

Medical Prime

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 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 Medical Prime on 16 February 2022 as part of our inspection programme. This was the first CQC inspection of this location (although we inspected the service at a previous location in September 2019 and that was rated good overall and for all key questions).

Medical Prime is a private GP service in central London offering services for adults and children. The service is led by a female GP with a special interest in women's health, and primarily provides menopause care and treatment. All services are private and subject to payment of fees, with no NHS services provided.

The lead GP is the sole Director of Medical Prime Ltd (the provider) and is 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 had clear systems to keep patients safe and safeguarded from abuse.
- Staff had the information they needed to deliver safe care and treatment to patients.
- Patients' needs were assessed, and care was delivered, in line with current standards and evidence-based guidance.
- Staff had the skills, knowledge and experience to carry out their roles.
- The service treated patients with kindness, respect and compassion. Feedback from patients was overwhelmingly positive about the service.
- The service organised and delivered services to meet patients' needs.
- Patients were able to access care and treatment from the service within an acceptable timescale for their needs.
- There was a clear staff structure in place and staff felt supported by leaders.
- The provider had a culture of high-quality sustainable care.
- The service had a governance framework and had established processes for managing risks, issues and performance.
- There were systems and processes for learning, continuous improvement and innovation.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Medical Prime

Medical Prime is a private GP service in central London offering services for adults and children. The service is led by a female GP with a special interest in women's health, and primarily provides menopause care and treatment. All services are private and subject to payment of fees, with no NHS services provided.

The lead GP holds a postgraduate diploma in obstetrics and gynaecology and an advanced certificate in menopause care. As well as menopause treatment, Medical Prime provides private GP services including health and medical screening certificates, men's health, women's health, sexual health, blood tests, and referrals to diagnostic services.

The service is registered with CQC for the regulated activities of: Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury.

The services are offered on an appointment-only basis. The service is open for consultations from 9am to 6pm Monday to Friday. The service also offers occasional evening appointments until 7pm and Saturday appointments, on average every two months, depending on demand. Appointments can be booked by telephone or through the website.

The service is situated on the first floor of a mixed-use commercial building in the City of London. The service leases two consulting rooms and one reception area for patients. There are toilets located on the first floor. Access to the first floor is either via a lift or stairs, and there is disabled access to the building and a disabled toilet.

In terms of staff members, the lead GP has clinical and managerial responsibility for the service. The service has a contract in place with a clinic manager, who provides management and administrative support. There are contracted independent consultants working for the service; namely a pharmacist independent prescriber, a cognitive behavioural therapy (CBT) therapist, and a nutritionist (although the latter two are not within scope of CQC regulation and in any event the nutritionist had not yet started seeing patients). There is also a small team of non-clinical staff members providing managerial, strategic and governance support.

The service has approximately 500 patients registered with it and sees approximately 50 patients per month.

How we inspected this service:

We reviewed information about the service in advance of our inspection visit. This included:

- Data and other information we held about the service;
- Material we requested and received directly from the service ahead of the inspection;
- Completed questionnaires from two of the independent consultants contracted to work for the service;
- Information available on the service's website;
- Patient feedback and reviews accessible on public third-party websites.

During the inspection visit we:

- Spoke with the lead GP and Strategy Director.
- Reviewed policies, procedures, risk assessments, and patient records;
- Carried out checks and observations of the premises and equipment.

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?

We rated safe as Good.

Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. There were safeguarding adults and children policies in place which set out the process for reporting a safeguarding concern and contained contact details for the Local Authority safeguarding teams. The policies had been recently reviewed.
- We saw staff had received safeguarding training to a level appropriate to their role. The service had determined that one staff member did not need to complete any child safeguarding training due to working remotely full time and not having any contact with patients under 18 years. During the course of our inspection, the service documented a risk register entry in relation to this which stated that, once the staff member begins carrying out video consultations with adult patients, their consultations and records will be kept under review by the lead GP.
- Staff we spoke with knew how to recognise and report potential safeguarding concerns.
- There was a function on the service's clinical system which enabled them to highlight any vulnerable patients.
- The service had undertaken Disclosure and Barring Service (DBS) checks for 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).
- We saw a sign in the waiting area advising patients of the availability of chaperones. Staff who acted as chaperones had received training and were DBS checked.
- We reviewed a sample of staff personnel files and found the service carried out appropriate recruitment and staff checks. This included checks of professional registration where relevant.
- The lead GP was registered with the appropriate professional body and undertook professional revalidation every five years in order to maintain their registration with the GMC.
- During the course of our inspection the service updated its recruitment policy to include the specific immunity status for staff groups which should be recorded, as per 'Green Book' guidance.
- We saw risk assessments had been completed to ensure the premises were safe, for example a health and safety risk assessment on 2 February 2022 and a fire risk assessment on 4 February 2022. We saw that actions from a previous fire risk assessment, carried out by an external company in January 2021, had been completed, including monthly testing of emergency lighting, displaying a fire action notice, and affixing warning signs for medical oxygen outside of the premises to alert emergency services. We saw evidence of weekly fire alarm testing. The service had also had a legionella risk assessment completed by an external company in January 2021.
- Our review of training records showed that staff who worked on site were up to date with fire safety and health and safety training, as per the service's mandatory training requirements. Those staff members who worked remotely full time and did not attend the premises were not required to complete fire or health and safety training.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw evidence of calibration of medical equipment in November 2021 and portable appliance testing of electrical items in April 2021.
- There was an effective system to manage infection prevention and control. The service had infection control policies in place, which covered hand hygiene, control of substances hazardous to health (COSHH), single-use medical items, specimen handling, Personal Protective Equipment (PPE), and needlestick injuries. The policy had been recently reviewed.
- The service had a programme of ongoing infection control audits, and we saw these had been recently completed in January and February 2022.
- There were systems for managing healthcare waste.

Are services safe?

- Our review of training records showed that staff who worked on site were up to date with infection control training, as per the service's mandatory training requirements. Those staff members who worked remotely full time and did not attend the premises were not required to complete infection control training.

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. At the time of our inspection, the service's cover arrangements had been engaged for one of the non-clinical roles due to emergency staff absence.
- There was an induction system and training programme for staff tailored to their role. The staff induction and training policy included induction checklists for completion and specified the mandatory training requirements and frequency for clinical and non-clinical staff. We saw evidence of completed induction checklists for staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Staff knew how to identify and manage patients with severe infections, for example, sepsis. The service had an emergency care procedure which staff could refer to, which set out 'red flag' symptoms and assisted staff in identifying and responding to medical emergencies.
- The service had appropriate emergency medicines and equipment, with clear risk assessments completed for those medicines they had chosen not to hold. There was a system to ensure emergency medicines and equipment were checked regularly.
- Staff who worked on site had completed up to date basic life support training. Those staff members who worked remotely full time and did not have any in-person contact with patients were not required to complete basic life support training.
- The service had a patient registration policy in place which specified what details would be obtained for patients attending the service. The policy set out what steps should be taken to establish the identity of any children attending the service and confirm parental responsibility for adults attending with them, which included checking photo identification. The policy stated that the service would refuse registration or consultation if appropriate identification is not available, but an exception could be made in an emergency.

Information to deliver safe care and treatment

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

- The provider used an encrypted cloud-based clinical system, which enabled staff to access patient records from any location (including remotely).
- Individual care records were written and managed in a way which kept patients safe.
- Care records on the clinical system were secure.
- There was a documented approach to effectively managing test results. Results were integrated into the provider's clinical system, so results were received directly by the service.
- Referrals to other services were documented, contained the required information and there was a system to monitor delays.
- There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

Are services safe?

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

- The systems for managing medicines, including medical gases and emergency medicines and equipment, minimised risks.
- The service did not hold or administer any vaccines and did not have a medical refrigerator.
- Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) were not required as there were no non-medical prescribers working at the service.
- Prescriptions were generated directly from the secure clinical system and the service did not hold any blank paper prescriptions.
- The service had prescribing protocols in place which followed national prescribing guidelines.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.

Track record on safety and lessons learned and improvements made

The service had a good safety record and learned and made improvements when things went wrong.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system in place for reporting and recording significant events. There had been six significant events within the last 12 months, and we reviewed three of these. We saw that incidents were recorded and dealt with appropriately, with learning identified, and patients apologised to where required. For example, following a patient's appointment booking not appearing on the service's system, the service started to review all payments received to double-check that all booked appointments had appeared correctly on their own system.
- We saw significant events were discussed at practice meetings.
- Staff understood their duty to raise concerns and report incidents and near misses.
- The service was aware of the requirements of the duty of candour and had a being open and duty of candour policy in place. The service was aware of the importance of open dialogue with patients, honest and timely communication, and an apology where harm has occurred.
- There was a system for receiving and acting upon safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good.

Effective needs assessment, care and treatment

The service assessed need and delivered care in line with current evidence-based guidance.

- Our review of clinical records demonstrated the service 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 and British Menopausal Society guidance.
- The lead GP kept up to date with guidance and Continuing Professional Development (CPD). They had completed a GP 'hot topics' refresher course and regularly attended British Menopause Society conferences.
- The lead GP was part of a peer discussion group, involving several menopause specialist GPs; we saw minutes from these meetings which showed discussion of updates and anonymised cases.
- The lead GP was also part of a virtual discussion group on an online platform for medical professionals, in which specialists could share advice and guidance and discuss anonymised cases.
- The provider's clinical system was linked to an online medicines and prescribing resource, which highlighted up to date prescribing advice and guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patient outcomes were monitored using personalised treatment programmes and aftercare advice.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service routinely reviewed the effectiveness and appropriateness of the care provided.

- The service completed quality improvement activities such as clinical audits.
- We saw a repeat audit on the management of postmenopausal bleeding in patients on hormone replacement therapy (HRT), completed in February 2021. This identified learning around monitoring patients for follow-up after a year and reviewing and documenting bleeding status, with individualised action taken.
- We also saw a repeat audit on the effectiveness of continued use of HRT in managing vasomotor symptoms in postmenopausal patients, completed in January 2022. The audit demonstrated that treatment was effective and that the service was meeting standards in terms of recording and monitoring patients' vasomotor symptoms.
- The service had created a menopause symptom chart, which patients were asked to complete for their initial consultation, and this was reviewed and updated at follow-up appointments to monitor patient outcomes and response to treatment.

Effective staffing

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

- Clinicians were appropriately qualified and had sufficient time to carry out their roles effectively.
- The lead GP was an active member of the Independent Doctors Federation (IDF).
- The lead GP was registered with the appropriate professional body and undertook professional revalidation every five years in order to maintain their registration with the GMC.
- The service provided staff with support through an induction and training programme tailored to their role. We saw completed induction checklists for staff.

Are services effective?

- We saw the lead GP had completed an annual appraisal with the Clinic Manager in November 2021, which identified objectives. We were told the contracted independent consultants who had recently started working for the service were due to have annual role reviews once they had started seeing patients.
- We reviewed a sample of staff training records and saw staff members were up to date with training as per the service's policy.
- Staff told us they were given time and support for learning and development.
- There was an appraisal and performance management policy in place outlining processes for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other professionals to deliver effective care and treatment.

- The service co-ordinated care in order to ensure that treatments and referrals were relevant to the needs of the patients and in line with their underlying medical issues.
- The service had a sharing information with NHS GPs policy and procedure, which detailed that patients have the right to refuse or withdraw consent for information to be shared, and that their wishes will be respected unless there are exceptional circumstances (for example, if information sharing is required by legislation, there is a serious public health risk, or there is a risk of harm to others or to the individual themselves).
- At the point of registering with the service patients were requested to consent to share information with their NHS GP; if consent was provided, the service would provide patients' NHS GPs with an update. We were told that patients would still be treated without information being shared with their NHS GP if they did not consent to this if it was in the patient's interest to do so.
- Where necessary, patients would be referred back to their own NHS GP to ensure continuity of care. We saw an example where the lead GP had referred a patient to their NHS GP as there were concerns the patient might have a serious health issue, and the service's lead GP contacted the NHS GP by telephone to discuss this.
- The service referred patients to other specialists where appropriate and we saw referral letters contained all the required information.

Supporting patients to live healthier lives

Staff were proactive in supporting patients to manage their own health and live healthier lives.

- The service provided patients with health and lifestyle advice, for example discussions during consultations with the GP in relation to smoking, alcohol intake, exercise and diet.
- Patients had access to health assessments and checks.
- Where patients' needs could not be met by the service, staff would signpost them to services more appropriate for their needs.
- The service had recently contracted the services of an independent nutritionist and a cognitive behavioural therapy (CBT) therapist who patients could choose to see.

Consent to care and treatment

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

- The lead GP understood the requirements of legislation and guidance when considering consent and decision making.
- The service supported patients to make decisions about their care and treatment.

Are services effective?

- The service did not carry out any treatments or procedures which required the use of consent forms.
- We saw the lead GP and the CBT therapist had completed mental capacity act training within the last 12 months.
- Patients were given the opportunity to discuss costs prior to consultations and treatment.

Are services caring?

We rated caring as Good.

Kindness, respect and compassion

The service generally treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural and social needs. Staff displayed an understanding and non-judgmental attitude to patients.
- The service gave patients timely support and information.
- Longer appointments were available on request, for example if a patient had multiple health issues or more complex health needs.
- The service invited patients to review their experience of the service after their appointment on the 'Trustpilot' website. We saw the service had received 27 reviews, 96% of which rated it as excellent, and the remaining 4% rated it as good. Patient feedback was overwhelmingly positive and described the lead GP as caring, professional and attentive.
- We saw on 'Google' that, although no reviews had been left within the last 12 months, the service had six reviews in total, all of which rated the service as five out of five stars and described their experience in positive terms.
- Patients had shared their stories of menopause and treatment on the service's website, and staff said they were proud to have created an environment in which patients felt happy and safe to do so to help others.
- Staff were required to complete equality and diversity training every three years.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Information leaflets were available to patients providing health advice.
- The service's website included information about the services available and, in relation to consultations for menopause treatment, what details the service required of them prior to their consultation. This included a list of current medications, any previous treatments for menopause, and any available previous test results associated with the menopause, as well as a copy of the menopause symptom chart which they could download and complete.
- We saw on the 'Trustpilot' website that several patients commented that they felt listened to and that the lead GP explained things fully, discussed their symptoms and provided them with their treatment options.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- The service had a confidentiality policy which covered the principles of confidentiality, rules around disclosure, patients' right of access to their records and the process for this, and disciplinary action for staff if found to have breached confidentiality.
- Patient information was held securely on the electronic clinical system.
- The clinical system was secure and backed up regularly as it was a cloud-based system. The system could be accessed by staff from home or elsewhere.
- We were told the door is closed during appointments and we saw that conversations taking place in the consultation room could not be overheard.
- We saw a screen was provided in the consultation room for patients if needed to maintain dignity.

Are services responsive to people's needs?

We rated responsive as Good.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. For example, there was a lift to the service's rooms and there was a hearing loop for patients with hearing difficulties. The service did not however offer any interpretation services and told us that, on the very few occasions that patients attended for whom English was not their first language, they would usually bring a friend or family member to translate.
- The service made patients aware of what services were offered and the limitations of what was provided.
- Standard GP consultations were 20 minutes, but longer appointments of 60 minutes duration were available upon request. Initial menopause consultations were 60 minutes, with follow-up consultations 40 minutes.
- Video consultations were available for new and existing patients, and telephone consultations were available for existing patients only.
- The service had leaflets available for patients which gave health advice.
- The service made patients aware of what services were offered, and the website set out the costs of consultations and treatments.

Timely access to the service

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

- Services were offered on a private, fee-paying basis only, and therefore were accessible to people who chose to use them.
- The service was open for consultations from 9am to 6pm Monday to Friday. The service also offered occasional evening appointments until 7pm and Saturday appointments, on average every two months, depending on demand.
- The appointment system was easy to use. Patients could book online via the service's website or by telephone.
- We saw on the 'Trustpilot' website that a number of patients commented that they were given enough time during consultations and did not feel rushed, and that they were able to get an appointment quickly and easily.

Listening and learning from concerns and complaints

The service had a system to act on and learn from complaints.

- The service had a complaints policy in place which followed the Independent Doctors Federation's complaint procedure. This service's policy set out how the service manages complaints and included reference to patients being able to escalate any complaint to the Independent Healthcare Sector Complaints Adjudicator Service (ISCAS) if they remained dissatisfied with the outcome.
- There was a patient complaint procedure which detailed how patients could make a complaint and what they should expect from the service, and this was available on the service's website.
- We saw that complaints was a standing agenda item for discussion in practice meetings.
- The service said they would act upon any complaints to identify learning and improve the quality of care, and had a complaints log in place, however no complaints had been received by the service within the last few years.

Are services well-led?

We rated well-led as Good.

Leadership capability and vision and strategy

There was a clear leadership structure in place and the service had a clear vision and credible strategy to deliver high quality care.

- The lead GP was responsible for the organisational direction and development of the service, as well as the overall governance arrangements and day to day operations.
- Staff told us that leaders were visible and approachable, and worked closely with staff.
- Leaders were knowledgeable about issues, challenges and priorities relating to the quality and future of services offered.
- Leaders demonstrated an understanding of current and future challenges facing the organisation and had plans in place to meet those challenges to continue delivering high-quality services.
- The service sought to offer patients excellent, personalised and holistic care through a well-organised learning environment that promotes the best for patients and staff.
- We were told the service's core values are quality, safety, respect, continuous development, and a team ethos.
- The service had a realistic strategy and business plan to achieve its priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- The lead GP as the provider had a clear purpose and strove to deliver and motivate staff.
- Staff told us that leaders were visible and approachable and felt their views were listened to. Staff described the service as open and supportive, with a culture of learning and effective communications.
- Openness and honesty were demonstrated when responding to incidents. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff were required to complete equality and diversity training every three years.
- There were processes for providing staff with the development they needed.
- The service had a whistleblowing policy in place and staff said they felt able to speak up and were confident any concerns would be acted upon.
- Patients were encouraged to be involved in their own care and were given appropriate choices and options to make informed decisions.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care.

- There was a clear staffing structure in place.
- Staff understood their roles and responsibilities.
- Service specific policies and processes had been developed and implemented and were accessible to staff. All policies we reviewed were version-controlled and had been reviewed.
- There were meetings which supported the governance systems. We saw that practice meetings took place on a regular basis and included discussion of significant events, complaints, performance, and the operational running of the service. Minutes showed that agreed actions were monitored and followed up.

Are services well-led?

- As of November 2021, the service had commissioned the services of an independent compliance and governance advisor to regularly review the service's governance system and advise of any changes in legislation or guidance.

Managing risks, issues and performance

The service had established processes for managing risks, issues and performance.

- There were effective processes to identify, understand, monitor and address current and future risks, which included risks to patient safety.
- The service had processes to manage current and future performance.
- We saw evidence that staff completed various weekly and monthly checks to monitor the safe and effective running of the service.
- The service had a business continuity plan in the event of any major incidents. The service had had to implement its plan when the whole building experienced a power failure in December 2021; the service contacted patients due to attend for appointments that day and the next working day, and advised them of their option to reschedule a face-to-face appointment or book a video consultation as an alternative.
- Staff were trained in preparation for incidents and emergencies; staff training records we reviewed showed staff who required it were up to date with basic life support training, fire safety training, and health and safety training.
- Appropriate risk assessments and checks had been carried out to ensure the premises and equipment were safe.
- The service had a risk register in place, which had most recently been reviewed and updated in January 2022. This register included risks such as the COVID-19 pandemic, power failure, staff shortages, and shortage of clinical supplies. It detailed the impact of the specific risks upon the service, and the current measures in place to mitigate the risks.
- Changes had been made to infection control arrangements and premises to protect staff and patients using the service during the COVID-19 pandemic.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- The provider was registered as a data controller with the Information Commissioner's Office.
- The service submitted data and notifications to external bodies as required.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support the service they offered.

- The service emailed patients after their appointment with a link to an external website and asked patients to review their experience.
- The service also included encouragement to provide feedback in their newsletters which patients could sign up to receive.
- Staff told us they felt able to raise concerns and provide feedback to management about the service. Staff gave us an example where changes had been made to operations as a result of feedback from staff.
- The provider was transparent, collaborative and open about performance.

Continuous improvement and innovation

Are services well-led?

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

- The service had systems to review the effectiveness and appropriateness of the care provided, through clinical audits and ongoing monitoring of patients' response to menopause treatment.
- We saw evidence the service identified learning and improvements to services as a result of significant events.
- There was a focus on continuous learning and improvement within the service. Staff described the service as having a learning culture and described continuous improvement and innovation as one of the service's core values.
- The lead GP told us they sought to promote women's health and educate others about menopause and perimenopause. For example, in 2021 the lead GP delivered menopause care training to doctors through the Independent Doctors Federation (IDF). In spring 2021 the lead GP had led a webinar for the University of Arizona on menopause care services to approximately 20 attendees, including doctors.