- The service takes a leadership role in its health system to identify and proactively address challenges and meet the needs of the population. Examples of working collaboratively with other stakeholders was the doorstep assessment and pulse oximetry service, the transition of the extended hours service, and the care settings Covid 19 service which delivers Covid and flu vaccinations to residents and staff in home care settings and the development of two covid 19 hubs.
- The leaders and staff had regular meetings to ensure that information was cascade and reviewed to enable the system to identify and address any challenges and the needs of the population. For example, the Board met monthly, the audit committee quarterly, the chief executive and directors weekly. Each service had a weekly meeting with leaders and staff.
- Representative from the provider also took part in stakeholder external meetings for example, the urgent and emergency care resilience subgroup, quarterly steering group meetings were held between the provider and the local commissioners.
- Weekly bulletins were available for GP confederation members on the website and each service provided information via the bulletin or by email to all staff members.
- The provider was an active member on The Primary Care Leadership Board.

Continuous improvement and innovation

The provider had a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally and nationally. Models of care were developed and implemented with external stakeholder participation. For example:

- The extend hours service, where the provider was working with external stakeholders to ensure the development of a safe and responsive model of care.
- The doorstep assessment and pulse oximetry at home service developed with the local commissioners and GPs in response to the pandemic.

Outstanding ☆

Are services well-led?

- The Covid and flu vaccinations to residents and staff in care settings.
- The salaried GP scheme to help the recruitment of GPs in City and Hackney.
- The management and oversight of performance patient long-term conditions in City and Hackney.
- A nursing team that offered advice regarding infection prevention and management to CQC registered and non-registered care settings.
- A smoking cessation service.
- The protected learning with GP practices, to review what had happened to them during the pandemic, the impact and looking to the future about how what learning could come out of this.
- The provider represented primary care at integrated care system level.