

# 222 Healthcare Private GP

## Inspection report

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Date of inspection visit: 21 September 2023  
Date of publication: 28/09/2023

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?		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 at 222 Healthcare Private GP in Stokenchurch, Buckinghamshire on 21 September 2023. The service was registered with the Care Quality Commission (CQC) in March 2022. We carried out this first rated inspection as part of our regulatory functions. The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services, and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

222 Healthcare Private GP provides a wide range of services, including a private GP service, a travel health clinic and a weight loss clinic.

The service is registered with CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

The service was originally founded in 2021 by 2 GPs. The service expanded and registered with CQC in 2022 following the introduction of services within scope of CQC regulation. Both the original founders are now directors, they both continue to practice as GPs at the service and 1 is also the CQC registered manager. A registered manager is a person who is registered with the CQC 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.

## **Our key findings were:**

- The service demonstrated they provided services for patients in a manner that ensured patients' and staff safety.
- Patients received effective care and treatment that met their needs. The way in which care was delivered was reviewed to ensure it was delivered according to best practice guidance. Staff were well supported to update their knowledge through a variety of training.
- Each patient who attended the service for travel health advice received an individualised travel health brief tailored to their specific needs and travel plans. The health brief outlined a risk assessment and all travel vaccinations that were either required or recommended. Specific health information including additional health risks related to their destinations with advice on how to manage common illnesses was also included.

# Overall summary

- Patient feedback from a variety of sources was overwhelmingly positive and there were clear arrangements to protect patients' dignity and privacy.
- The service was responsive to the needs of their patients, staff prioritised patients' convenience and ensured appointments ran on time. This included the provision of urgent travel vaccinations via an accelerated schedule for urgent travel needs.
- The governance and quality assurance processes were effective and drove improvement in the service provision. There were systems to support improvement and innovation work, this included the use of digital solutions within healthcare.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Healthcare

## Our inspection team

Our inspection was led by a Care Quality Commission (CQC) lead inspector, the team included a GP specialist adviser.

## Background to 222 Healthcare Private GP

222 Healthcare Private GP is private GP service located within an NHS GP practice in Stokenchurch, Buckinghamshire mid-way between High Wycombe and Oxford.

Services are provided from:

- 222 Healthcare Private GP, Oxford Road, Stokenchurch, Buckinghamshire HP14 3SX

The service website is: [www.222healthcare.co.uk](http://www.222healthcare.co.uk)

222 Healthcare Private GP was founded in 2021 and provides a variety of private GP services, a travel health clinic and a weight loss clinic. People wishing to attend as patients are not required to register with the service. Services are available for individual consultations and is not provisioned to deliver ongoing support and care for patients with long term medical conditions.

All 222 Healthcare Private GP services are provided from the second floor of Stokenchurch Medical Centre, this is entirely separate from the NHS GP practice on the same premises. Regulated activities take place from a GP consultation room and a nurse treatment room. Patients enter via the GP practice and there is a separate waiting area with seating.

Regulated activities (treatments regulated by CQC) are provided by 2 GPs (the joint founders and directors), 2 nurses, a paramedic and a healthcare assistant (HCA). The GP directors are supported by the HCA and an administrative assistant (primarily in a bookkeeping role) to undertake the day-to-day management and running of the service.

The service is open every weekday between 9am and 4.30pm. Weekend appointments are available via video or telephone consultation. All appointments for 222 Healthcare Private GP service are required to be booked in advance. This service is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services. This is detailed in patient literature supplied by the service.

### How we inspected this service

We carried out this inspection on 21 September 2023. Before visiting the location, we looked at a range of information that we hold about the service. During our inspection, we visited the service, and we interviewed staff, reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from. We were shown examples of patient feedback which the provider had collected prior to the inspection. We spoke to 1 patient on the day of the site visit. We also spoke to the co-located NHS GP practice where 222 Healthcare Private GP is located.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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.

# Are services safe?

## We rated safe as Good because:

- The service demonstrated they provided services for patients in a manner that ensured patients' and staff safety.

## Safety systems and processes

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

- The provider had a service level agreement with the co-located NHS GP practice, and we saw a range of safety risk assessments had been completed. Appropriate safety policies were regularly reviewed and communicated to staff. They outlined clearly who (internally and externally) to go to for further guidance. Staff received safety information as part of their induction and refresher training.
- 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.
- Staff had been recruited safely and required checks were carried out 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).
- Both the GP service and the travel clinic saw children under the age of 18 and all staff were trained to an appropriate level for their role in both child (level 3) and adult safeguarding.
- The service had systems in place to assure that an adult accompanying a child had parental authority. Confirmation was sought in line with their policy.
- The service had systems to safeguard people from abuse. Staff received regular safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. The safeguarding policies included pathways for management including local contacts for Buckinghamshire, Oxfordshire and Berkshire. Staff who acted as chaperones had chaperone awareness training and appropriate background checks.
- Staff were aware of high-risk travel destinations for Female Genital Mutilation (FGM) and their legal responsibilities to alert authorities of suspected FGM activity.
- We saw there was evidence of the immunisation status for staff, which included Hepatitis B.
- There was an effective system to manage infection prevention and control. There was an infection control policy in place. We found all areas of the service, including the GP consultation room, the nurse treatment room and the waiting area were visibly clean. Staff followed infection control guidance and attended relevant training. The most recent infection control audit took place in June 2023 which included a hand hygiene audit, both of which indicated high levels of compliance to infection prevention control standards.
- There were systems for safely managing healthcare waste. The most recent healthcare waste audit was completed in June 2023.

# Are services safe?

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw equipment was tested and maintained regularly, as demonstrated by equipment maintenance logs and other records. All portable electrical equipment had been tested and displayed stickers indicating the last testing date which was January 2023.
- The provider worked with the co-located GP practice and carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## Risks to patients

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

- The GP directors worked with the healthcare assistant (HCA) and a remote concierge service to co-ordinate and booked consultations and appointments to ensure suitable availability at all times.
- Staff had completed a range of training to manage medical emergencies. They 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.
- Staff knew how to identify any symptoms of an acutely unwell patient. For example, in the event of anaphylaxis (a severe, potentially life-threatening, allergic reaction).
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements and insurance policies in place.

## Information to deliver safe care and treatment

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

- We reviewed a sample of records and saw patients' individual care records were consistent and 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.
- The service had systems for sharing information with staff, patients' registered NHS GP (if required) and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- GPs made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Patients accessing the travel health service were asked to provide basic travel information when booking their appointment. As part of the consultation a bespoke travel questionnaire was completed with the patient and risks identified.

# Are services safe?

## 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, including vaccines and medicines requiring refrigeration minimised risks. The service used a digital, mobile device application to record, monitor and alert staff if there was a concern with the 'cold chain'. The 'cold chain' is a term used to describe the cold temperature conditions in which certain medical products need to be kept during storage and distribution.
- The service kept prescription stationery, both paper prescriptions and electronic prescriptions, securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. Through our discussions there was evidence of actions taken to support good antimicrobial stewardship, this included adherence to the local South Central Antimicrobial Network (SCAN) guidelines for antibiotic prescribing.
- Due to the nature of the service and treatments provided, it did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety. Following changes to guidelines from the National Institute for Health and Care Excellence (NICE), an amendment to license restrictions and a national shortage, the service had recently introduced a newly licensed medicine as part of the weight loss clinic.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and to support the management of health and safety within the premises.
- The service monitored and reviewed their activity, this included a full activity audit of patient contacts to the service, for example in 2022 there were approximately 14 GP appointments each month. This had increased to between 30 and 40 GP appointments each month in 2023. The service also tracked the number of travel health appointments (approximately 50 each month) and nurse/HCA appointments (approximately 30 each month). The GPs told us, this analysis helped the team understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system in place to report suspected problems using the Yellow Card system. The Yellow Card system is used for recording adverse incidents with medicines and medical devices in the UK.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

# Are services safe?

- There was a digital system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- In the last 12 months, 6 significant events had been identified. We reviewed a sample of these events and supporting correspondence. Through our discussions with the GPs, the identification and management of the events were handled appropriately. From 1 of the events we reviewed, we saw the service had increased the awareness on all access platforms and at all entry points that appointments at 222 Healthcare Private GP were not appropriate for medical emergencies.
- From our review of the significant events, it was evident the service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. Through discussions, there was evidence of tools to give (where appropriate) people reasonable support, truthful information and a verbal and written apology.
- The service acted on and learned from external safety events and there was a system for receiving safety alerts, such as those relating to the use of medicines and travel health related alerts. Both GPs received the alerts and assessed whether they were relevant to the service and acted upon them when necessary. We noted that the service had not received any safety alerts that were relevant to the regulated activities we inspected.



# Are services effective?

## We rated effective as Good because:

- The service had systems to keep up to date with current evidence-based practice. Staff were appropriately qualified and had been trained to deliver services within their competencies.

## 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 treatments regulated by the Care Quality Commission (CQC).**

- The provider had effective systems to keep up to date with current evidence-based practice. We saw evidence they assessed needs and delivered care and treatment in line with relevant current legislation, standards and guidance, for example guidelines from the National Institute for Health and Care Excellence (NICE). For patients accessing the travel health clinic, we saw the service accessed travel health guidance from Travel Health Pro and National Travel Health Network and Centre (NaTHNaC) travel guidance.
- Staff told us they kept up to date with the latest guidance on vaccines by attending training and had access to The Green Book (a resource managed by the UK Health Security Agency containing the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK) and NaTHNaC.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- GPs had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, there was a review of a patient who had accessed the service on different occasions. This review included the rationale as to why they used the service as opposed an NHS GP.
- 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 and outcomes recorded in the activity log to make improvements. There was a system in place for completing a range of completed clinical audit cycles. These included audits for prescribing, vaccinations, cervical screening and the requirements relating to yellow fever.
- Despite low patient numbers, the service used quality improvement activity to make improvements. For example, the provider had completed a 2-cycle clinical audit which reviewed the prescribing of high-risk medicines.
- The first audit cycle was completed between March 2022 and February 2023. The cycle reviewed 160 prescribed items of which 29 were identified as high risk. Although no concerns were identified in the review of the 29 cases, the provider updated the prescribing policy to further optimise medicines management. For example, the prescribing policy had been amended to reflect new restrictions in the management of opiate and hypnotic drug prescribing.

# Are services effective?

- The second audit cycle was completed between March 2023 and August 2023. The cycle reviewed 193 prescribed items, of which 53 were identified as high risk (16 of which related to a complex case). No concerns were identified in the review of the 53 cases and findings indicated the revised prescribing policy had been followed correctly. The provider advised the audit findings also supported clinical supervision and peer review of the clinicians' prescribing habits.
- As a registered yellow fever centre, we saw the service audited this element of the travel clinic which met the requirements to be a certified yellow fever centre. For example, between November 2022 and September 2023, the service had administered 46 yellow fever vaccinations. All 46 cases had been reviewed to ensure the vaccinations met the requirements for safe and effective yellow fever prevention. The findings of the audit indicated all 46 (100%) of cases met the required standard. Yellow fever is a serious viral infection spread by mosquitos and is found in certain areas of Africa and South and Central America. Visitors to these areas should have the yellow fever vaccination to reduce the likelihood of infection.

## 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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation. This meant they met regulatory standards and were subject to revalidation of their registration to ensure the delivery of safe and effective care and treatment to patients. Both GPs were also active members and registered with the Independent Doctors Federation (IDF). The IDF is a membership organisation representing and supporting independent medical practitioners in the UK for both specialists and general practitioners.
- 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.
- All clinicians also worked within the NHS for other health services. They told us this provided additional opportunities to maintain their clinical professional development.
- Staff whose role included travel immunisations had received specific training in providing travel health advice and vaccinations and could demonstrate how they stayed up to date. For example, those administering the yellow fever vaccination had been trained to the standard required by NaTHNaC and those administering the rabies vaccine followed the correct technique to administer via the intramuscular route as recommended by the Joint Committee on Vaccination and Immunisation (JCVI).

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. This included sharing and/or requesting investigation and test results.
- Before providing treatment, the clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. The provider had created a series of bespoke templates to be

# Are services effective?

completed prior to the consultation. They told us this provided structure, enabled the consultation to flow and make full use of the allocated appointment time. For patients accessing the travel health clinic, staff recorded accurate travel plans including destinations, timescales and the reason for travel. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered NHS GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing remotely or if the patient did not give their consent to share information with their GP (or were not registered with a GP). For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered NHS GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. All staff had received awareness training in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service did not aspire to be a patient's primary care provider or a patient's first line GP. For the majority of patients their first line GP was their NHS GP. For more than 90% of patients, their care at 222 Healthcare was episodic rather than long-term.
- The provider had risk assessed the different treatments they offered. For example, there were individual risk assessments for patients aged over 18 accessing travel vaccinations via an accelerated schedule (if there was insufficient time before travel to complete the course).

## 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.

- Staff promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives. Through discussions with staff, we saw the service encouraged and supported patients to become involved in monitoring and managing their health and discussed suggested care or treatment options with patients as necessary. Where appropriate this included sharing information about other services provided by the NHS and other services in the local area.
- The provider's whole ethos to care and treatment was to support patients with managing their own health and care. For the patients accessing the weight loss clinic, patients attended the service on a monthly basis for an appointment which included guidance on lifestyle changes, diet and nutrition.
- Patients accessing the travel health clinic were assessed and given individually tailored advice, to support them to remain healthy whilst abroad. We saw this included additional travel health advice, for example, dietary and sanitation advice.
- The service website contained a sector for health-related blogs and information. The GPs used these blogs to promote healthier lives. Recent blogs included information about cervical screening, reversing obesity and childhood illness.

## Consent to care and treatment

# Are services effective?

## **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.
- The service monitored the process for seeking consent appropriately.
- The service displayed full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. This was displayed on the website and was included in all patient literature information packs. This information clearly outlined what was and what wasn't included in the treatment costs.

# Are services caring?

## **We rated caring as Good because:**

- Patient feedback from a variety of sources was overwhelmingly positive and there were clear arrangements to protect patients' dignity and privacy.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of care patients received. For example, after each appointment, patients were sent an electronic link to complete a satisfaction survey via a verified consumer review website, which included general questions and questions regarding the clinical care received.
- We saw, in the last 7 months (March 2023 to Sept 2023) there had been 31 verified patient reviews. The overall score was 4.97 stars (the maximum score was 5 stars). We reviewed all 31 items of feedback; 27 reviews provided a 5-star rating whilst 4 reviews provided a 4.75-star rating. Patient feedback highlighted staff were approachable, demonstrated person centred care, understood individual needs and displayed an understanding and respectful attitude to all patients.
- During the inspection, we spoke with a patient who had recently attended a GP appointment at 222 Healthcare. They told us they felt involved in decision making about the care and treatment they received. They also told us 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.
- Since registering with the Care Quality Commission (CQC) in March 2022, CQC had received 2 items of patient feedback via the 'Give Feedback on Care' section of our website regarding the service. Both items of feedback were positive and included comments which valued the empathy and compassion of staff, that they were helpful, kind and professional.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- We saw the provider had reviewed all items of feedback, responded to most feedback and staff discussed the feedback and any themes at the regular meetings. The GP directors told us this was an opportunity to discuss all forms of feedback, including celebrating success stories with the team.

## **Involvement in decisions about care and treatment**

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

- We were informed that although the number of non-English speaking patients was very low, interpreter or translation services could be made available if required.
- Staff introduced themselves by name to the patient and relatives.
- Staff communicated with people in a way that they could understand. This included an option for email communication and video consultations.
- Comprehensive information was given about treatments available, and the patient was involved in decisions relating to this. We saw evidence that discussions about health risks, vaccinations and the associated benefits and risks to specific vaccinations were recorded in patient records.

# Are services caring?

- At each appointment patients were informed which treatments were available at no cost through the NHS. For example, NHS GP practices are required to offer certain vaccinations for the purposes of travel, free of charge. The travel vaccines available on the NHS are provided because they protect against the diseases thought to be the greatest risk to public health, if brought into this country.
- Patients also received an individualised comprehensive travel health brief detailing the treatment and health advice relating to their intended region of travel.

## Privacy and Dignity

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect and the service complied with the revised Data Protection Act 2018 and General Data Protection Regulations.
- All confidential information was stored securely on computers and cloud-based servers.
- Appointments were coordinated and scheduled to avoid a busy waiting area and support existing privacy and dignity arrangements.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

- The provider had founded 222 Healthcare Private GP to provide private, local GP services and new services in response to patients' needs and demand. The service was responsive to the needs of their patients. Staff prioritised patients' convenience and ensured appointments ran on time.

## 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 and understood the needs of its population and tailored services in response to those needs. For example, there was a range of face-to-face appointment options (15, 30 or 60 minute appointments) or telephone/video appointments (either 15- or 30-minute appointments).
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there was a lift and same day appointments were available for those with urgent travel needs.
- Regulated activities were delivered every weekday between 9am and 4.30pm from the service located in Stokenchurch, Buckinghamshire. Patients had timely access to initial assessment, test results, diagnosis and treatment. The provider was available 5 days a week, remote appointments were available at weekends and GPs responded to questions outside normal working hours. Patient feedback highlighted the service offered a high degree of flexibility which they appreciated.
- The service was a designated yellow fever centre, which meant it was able to accommodate people's needs around the demand for this vaccine. Staff had been trained to administer yellow fever immunisations and the service was appropriately registered to provide the service.

## 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.
- Waiting times, delays and cancellations were minimal and managed appropriately. For example, the next available GP appointment and the next appointment for travel health was within 24 hours of our inspection site visit.
- Patients with the most urgent needs had their care and treatment prioritised. This included patients who required urgent travel health or travel health via an accelerated schedule.
- Patients feedback reported that the appointment system and booking process was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. GPs also made referrals into private services for non-urgent follow-up and diagnostic assessments.

## Listening and learning from concerns and complaints

### The service took complaints and concerns seriously and systems to respond to them appropriately to improve the quality of care.

# Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. The service had a complaint policy and procedures in place. There were systems to learn lessons from individual concerns, complaints and from analysis of potential trends.
- The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint. For example, they provided information about the different stages of the complaint handling process and the potential to escalate to the Independent Sector Complaint Adjudication Service (ISCAS), if required.
- All patient feedback was positive and there had been no formal complaints relating to the service provided. Therefore, we could not test whether the procedure had been followed. However, the provider advised they had recently received some feedback, regarding clarity over prices and what was included in the different courses of treatment (the number of required doses) for those accessing the travel clinic. We saw the provider had amended the website to ensure this was clearly advertised.



# Are services well-led?

## We rated well-led as Good because:

- The governance and quality assurance processes were effective and drove improvement in the service provision.

## Leadership capacity and capability

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

- The lead GP was also the founder and a director of 222 Healthcare Private GP, they were also the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) and had responsibility for the day to day running of the service.
- Through conversations, evidence collected during the inspection and a review of correspondence it was evident the leadership of the service 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. They understood national and local challenges, including challenges within the private GP sector and were addressing them.
- The provider had effective processes to grow and develop the team, including planning for the future changes within the service.

## 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 service had a realistic strategy and supporting business plans to achieve priorities. The growth of services and patient cases were tracked using activity logs and business forecasting. The next area of growth was the private GP element of the service.
- The service continued to look at different elements of healthcare to add to the collection of services available.
- 222 Healthcare Private GP aimed to be:
  - “...a realistic alternate primary care provider, allowing the patient to take control of their individual healthcare journey with flexible, accessible booking options and personalised care...”
- For those patients accessing the travel clinic, the aim was:
  - ‘...to provide expert travel health to allow the patient to travel safely and confidently...’
- The inspection findings and the feedback from patients and staff indicated this vision was being achieved.

## Culture

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

- Staff told us they felt respected, supported and valued. They were proud and happy to work for the service.
- Openness, honesty and transparency were demonstrated when responding to incidents and patient feedback. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

# Are services well-led?

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff, teams and the co-located NHS GP practice.

## Governance arrangements

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

- The governance arrangements were appropriate to the range of services provided and the small team delivering these services.
- Structures, processes and systems to support good governance and management were evidence based, clearly set out, understood and effective.
- Although the service was only 18 months old and the size of the team was small, governance arrangements were set up to support growth and expansion. This included growth in the number of patient contacts as well as growth in the team size and additional healthcare clinics.
- Staff were clear on their roles and accountabilities.
- The GP directors had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## 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 service was aware of national and local challenges, including the changing demand on GP services and the increased national activity in private GP services. There was a strategy to manage these challenges. The service also monitored and had a clear understanding of global risks and changes within travel health, for example latest disease outbreaks.
- Performance of clinical staff could be demonstrated through audit of their consultations. For example, there was monthly clinical supervision and clinical peer review sessions. These sessions reviewed performance which included the outcome, the clinical record and the overall management of the case.
- The GP directors were conscious of low patient numbers and used clinical audit as a positive tool to audit, review and improve outcomes for patients. This was evidenced in the 2 cycle clinical audit which reviewed the prescribing of high-risk medicines.

# Are services well-led?

- The provider had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

### **The service acted on and had appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of staff and patients.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- 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. For example, in June 2023 the provider notified and amended their CQC registration to reflect changes to the service.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. For example, the provider was registered with the Information Commissioner's Office (ICO). The ICO upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

## **Engagement with patients, the public, staff and external partners**

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

- The service encouraged and heard views from the public, patients and staff and acted on them to shape services and culture.
- The service monitored social media, online comments and reviews. We saw these were responded to and shared and celebrated with staff.
- Patient feedback was overwhelmingly positive about the service.
- Staff could describe how their feedback and suggestions had been acted upon. This included the suggestion and introduction of additional templates to be completed prior to the patient appointment. This was suggested to remove any administrative process from the patient consultation.
- The service was transparent, collaborative and open about performance.
- The GP directors had a very supportive ethos of NHS GP services and were mindful to work alongside existing services for patients, not to supersede them. This was collaborated through our discussions with the co-located NHS GP practice.

## **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.
- Staff were encouraged to take time out to review individual and team objectives, processes and performance.

## Are services well-led?

- There were systems to support improvement and innovation work, this included the use of digital solutions. For example, the service used a range of digital mobile applications to support the management of the service. Digital solutions were used to monitor the health and safety of the service, as reference guides for medicines management, to support the navigation of the website via a chatbot (a chatbot is a software application that mimics human conversation through text interactions) and as an online tool to ensure that patients had access to treatment, support and care at a time that suited them. Further digital plans were being reviewed including the potential of a web-based portal for patients to manage their full experience at 222 Healthcare.
- 222 Healthcare Private GP and the staff had good links with the local health economy within Buckinghamshire, Oxfordshire and Berkshire. This allowed open dialogue to discuss problems and overcome barriers such as the interface between private and NHS care for patients, and how the 2 systems can work cohesively for patients.