

3VHealthcare Limited

3VHealthcare Limited - Thornbrook Surgery

Inspection report

Chapel Health Centre
Thornbrook Road
Chapel-en-le-Frith
High Peak
Derbyshire
SK23 0RG

Tel: 01298 600850

Website: [www.thornbrooksurgery.co.uk/
clinics-and-services.aspx?t=4](http://www.thornbrooksurgery.co.uk/clinics-and-services.aspx?t=4)

Date of inspection visit: 13 August 2018

Date of publication: 11/10/2018

Overall summary

We carried out an announced comprehensive inspection on 13 August 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider, which is 3VHealthcare Limited, is registered with the Care Quality Commission (CQC) to provide services at Thornbrook Road, Chapel-en-le-Frith, High Peak, Derbyshire, SK23 0RG. The clinic has been used to provide services to patients since 2009. It is registered with the CQC to provide three regulated activities which are diagnostic and screening services; treatment of disease, disorder and injury; and surgical procedures.

3VHealthcare Limited - Thornbrook Surgery provides consultant-led NHS clinics in the Chapel-en-le-Frith area of the High Peak. The service works closely with the

provider's other location, 3VHealthcare Limited - Goyt Valley Medical Practice, situated half-a-mile away, which also provides consultant-led NHS clinics and an ultrasound scanning facility. The office opening hours are Monday to Friday 8am to 5pm, and patients can contact the service by telephone between 8.30am and 16.30pm. Clinical sessions are available throughout the week at different times according to the specialty. Monthly ophthalmology clinics are held on a Saturday at the Goyt Valley site in Chapel-en-le-Frith.

Patients are referred into the service by authorised clinicians, including GPs, nurse practitioners and optometrists. All clinical sessions are provided on the ground floor within a GP practice. Adequate parking is available for patients at each location.

Three GPs are the directors of 3VHealthcare Limited and there is also one non-executive director of the company. There is a management team comprising of an office manager, and three named service managers with responsibilities for each specialty. Four administrative staff support the team including IT support, these staff are based in a health centre situated next door to

Summary of findings

Thornbrook Surgery. This is solely an administrative base and no regulated activities are provided from this site. 3VHealthcare Limited staff also use a room at Thornbrook Surgery which is rented from the practice. The service also employs a pharmacist on a sessional basis. In addition, there are 15 consultants, two GPs with a Specialist Interest (GPSI), an associate specialist, and a diagnostic radiographer who work for the service on a sessional basis, but are not directly employed. Two specialist nurses (a rheumatology and an ophthalmology nurse) are employed on a zero hours contract to support the consultant clinics.

A GP from one of the three practices which established the service is the registered manager, and this GP is also one of the three directors of 3VHealthcare Limited. 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.

Our key findings were:

- The service provided prompt and easy access to the clinics it provided for patients residing locally. This was highly valued by patients who otherwise would need to travel to hospitals some distance away, and the area was subject to poor transport links and frequent adverse weather in the winter months.
- We received 50 CQC comment cards from patients about this service. We also spoke with several patients attending the service on the day of our inspection. The patients' responses were almost entirely positive about their experiences at the service. Comments included that patients felt staff were very friendly and courteous, they felt listened to and their questions were answered in a way which was easy to understand, as well as being treated with dignity and respect. Patients also told us they valued having access to this service locally and that they received an appointment promptly after being referred.

- Directors and managers spoke with passion about the service and their commitment to deliver a service to meet the needs of their patients. There was a clear vision to provide high quality, locally-based, and sensitive care.
- The management team liaised effectively with visiting clinicians to ensure the continuity and coordination of care and service delivery. Service managers provided a named person for both patients and staff as a point of contact. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service maintained comprehensive records of activity and outcomes to assess quality of service provision. This included monitoring satisfaction through the Family and Friends Test, and quality was discussed regularly with their commissioning Clinical Commissioning Group (CCG). An annual quality account was produced by the service.
- There was effective management of significant events. The service had a low threshold to record incidents to ensure everything was captured and learning opportunities maximised.
- The clinical staff used evidence based guidance to ensure appropriate and effective treatment and advice was given to patients.
- Staff told us there was an open and inclusive culture of management and felt their views were listened to.

There were some areas where the provider should make improvement:

- Consider the development of a regular clinical audit programme.
- Develop an induction protocol for visiting consultants
- To continue the ongoing work in developing a designated website for 3VHealthcare Limited to enhance patient information.
- To review the availability of information on the complaints procedure for patients.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

3VHealthcare Limited - Thornbrook Surgery

Detailed findings

Background to this inspection

The following inspection was carried out on 13 August 2018. Our inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Advisor, and a second CQC inspector. Prior to the inspection, we had asked for information from the provider regarding the service they provide.

During our visit we:

- Spoke with directors and the non-executive director (including the registered manager), the office manager and a service manager, a consultant, and members of the administrative team.
- Reviewed the patient journey to the provider and how they were managed after consultations.

- Reviewed 50 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed patient feedback from surveys and other patient feedback mechanisms.
- Observed the manner in which staff interacted with patients.
- Reviewed documents and systems.

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.

Are services safe?

Our findings

We found the service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

- There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had received training appropriate to their role and all staff understood their responsibilities. Safeguarding procedures were documented, guidance was kept up to date with local contact numbers and staff were aware of the clinic's safeguarding lead.
- There were chaperones available and notices were in the waiting room and consultation rooms. Chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check in line with the provider's policy for all staff. 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 recruitment procedures which ensured checks were carried out on permanent and sessional staff members' identity, past conduct (through references) and, for clinical staff, qualifications and registration with the appropriate professional body.
- We observed the clinic to be clean and there were arrangements to prevent and control the spread of infections.
- The service rented rooms from the GP practice for their clinics. They had access to appropriate risk assessments and liaised with the practice management team for assurance on systems in place to monitor safety of the premises such as infection control audits, fire safety, and Legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- Equipment was tested and calibrated (if appropriate) regularly to ensure it was safe and fit for use.

Risks to patients

- Staffing levels were monitored by the office manager and service managers to ensure continuity of the service. There was flexibility within the service to arrange additional capacity to meet demand.

- There was a system in place to manage referrals and test results. Service managers had oversight of all correspondence and ensured results and referrals were actioned by a suitable clinician in the absence of the initial consultant.
- There were arrangements in place to respond to emergencies and major incidents.
- There was oxygen, a defibrillator, and a supply of emergency medicines. All were checked by the practice via regular checks of expiry dates to make sure they would be effective when required.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

Information to deliver safe care and treatment

- There was an electronic record system and where there were paper documents, they were scanned into the electronic record and destroyed to ensure patient information was held securely.
- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.
- All patients seen within the service required a referral from a medical or healthcare professional. The referral included details of the patient's relevant medical history. GPs and nurse practitioners would use the NHS E-Referral system to access the service, whilst optometrists would submit a paper referral by post.
- When patients were seen from GP practices, consultant and nursing staff working for 3VHealthcare Limited could view the patient's record electronically as part of an information sharing agreement. This ensured patient safety by providing access to up to date medical information.

Safe and appropriate use of medicines

- From the evidence seen, clinicians prescribed and gave advice on medicines in line with legal requirements and current national guidance.
- The service prescribed some high-risk medicines, but we saw that these were closely monitored. For example, patients prescribed DMARDs were not issued a repeat prescription until there was evidence that they had attended for blood tests and that these had been reviewed to ensure safe prescribing. Disease-modifying

Are services safe?

antirheumatic drugs (DMARDs) is a category of otherwise unrelated drugs defined by their use in rheumatoid arthritis to slow down disease progression by altering the underlying disease rather than treating symptoms. Once a patient was prescribed a DMARD they remained under the care of the service, for that condition, for the duration of the prescription to ensure they were closely monitored.

The DMARDs service was also supported by audit which was undertaken every three months. The results of the most recent audit in July 2018, found that seven of 63 patients had not attended for their last planned blood test. Four patients were found to have an appointment already booked in the next few days, whilst two had been transferred for treatment elsewhere. This left one patient who was then identified for urgent follow up and the consultant was informed of this.

- Prescriptions were printed on site and patients were able to take them to their pharmacy of choice to be fulfilled. The service did not have access to The Electronic Prescription Service but were hoping that this could be resolved.
- Medicines stocked on the premises were stored appropriately, in date and monitored. This included refrigerated stock, such as eye drops.

Track record on safety

- There was an effective system in place to report, share, investigate and record incidents. Staff were encouraged to report any concerns as significant events and complete a form to initiate an investigation so all learning and changes could be applied.
- In the previous 12 months there had been six incidents logged. A low threshold to recording incidents had been maintained to ensure everything was captured and learning opportunities maximised. Incidents were investigated and were monitored and signed off by the Board of Directors once resolved.
- We saw that changes had been implemented as a result of incidents. For example, a patient was identified as having a kidney function problem related to their prescribed medicine, and the GP was contacted to

follow this up. It was later discovered a follow up had not taken place and so the learning was that when such information was sent to a GP, the service would also follow this up with a telephone call to ensure the information had been received and acted upon.

- Significant events were discussed at team meetings and we saw minutes to evidence this. Trends were monitored and monthly board meetings reviewed the outcomes of the significant events.
- We saw that when an incident affected a patient, they received updates and responses in a timely manner and we saw evidence that during investigations duty of candour had been applied. The professional duty of candour ensures staff working for the provider, were open and honest with patients when something went wrong with their treatment or care which causes, or had the potential to cause, harm or distress
- A system was in place to receive safety alerts from organisations, such as the Medicines and Healthcare Products Regulatory Agency (MHRA), and we saw evidence that the necessary action had been taken. The provider did not maintain a log of all alerts and the actions taken, as the number relevant to the service was very small. However, following the inspection the provider has put in place a system to ensure evidence of their compliance is logged.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the duty of candour, and supported staff to be open and honest with patients and apologise. The provider encouraged a culture of openness and honesty. The service had effective systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- We saw that the service gave affected people reasonable support, truthful information and a verbal and written apology.
- Verbal interactions were documented, as well as written correspondence being kept as part of the investigation.

Are services effective?

(for example, treatment is effective)

Our findings

We found the service was providing effective care in line with the regulations.

Effective needs assessment, care and treatment

Patients' needs were assessed and care was delivered in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. When a patient needed referring elsewhere for further examination, tests or treatments they were usually referred back to the patient's own GP.

Monitoring care and treatment

We saw evidence to show that some audits were being completed within the service.

For example, we saw that an audit from March 2017 had been completed within the dermatology service for the excision of basal cell carcinomas (a type of non-melanoma skin cancer which usually develops in the outer layers of the skin). This audit reviewed all basal cell carcinoma excisions over a period of four months to assess compliance with standards that all lesions should be fully excised with a histological excision margin of more than one millimetre. The audit demonstrated that of the 14 patients included within the audit, all had received a complete excision and only one had an excision margin slightly below the recommended standard. However, this could be explained in terms of the site at which the excision was performed. There were plans to repeat the audit in the future.

Effective staffing

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

- The service 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 in all roles.
- The service provided staff with ongoing support. This included an induction process, and shadowing a colleague for new starters. Staff meetings encouraged

team discussions and kept team members up to date. However, non-employed sessional clinicians had not received an induction. The provider planned to address this for new clinicians.

- Due to the small size of the team, the managers and administrative staff mostly had dual roles, and service managers had good awareness of all specialities and were able to cover each other's work as required.

Coordinating patient care and information sharing

- When patients attended the clinic, their GP would be informed of any outcomes or tests completed at the clinic. As all patients required a referral from a named clinician and had chosen the service to attend, this was considered as implied consent to share the outcomes of their consultation at 3VHealthcare Limited.
- Where patients required a surgical procedure, minor procedures could be performed on site. However, where more complex surgical intervention was indicated, patients were seen at the hospital under the care of the same consultant who had assessed them within the community clinic. The consultant would then arrange post-operative follow up back at the 3VHealthcare Limited clinic. Therefore, the patient experienced continuity and did not have to wait for referrals to be passed between services. This limited the need to share patient information and ensured the easy coordination of care for the patient.
- We saw evidence that test results were reviewed promptly. Hospital procedures could be arranged on the same day as the health assessment.

Supporting patients to live healthier lives

- The service supported patients to live healthier lives by providing information specific to their needs.
- The commissioners of the service included a requirement for 3VHealthcare Limited to include health promotion as a component of their interaction with patients. We observed that the service monitored this on an ongoing basis to ensure health advice was offered when relevant.
- Healthy lifestyles such as smoking cessation and weight management, and access to mental health support, were promoted using leaflets and information in the practice waiting room.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

- Clinicians understood and sought patients' consent to care and treatment in line with legislation and guidance. Clinicians were aware of their requirements under the Mental Capacity Act 2005.

Are services caring?

Our findings

We found the service was providing caring services in line with the regulations.

Kindness, respect and compassion

- We observed that members of staff were courteous and treated people with dignity and respect.
- Almost all of the feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete over the two-week period prior to the inspection visit. We received 50 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Two cards included a negative reference to waiting times but we did not find any evidence to support this. Comments included that patients felt staff were very friendly and courteous, they felt listened to and their questions were answered in a way which was easy to understand, as well as being treated with dignity and respect.
- All patients were asked for feedback after a consultation via the Family and Friends Test, and reports were collated to view patients' satisfaction and feedback. This was shared with commissioners. All comments were read to ensure any trends were noted enabling staff to make improvements where possible.

- Staff we spoke with demonstrated a whole team approach to patient centred care and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.
- We saw evidence of consultants and GPs with a specialist interest, going the extra mile to ensure care was delivered in the most convenient way for the patients. For example, clinicians had seen patients in their own homes, in their own time, as they were unable to travel to the practice where the consultations were taking place.

Involvement in decisions about care and treatment

- The service had a process to communicate with patients who did not speak English as their first language, with access to a telephone translation service when required. However, this was not an issue which had arisen for the service at the time of our inspection.
- There was a hearing loop available within the GP practices used by 3VHealthcare Limited.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service had systems in place to facilitate compliance with data protection legislation and best practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

- The service offered patients a choice in where to go for their consultant appointment, outpatient assessment and treatment clinic. Referrals were open to patients residing in Derbyshire, and some clinicians were referring patients in from the neighbouring areas of Cheshire and Stockport. The majority of patients resided locally and the service was set up to ensure local access and the avoidance of lengthy journeys to a hospital.
- Patient choice was handled transparently and patients were given the option to attend another provider for their care, if they so wished.
- The service provided care and treatment to approximately 7,000 patients each year.
- NHS consultant-led clinics were held regularly and waiting times were kept low. These were dermatology; rheumatology; and ear, nose and throat clinical sessions at Thornbrook Surgery. In addition, there was also a designated DMARDs clinic to monitor patients being prescribed these specific medicines. Patients were seen in this clinic by 3VHealthcare Limited rather than their own GP practice for continuity. Other consultant-led clinics including gynaecology and ophthalmology were held at the other local 3VHealthcare Limited location.
- Outpatient procedures available included nasoendoscopy (a procedure to examine the nose, throat and voice box with a flexible scope), ear suction, steroid injections, and the removal of some skin lesions.
- We saw that referrals were directed to the most appropriate consultant within the speciality to ensure patients saw the right person the first time. For example, for gynaecology referrals the three consultants had specialist areas in urogynaecology, infertility, and menopause.
- Information leaflets in the form of a newsletter were sent to local GP practices and relevant others (for example, the ophthalmology leaflet to optical services providers) to give details about the services provided by 3VHealthcare Limited.

- The service aimed to operate a 'see and treat' model for patients, and where possible, patients might be assessed and then receive treatment later in the same day.
- Consultants working for the service had provided training sessions for locally based GP practice staff about their specialty. Recent topics had included ear, nose and throat, and dermatology, with a gynaecology training session being planned due to demand from GPs.
- There was an emphasis on continuity and wherever possible the patient would see the same clinician for each appointment. This included their initial consultation, any subsequent hospital treatment, and post-operative follow up back in the community.
- We observed that patient letters included details of what the patient should expect on their attendance and who they would see. For example, the letter for a 'fields test' for the eyes included details that due to the administration of eye drops, the patient would be advised to bring sunglasses and not to drive home afterwards. For this reason, the service was held on a Saturday so that relatives were more readily available to help patients with transport needs.
- Facilities were well presented and appropriate for the services delivered.

Timely access to the service

- All patients required a referral from a clinician to be seen by 3VHealthcare Limited. Consulting hours varied according to the specialty. Waiting times were kept to a minimum and the majority of patients were seen within six weeks. However, the appointment system was flexible and this meant patients requiring to be seen more urgently could be accommodated at the earliest opportunity. For example, appointment slots were provided for any rheumatology patients experiencing an acute inflammatory episode.
- Incoming referrals were triaged to be directed onto the most appropriate clinician promptly. We saw examples for ophthalmology where incoming referrals were received and reviewed by the consultant within a two-working day period. If referrals were not appropriate, they were sent back to the referrer and when possible the most suitable alternative pathway was indicated for that patient's needs.
- The ultrasound diagnostic service was able to see patients as 'extras' if an urgent need was identified. We

Are services responsive to people's needs?

(for example, to feedback?)

were provided with examples of how this had proved highly responsive to patients' needs including the identification of an aortic aneurysm which led to the patient being admitted to hospital to receive immediate treatment.

- Longer appointments were available when patients needed them.

Listening and learning from concerns and complaints

- The provider encouraged and sought patient feedback following every visit.
- Information about how to complain was not readily available in the waiting room or on patient literature and the service website was under development. The provider had considered this but this had proved

difficult in terms of delivering the service within GP practices with their own procedure and information on complaints. However, there was a website in development which was soon to be launched and this would make it clearer to patients who they were seeing and how to complain.

- There had been one complaint in the previous 12 months. We saw evidence this was handled in accordance with the service's own complaints procedure.
- The provider informed us that any relevant learning from complaints would be shared with staff and any changes that were identified would be implemented. However, due to the low number of complaints, it was not possible for us to review any recent examples of this.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing a well-led care in accordance with the relevant regulations.

Leadership capacity and capability

The directors (including the registered manager) in conjunction with the office manager had the capacity and skills to deliver high quality, sustainable care.

- The team had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They had an emphasis on quality and governance within the service and prioritised a positive patient experience through a team approach. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.
- The provider had effective processes to develop leadership within the service. Leaders demonstrated a high level of ownership and pride in the service being delivered.
- Data from the last 12 months showed that there had been no reported breaches of the 18-week referral to treatment time target.

Vision and strategy

The service was developed to break down barriers between primary and secondary care, and this remained at the heart of the organisation. The provider had a clear vision and strategy. This focused on helping people access high quality, locally based care which was consultant led.

Staff were aware of and understood the vision and values and their role in achieving them.

Culture

The service had a culture of helping people to access local care to promote healthy lives through a friendly and helpful team approach.

- Staff we spoke to said they felt supported by management and respected as part of the team.
- There was a focus on delivering high quality patient care in a professional and convenient manner, sometimes by sacrificing financial income, to provide a level of service the provider felt the population deserved.

- There was a low turnover of staff, including those clinicians contracted on a sessional basis, indicating that team members enjoyed their role for 3VHealthcare Limited.
- The office manager acted on behaviour and performance inconsistent with the vision and values, and developed and supported staff to deliver them appropriately.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The sharing of outcomes ensured lessons were learned and patients benefited. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were encouraged to raise concerns and felt they would be addressed.
- There was an emphasis on staff development and progression within the service. There was an established programme of staff training including mandatory updates. All employed staff had received their annual appraisals in the last year, and sessional staff provided evidence of their own appraisal through their own employing organisation. We spoke with a member of the administrative team who had been supported to develop their role and was about to leave to undertake nurse training.
- All staff were considered valued members of the team. They were given protected time for administrative duties and professional development.

Governance arrangements

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

- There were processes and systems to support the governance of the service. Financial and strategic decisions were made at board level and we saw minutes which reflected the open way in which the business was discussed and managed.
- There was an open and efficient way of managing risk and governance across all clinics.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- An external review of the service had been completed. This gave assurance on the standard of referrals being seen within the service. There were plans to do more reviews of this type in the future.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Input was provided to multi-disciplinary discussions as and when required.
- Regular checks and reviews were undertaken by relevant staff members to ensure risk was highlighted and mitigated where appropriate.
- The service had processes to manage current and future performance.
- The service had a business continuity plan in place to respond to any major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Monthly board meetings reviewed performance and maintained financial oversight with strict procedures for finance management.
- Quality and sustainability were discussed in regular meetings with the CCG as the service commissioners. The service produced quarterly reports to demonstrate outcomes and ongoing developments, and also an annual quality account. Quality adherence was integral within the commissioning of the service. We spoke with CCG representatives who spoke very highly about the service which they viewed as 'gold standard', as the service often exceeded the contract specification.
- 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.

Engagement with patients, the public, staff and external partners

The service sought the views of patients and staff and used feedback to improve the quality of services.

- We saw that both staff and patient feedback was used to improve services.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The service had a history of innovation with a focus on improving patient pathways and experience, and service re-design with an emphasis on the integration of primary and secondary care. This commitment was ongoing and we saw examples of new pathways being implemented including one for post-menopausal bleeds.
- 3VHealthcare Limited accepted referrals from local optometry providers for ophthalmic clinics, and were proactively contacting local opticians to inform them about services available locally.
- The service was in discussion with a local optical retail chain about access to their specialist equipment for patients. This would allow patients to access a wider range of testing in the community to support the ophthalmology clinic.
- 3VHealthcare Limited was in negotiation regarding the potential launch of a rheumatology clinic in the Bakewell area to provide a more local service for patients who were being referred from this area.
- The service monitored changes in demand and requirement for the service and did their best to accommodate this to meet patient need.
- Newsletters were used to inform local providers about the services that were available to them through 3VHealthcare Limited.
- Staff told us that they were encouraged to consider and implement improvements and we saw evidence of changes made as a result.