The Confederation, Hillingdon CIC

Inspection report

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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?	Good
Are services well-led?	Good

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? – Good
We carried out an announced comprehensive inspection of the services provided by The Confederation, Hillingdon CIC as part of our inspection programme. We have not previously inspected this service.

The Confederation is commissioned to provide extended NHS primary care services to the population of Hillingdon and to provide resources and support to local general practices. Services are provided with the aim of improving patient access and reducing variation. The Confederation is a collaborative organisation: 43 of the 45 general practices located in Hillingdon are members.

The Confederation chair, vice chair and two of the directors are the registered managers. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Fifty-eight patients provided feedback about the Confederation's services in advance of the inspection. This feedback was overwhelmingly positive. Patients described the services as prompt, professional and friendly. Several parents using paediatric services reported that the staff were kind, provided clear explanations and quickly put their children at ease.

Our key findings were :

- The service had effective systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved its processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

There was an area of outstanding practice. The Confederation was part of the Hillingdon Health and Care Partnership providing 'care connection teams' to patients with long-term conditions at risk of avoidable hospital admission. Patients' GPs referred patients to the service for a period of support from the multi-disciplinary care connection team. Patients received a full assessment and were provided with the support, tools and resources to be able to manage their own care once they were discharged from the care connection team service. The partnership could demonstrate improved patient outcomes, independence and reduced hospital use for this group of patients. This service had been selected as a finalist in the 2019 national 'Health Service Journal' awards in three separate categories. (These awards are judged by an independent, expert panel).

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

- Implement an effective system for recording, investigating and reviewing incidents or significant events which includes identification of potential under-reporting.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor.

Background to The Confederation, Hillingdon CIC

The Confederation, Hillingdon CIC is a healthcare federation created by an amalgamation of 43 local GP practices. The Confederation is commissioned to provide a range of extended and integrated primary care services; as well as providing resources, training, workforce and resilience support to general practices. The main commissioner of its services is Hillingdon Clinical Commissioning Group but the Confederation also provides services on behalf of the local Primary Care Networks and through contracts with the local authority.

The service headquarters is located in offices in central Uxbridge (Belmont House). Most services are delivered in local GP practices but some services are delivered to patients in their own homes. All patients registered in Hillingdon are eligible to use the Confederation's services as appropriate.

Patient services currently provided include:

Extended access primary care hubs

The Confederation operates three extended access primary care clinics (also known locally as 'hubs'). The clinics provide primary care appointments during the evening and at weekends with GPs and at the weekends with nurses. The service is open to children and adults. The three practices where the clinics operate are:

- Eastcote Health Centre, Abbotsbury Gardens, Eastcote, HA5 1TG
- Uxbridge Surgery, George Street, Uxbridge, UB8 1UB
- Hesa Medical Centre, 52 Station Road, Hayes, UB3 4DD

The service operates from 6.30pm to 8pm every weekday. Weekend times are staggered across the sites. Saturday hours are from 8am-12pm (Uxbridge Surgery); 12pm-4pm (Eastcote Health Centre) and 4pm-8pm (Hesa Medical Centre). Sunday hours operate from 8am-12pm (Hesa Medical Centre); 12pm-4pm (Eastcote Health Centre) and 4pm-8pm (Uxbridge Surgery).

Patients can book an appointment through their own GP practice or via the 111 telephone service. The local urgent care centre is also able to redirect patients to a hub appointment if appropriate. Appointments are not available on a walk-in basis. Clinicians have access to patient medical records (with the patient's consent) and the consultation is recorded and accessible to the patient's normal GP.

24-hour blood pressure monitoring

The Confederation has subcontracted this service to four practices in Hillingdon. It enables patients across Hillingdon to have access to ambulatory blood pressure monitoring at a local practice in line with clinical guidelines. The four practices providing this service are:

- Acre Surgery, Northwood Health Centre, Neal Close, Northwood, HA6 1TQ
- Belmont Medical Centre, 53-57 Belmont Road, Uxbridge, UB8 1SD
- Kincora Surgery, 134 Coldharbour Lane, Hayes, UB3 3HG
- The Medical Centre, 6 The Green, West Drayton, UB7 7PJ

Integrated paediatric community clinic

Three clinics are provided a week at different practices in Hillingdon. The clinics are run jointly by a consultant paediatrician and a local GP within each practice. The clinics are rotated across different practices to provide an educational opportunity for local GPs to learn about the management of more complex paediatric cases in the community.

Paediatric phlebotomy

The Confederation has subcontracted this service to four general practices across Hillingdon. The service facilitates timely access to phlebotomy for children in the local community. The four practices providing this service are:

- The Carepoint Practice, Northwood Health Centre, Neal Close, Northwood HA6 1TQ
- The Medical Centre, 6 The Green, West Drayton, UB7 7PJ
- The Hight Street Practice, 20 High Street, West Drayton, UB7 7DP
- The Cedar Brook Practice, 11 Kingshill Close, Hayes, UB4 8DD

Weight action programme

The Confederation has been commissioned by the local authority to deliver a 12-week weight loss programme to motivated patients above an agreed BMI threshold.

Care connection teams

The Confederation provides this service as a partner of the Hillingdon Health and Care Partnership which includes the local NHS foundation trusts and voluntary sector partners. The connection teams comprise GPs, matrons and care coordinators who work with referred patients (living with one or more long-term conditions) who would benefit from a period of coordinated care through the team. Assessments take place in patients' own homes.

Care home service

The service provides care planning and acute home visits for patients living in care homes and extra care housing schemes. Eligible patients are referred to the service by their own GP who retains clinical responsibility for the patient. The service draws on a multidisciplinary team of staff including a team of GPs (employed by the Confederation) and matrons. The service is delivered in partnership with the local NHS foundation trust. The service was successfully piloted in 2018/19 and rolled out across Hillingdon from October 2019.

Weekend visiting service

This is a primary care home visiting service for patients unable to travel to practices or clinics during the weekend and on public holidays. The service provides weekend (and public holiday) follow-up visits for patients visited by their own GP earlier in the week and patients who become acutely unwell over the weekend. The service aims to reduce the incidence of avoidable weekend and bank holiday hospital admissions. The service includes proactive telephone contact and advice to local care homes. The visiting GP have access to the patient records with consent.

Cervical screening invite follow-up

The Confederation operates a telephone service following up patients who have not responded to an invitation for cervical screening. Patients are provided with information about the test and its purpose and encouraged to make an appointment for a smear test. Appointments are available outside of working hours.

Extended skills/roles in primary care

The Confederation is also responsible for providing resources to support local practices such as a team of clinical pharmacists who are attached to local practices. The Confederation is currently in the process of establishing a team of social prescribing link workers on behalf of the local primary care networks.

The Confederation also provides resilience and workforce support, and training (for example 'clinical masterclasses') to local practices and primary care clinicians.

The Confederation is led by a board with an appointed chair, vice chair and a lay member. The board directors are Hillingdon-based GPs and include the local Primary Care Network directors. The Confederation directly employs a team of senior managers including a chief executive, head of governance, chief operating officer and head of finance. The Confederation has recruited service managers to oversee each of the services it has been commissioned to provide. The organisation is supported by a wider team of managers and administrative staff.

Recruitment arrangements for individual services vary with some services being subcontracted to local GP practices. The Confederation directly recruits and employs some service level staff, for example clinical pharmacists and the GPs providing the care home service.

Hillingdon is a London borough with 45 general practices and a registered population of over 300,000 people. The borough is characterised by both urban and semi-rural areas. The population is ethnically diverse with around half of the population coming from black and minority ethnic groups. The borough is also diverse in terms of socio-economic indicators.

The provider is registered to provide three regulated activities: diagnostic and screening procedures; maternity and midwifery services and treatment of disease, disorder or injury.

How we inspected this service

Before the inspection we reviewed information from stakeholders, information provided by the service and information provided to us by patients.

During our inspection, we spoke with a range of staff including senior leaders, clinical directors, the service managers and service level staff. We reviewed comment cards where patients shared their views and experiences of services and looked at information the service used to deliver care and treatment plans.

We focused the inspection on those services falling within the scope of CQC regulation, that is, services involving the provision of regulatory activities to patients. We visited the headquarters and two of the three primary care hub services as part of the inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

We rated safe as Good because:

The provider worked to keep people safe and safeguarded from abuse. There were comprehensive safety systems in place and risks to patients and staff were well managed.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locum and contracted workers. Policies outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. Policies were accessible online to staff working remotely or in host practices.
- The service had memoranda of understanding (MOU) with each of the practices whose premises, equipment and/or staff were used to provide or host Confederation services. These agreements gave the provider assurance that services were provided in line with agreed standards and remained safe. In addition, the service managers conducted weekly visits to the host sites to assess compliance with the agreements and there was a formal monitoring system (meetings and reports).
- The integrated paediatric clinics rotated across practices. The Confederation ensured that all participating practices were registered with CQC. This service operated during normal practice opening hours and was provided jointly with of the hosting practice's senior GPs.
- The service had systems to safeguard children and vulnerable adults from abuse. There were processes in place to ensure referrals were made promptly if concerns arose outside normal working hours. There were clear protocols in place to share safeguarding concerns with the patient's normal GP and to track safeguarding referrals.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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. (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).
- There were effective systems to manage infection prevention and control across the Confederation's services. These included systems for safely managing healthcare waste. Host practices provided assurance that local infection prevention and control policies and procedures were in place and were monitored. The Confederation held contract monitoring meetings every other month with host and subcontracted practices which included infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. We saw risk assessments covering all aspects of health and safety.
- The provider had assessed the environmental safety in relation to the practices that had been subcontracted to provide or host services such as the primary care hubs and the paediatric phlebotomy service.

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 and evaluating these arrangements. For example, the primary care hubs had been piloted for a period before full rollout to test planning and delivery assumptions.
- There was an effective induction system for staff and subcontracted staff tailored to their role. The service

used a tailored checklist in place and an induction process for all new staff. There was an induction process and folders for staff (including clinical sessional staff) working at host practices and primary care hubs for the first time.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. One of the primary care hub practices had recently experienced a medical emergency and this had been managed effectively.
- During our visits to the primary care hubs we observed that there were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The host practices provided access to their own emergency medicines. The Confederation did not have a standardised list which set out specific requirements for host and subcontracted practices.
- The Confederation specified a set list of emergency medicines to be carried by the doctors working at the weekend visiting service. The doctors were expected to check the quantity and expiry dates of the medicines they carried every two months.
- The service had a business continuity plan. Copies were held by the service managers and at the local sites. The plan had been put into practice recently when a host practice had experienced flooding and the service had to be temporarily moved to a different location at short notice.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place and these were monitored centrally.
- The Confederation had lone working policies in place.
- There was a 'no response' protocol for clinicians conducting home visits as part of the weekend visiting service. Individual patient care plans included a personalised no response plan.

Information to deliver safe care and treatment

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

- 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.
- All staff and clinicians working in the extended access clinics access to patient records through a clinical system linked to the patient's own practice patient record system.
- The information systems supporting the care home service were not fully integrated with practice electronic records systems. The Confederation had introduced protocols to ensure that patient records held by the care home service, the care homes and patients' own GPs were updated with relevant consultations or interventions made by the care home service and included any significant changes, for example of any prescriptions made by the care home service GPs. There was a clear mechanism for electronically 'tasking' the patient's normal GP with referrals, diagnostic tests or changes to medicines.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was a process in place for patients who needed an urgent, "two-week-wait" referral. Patients referred for urgent appointments were closely monitored and there was also an audit of this process.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment minimised risks. The extended access primary care clinics we visited used the host practice's prescription stationery. There were systems to protect the security of prescription stationery while the extended clinics were in operation and systems to monitor its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The care home service GPs and weekend visiting GPs made were allocated Confederation prescription

stationery to enable them to prescribe on these visits if required. There was a system in place for monitoring the security of prescription stationery and protocols in place for prescribing controlled drugs.
- The Confederation employed a team of clinical pharmacists who were attached to local practices to provide support with medicines optimisation. Their activity included carrying out medicines reviews and supporting practices to carry out relevant audits of prescribing. The pharmacists themselves did not currently prescribe medicines to patients.
- The Confederation carried out its own audits of prescribing for services where medicines were prescribed.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. There was a quality improvement plan in place that was regularly reviewed, and reports of activity were comprehensive and used to monitor progress against provider and contractual targets.
- This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

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. Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- We noted that one service (clinical pharmacist team) had not raised any significant events over the previous year. The provider had not checked in this case to assure itself that staff in this service fully understood or were confident in identifying reportable incidents to the Confederation. There was a risk of potential under-reporting.
- The provider recorded significant events that occurred in all services, including services such as paediatric phlebotomy which were subcontracted to local practices. Any significant events were included in regular board level, quality committee and service level reports.
- 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 its services. The Confederation produced an annual learning report. In 2018/19, the most common type of incidents were administrative errors relating to referral and booking of patients into Confederation services. The Confederation had responded by putting on education and training for local practices about the booking process and patient eligibility criteria.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff. All safety alerts were stored on the service central information and governance online system.
- The Confederation employed a team of clinical pharmacists to support general practices in Hillingdon. This team reviewed the relevance of all new medicines safety alerts and cascaded relevant alerts to practices. The pharmacists maintained a database of alerts that had been actioned locally.
- There was a direct link to the national safety alerting service on the Confederation intranet which was accessible to all staff including sessional staff.

Good

Are services effective?

We rated effective as Good because:

Clinicians delivered care in line with best practice guidelines. They had the necessary skills and qualifications to do this and the performance of the service was constantly monitored to aid improvement. The Confederation worked well with other agencies and partner organisations to provide effective and timely primary care.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The clinical lead for the care home service directed clinical staff to particularly relevant guidelines and updates for this service.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We saw examples where patients had been referred to safeguarding services.
- Clinicians had enough information to make or confirm a diagnosis when appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider reviewed clinician consultation records including care plans and ensured they met best practice.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service used information about care and treatment to make improvements.

- All services were underpinned by a set of key performance indicators which were monitored closely and shared with the service commissioners.
- Performance indicators included direct patient outcome measures where possible, for example improved levels of independence and quality of life (care connection teams); direct patient feedback (all services) and measures of appropriate service utilisation, for example, the impact on unplanned hospital admissions and A&E attendances where relevant.
- There was a formal system of peer review with the clinical service leads being responsible for carrying out an annual review for each other's services. The peer review process was standardised and the reports were submitted as part of the Confederation's formal quality monitoring mechanisms.
- The Confederation made improvements to its services through the use of completed audits; the use of key performance indicators and other forms of review. We saw examples in all of the services the Confederation was providing:
- The clinical lead for the care home service had conducted the first cycles of an audit of clinical record keeping and an audit of the quality of documented care plans since the service had been rolled out across the borough in October 2019. Both audits had highlighted areas for improvement, for example, better recording of discussed side effects when prescribing medicines and scope to prescribe antibiotics more closely in line with local guidelines. The service was planning to carry out these audits again in 2020 to ensure that improvements had been implemented and sustained.
- The care connection teams were in the process of auditing nurse prescribing of antibiotics to check that the most recently issued local guidelines were being followed.
- There was clear evidence of action to resolve concerns and improve quality.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

Good

Are services effective?

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included reviews or care planning had received specific training (for example on the Coordinate My Care system) and could demonstrate how they stayed up to date. Coordinate My Care is an NHS service which records patient's wishes and preferences for their treatment including in an emergency. All relevant health care professionals can access the plan when required.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- The Confederation viewed partnership working as an essential component in achieving its goals. All of the services the Confederation provided involved the development of effective working relationships with other organisations and agencies.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- For example, the care home service provided anticipatory care planning for new patients, six-monthly care plan reviews and access to a multidisciplinary team. The team met weekly to discuss operational issues; ideas for improvement and to review complex cases.
- The care connection teams ran weekly 'huddles' with the GPs practices whose patients they were supporting. The 'huddles' were short meetings to ensure that key information about individual patients was shared promptly. The Confederation monitored engagement in huddles.
- Before providing treatment, clinicians ensured they had adequate knowledge of the patient's health, any relevant test results and their history. Patients were asked for consent to share their medical records.
- The provider had risk assessed the treatments they offered. For example, the extended access primary care clinics did not offer repeat prescribing. Patients accessed Confederation services through referral from their own GP practice. This helped to ensure that patients attended a service that was appropriate for their needs.
- Clinicians and local GPs were clear on which health professional retained clinical responsibility for the patient at any one time.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The Confederation took opportunities to educate and inform GP practices about available services and resources it provided. For example, it had provided a recent 'masterclass' for primary care professionals about the care connection teams.

Supporting 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.

- Where appropriate, staff gave people advice so they could self-care. This was a specific focus of some of the Confederation's services. For example, the care connection teams aimed to provided coordinated support to stabilise patients' health care condition and to provide them with the confidence and resources so they could successfully manage their condition themselves after discharge from the scheme.
- The Confederation partnered with voluntary sector organisations, employed care coordinators and was about to recruit a team of link workers to promote 'holistic' care, that is care, that addressed patients' physical, mental and social wellbeing.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients using the extended access primary care clinics were given healthy lifestyle advice if appropriate and the patient's own GP asked to refer to relevant support programmes.

Good

Are services effective?

- 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 .

- 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. Where patients did not have the capacity to make a specific decision, there were procedures in place so that a decision could be made that was in the patient's best interests.
- We saw evidence that the clinicians, for example in the care home service sought the involvement of the patient's family members when possible in relation to important decisions or changes in a patient's care.
- The service monitored the process for seeking consent appropriately. For example, this was included as a component of clinical audits of medical record keeping.

Good

Are services caring?

We rated caring as Good because:

Staff treated patients with respect and compassion; they helped them to be involved in decisions about their care and respected their privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received across all of its services. Feedback from surveys and the standardise NHS Friends and Family test were positive.
- As part of this inspection, we received comments from patients using the integrated paediatric clinics; the paediatric phlebotomy service and the extended access primary care clinics. We received many positive comments about the understanding and empathy shown by staff and clinicians. Parents told us that staff had been really good when engaging children and explaining any treatments required.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The Confederation's services gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with carers, cognitive impairment or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids were available.
- All clinical staff were required to train in the mental capacity act (MCA) and the deprivation of liberty standards (DoLs).
- Interpreting services were available for patients who did not have English as a first language. Patients' normal GP practices were asked to advise the extended primary care clinics at the time of booking if patients needed additional support. Referral into the care home, weekend visiting and care connection teams also included information sharing about communication needs.
- Service information leaflets were available in languages other than English, in Braille and in audio format.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Staff working remotely and in people's homes were trained on digital security and were aware of their responsibilities to keep patient information secure.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The service was organised to meet patient needs and offered patients timely access to care and treatment. Patient complaints were taken seriously and used to inform and improve care and treatment.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Confederation services were commissioned with the aim of meeting identified health needs and improving access to integrated and primary care services in Hillingdon. Services were piloted before full roll-out to ensure they would achieve the stated goals safely, effectively and efficiently.
- The facilities and premises were appropriate for the services delivered. The Confederation assessed the suitability of locations before they were allowed to host or provide services on the Confederation's behalf. For example, the decision about which practices should host the three extended primary care access clinics had included consideration of physical location; public transport access; disability access and parking facilities. The service managers visited locations on a weekly basis and monitored other relevant evidence (for example, CQC inspection reports).

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The primary care extended access clinics were scheduled to run when patients' own GPs were not offering formal sessions and patients could attend any of the three host practices delivering the service. The service operated from Monday to Friday from 6.30pm to 8pm and at weekends from 8am to 8pm (with the weekend clinics staggered across the three sites). Patients could book to see GPs during the week and a GP or nurse on the weekend.
- Patients attending the local urgent care centre or calling the '111' NHS telephone line could be redirected to the primary care extended access clinics by those services if appropriate and a suitable appointment booked for them at the clinic of their choice.
- We received many comments from patients about how pleased they were to be able to access the extended access primary care clinics quickly and at a convenient time.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service too complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff working remotely or with people in their own homes carried copies of the patient complaints leaflet.
- The provider had a complaints policy and procedures in place. The complaints process applied to all of the Confederation's services. The provider learned lessons from individual concerns, complaints and took action to improve the quality of care.
- There had been too few complaints to date to allow any meaningful analysis of trends.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Good

Are services well-led?

We rated well-led as Good because:

Leaders had the skills to deliver high-quality care and the vision and strategy to achieve this. The service had an open and supportive culture and governance systems were comprehensive. Risks to the service were well understood and managed and quality improvement was embedded into practice.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services at a time of considerable change. They worked with partner and commissioning bodies to secure positive health outcomes for the population.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The Board included the chairs of the recently formed primary care networks.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values.
- The Confederation's statement of purpose set out its vision of collaborative working with GP practices and other stakeholders to reduce variation in patient care and treatment. The provider focused on working at scale with practices and other providers, including the voluntary sector, to provide access to primary and integrated care services in the community. The aims included preserving personalised services and continuity of care. The Confederation also had a role in supporting the development of the general practice workforce.
- The service developed its vision, values and strategy jointly with staff and external partners. Jointly provided services were underpinned by a conceptual model, agreed outcomes, clear roles and accountabilities and strategic planning and consultation.
- The Confederation had realistic strategies and supporting business plans to achieve its priorities. It had successfully expanded the scope and range of services it was providing over the last two years.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The Confederation monitored progress against delivery of the strategy and shared this information with commissioners and partners.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. Staff we spoke with were proud to work for the service.
- The service focused on the needs of patients and the population of Hillingdon.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a strong focus on developing an effective teamworking ethos, including those teams (such as the care connection teams) where team members were employed by different organisations. The provider was also considering the support needs of its dispersed workforce, that is staff who were attached to local practices (such as link workers and clinical pharmacists).
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where relevant. Clinical and non-clinical staff were considered valued members of the team. Staff were given protected time for professional development.
- There was a strong emphasis on the safety and well-being of all staff.

Good

Are services well-led?

- The service actively promoted equality and diversity. It had systems to identify and address the causes of workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- 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 Confederation had established proper policies, procedures and activities to ensure safety and assured themselves and stakeholders that services were operating as intended. All staff working for the service had access to these policies.
- There was a clear corporate governance structure supported by a range of formal committees and reporting mechanisms. Individual directors were responsible for specific services and each service also had an appointed service manager. We saw evidence that the directors were actively involved in the development and running of services, for example attending operational and clinical multidisciplinary meetings.
- There was a formal system of annual director-led peer review of the Confederation's services.
- The Confederation used memoranda of understanding to set out the expected service specification in place with partners responsible for delivering specific services, for example the practices hosting the extended access primary care clinics.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The Confederation maintained corporate risk registers and could demonstrate how it had acted to mitigate identified risks, for example, incompatibilities in partner organisation IT systems.
- The service had processes to manage current and future performance. Confederation services were monitored through agreed performance indicators which were monitored. The practice could demonstrate it was meeting most performance indicators and had improved performance where these were proving more difficult, for example on patient utilisation of the primary care extended access clinics over the weekend.
- There were systems in place to monitor the performance of staff and local teams.
- Leaders had oversight of safety alerts, incidents, and complaints. This included services formally subcontracted to practices such as the paediatric phlebotomy service.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. There were tailored business continuity plans for each service and these were accessible to staff, for example in the local induction packs, as well as through the Confederation's shared online system.

Appropriate and accurate information

The service acted on have appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Key performance indicators included patient satisfaction for all services and patient outcome indicators where appropriate.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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. All staff working remotely or in the community were trained on data security.

Engagement with patients, the public, staff and external partners

Good

Are services well-led?

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff were encouraged to make suggestions for service developments.
- The Confederation conducted patient surveys and requested feedback across all of its services. The results were positive across all services. The feedback we received as part of this inspection from patients using the extended access primary care clinics, paediatric integrated care clinic and paediatric phlebotomy services echoed these findings.
- The Confederation sought feedback from care home managers and GP practices on the effectiveness and impact of their services.
- The Confederation ran an annual staff survey.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. There were committees and meetings focusing on quality improvement.
- The Confederation was primary care-led in its leadership, organisational structure and focus and used this experience to contribute to local health service configuration at a time of change.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance, for example recent all staff 'away days' to creatively discuss ideas and priorities.
- There were systems to support improvement and innovation. The Confederation could demonstrate the positive impact of services designed to facilitate better access to primary and integrated care including for patients living in care homes.
- The Confederation's work in partnership with other providers to provide integrated care to patients at risk of unnecessary hospital admissions was innovative and could also demonstrate positive outcomes.
- The Confederation was keen to trial or introduce new services where it felt it had the expertise, scale and resources to deliver benefits to the population, for example, following-up women who had not attended for cervical screening.
- The provider was proud of its achievements and open to sharing evidence more widely, for example through entry into recognised health care awards schemes and speaking at relevant conferences and educational events.