

Japan Green Medical Centre Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 1 August 2018 to ask the provider the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out an announced comprehensive inspection of Japan Green Medical Centre Limited (the provider) on 1

August 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, to confirm that legal requirements and regulations associated with the Health and Social Care Act 2008 were being met. We had previously inspected the service in May 2013, using our old methodology, when we found it was compliant with the regulations applicable at the time. The provider also operates another clinic in west London, which we inspected in November 2017.

During our visit we spoke with the location's registered manager, who is a doctor registered with the General Medical Council, together with members of the nursing staff, healthcare assistants and administrative staff. 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 provider had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the provider learned from them and improved.

Summary of findings

- The provider reviewed the effectiveness and appropriateness of the care. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

There were areas where the provider could and should make improvements:

- Review the recently completed legionella risk assessment and implement any management plan associated with it.
- Re-establish processes for seeking patient feedback.
- Ensure all governance policies are regularly reviewed and updated.

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 the location was providing safe care in accordance with the relevant regulations.

- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, receiving reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The provider had embedded systems, processes and practices to minimise risks to patient safety. A legionella risk assessment was completed by a professional assessor contracted by the provider shortly after our inspection.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding relevant to their role.
- The provider had arrangements to respond to emergencies and major incidents.

Are services effective?

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

- Staff were aware of and provided care in accordance with current evidence-based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.
- The provider had some systems in place to engage with patients and was shortly to re-establish its annual patient survey process.
- Systems were in place to ensure that patients' privacy and dignity were respected.

Are services responsive to people's needs?

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

- The provider understood its patient profile and had used this understanding to meet the needs of service users.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.
- Patient feedback indicated they found it easy to make an appointment
- The location had good facilities and was well equipped to treat patients and meet their needs.
- Patient feedback was encouraged and used to make improvements. Information about how to complain was available and complaints were acted upon in line with the provider's policy.

Are services well-led?

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

- The provider had a clear vision and strategy and there was evidence of good leadership within the service.

Summary of findings

- There were good systems and processes in place to govern activities. However, some policies and procedures were overdue a review.
 - Risks were assessed and managed. Changes made following our inspection of the provider's other London clinic had been introduced at this location.
 - There was a culture which was open and fostered improvement.
 - Staff provided feedback and could suggest ways to improve the service.
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Japan Green Medical Centre Limited

Detailed findings

Background to this inspection

Japan Green Medical Centre Limited (the provider) operates a clinic at 10 Throgmorton Avenue, London EC2N 2DL, with good facilities and transport links. The provider is registered with the CQC to carry out the regulated activities Diagnostic and screening procedures, Treatment of disease, disorder or injury, Maternity and midwifery services and Surgical procedures. It provides primary healthcare services to adults and children, which include face-to-face consultations and examinations, diagnostic imaging and scanning, minor surgery, wound management and dressing, management of long-term conditions, antenatal and post-natal care, childhood immunisations and travel vaccinations (including for yellow fever) and health screening. The service is provided predominantly, but not exclusively, to Japanese people resident or working in the UK – around 98% being Japanese. Over the past 12 months, it offered approximately 10,000 appointments, of which around half were related to adults' general healthcare; a quarter to health screening; 15% to women's health; 4% to immunisations and travel vaccinations and 2% to children's healthcare.

The provider has an employed clinical team which is shared with its other clinic in west London. It comprises 13 doctors – eight male and five female - who are registered with the General Medical Council; two nurses registered with the Nursing and Midwifery Council; ten healthcare assistants and a radiographer. Additional clinical staff, including radiographers, an ophthalmologist and a pharmacist are engaged under contract and via agencies, when necessary. There is an administrative team, whose responsibilities include finance and billing, call handling and reception.

The clinic's phones operate from 8.00 am to 7.00 pm on Mondays to Fridays; from 8.00 am to 5.00 pm on Saturdays; and from 8.30 am to 5.00 pm on Sundays and bank holidays. The clinical appointments, usually 20 minutes long, are available between 9.00 am to 6.00 pm on Mondays to Fridays, including throughout the lunchtime period, and between 9.00 am and 2.00 pm on Saturdays. Patients can book appointments for clinical consultations and there is a walk-in service available. Patients can request an appointment at the other London clinic, which opens between 9.00 am and 5.00 pm on Saturdays, Sundays and bank holidays, if it is more convenient to them. The provider's website has a link to NHS Direct for health advice outside its operating hours.

Our inspection team was comprised of a CQC lead inspector, a GP specialist adviser and a nurse specialist adviser. The team included a Japanese interpreter, who spoke with patients and translated the Care Quality Commission comment cards patients had completed. Before the inspection we reviewed notifications received from and about the service and location, and a standard information questionnaire completed by the provider. During our visit we:

- Interviewed the registered manager, members of the nursing team, healthcare assistants and administrative staff.
- Looked at information the provider used to deliver care and treatment plans.
- Spoke with six patients using the service on the day and reviewed 84 Care Quality Commission comment cards completed by patients in the two weeks prior to the inspection.

Detailed findings

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

Safety systems and processes

The provider had systems to keep patients safe and safeguarded from abuse, although some improvements relating to safety policies and procedures can be made.

- The provider had a range of up-to-date policies which had been communicated to staff and were available for reference on the shared corporate computer system. Staff received safety information as part of their induction and during refresher training. The policies and guidance outlined clearly who to go to escalate any concerns. The registered manager was the named lead for safeguarding. Training in safeguarding children as well as and protecting vulnerable adults was included in the provider's list of mandatory training requirements and we saw evidence that all staff had received up-to-date training appropriate to their role, including doctors and nurses to level 3 and healthcare assistants to level 2. Staff we spoke with knew how to identify and report concerns. Staff showed us various consent forms, which included processes for verifying both adult patients' identities and those of children for whom adults had parental responsibility. We saw that the provider's clinical records system had appropriate facilities for safeguarding concerns to be recorded and flagged. There had been no safeguarding issues at the clinic in the last 12 months. But staff told us of an incident at the other London clinic that has been reviewed, with appropriate learning being passed on.
- The provider carried out staff checks, including checks of professional registration where relevant, at recruitment and on an ongoing basis. 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.
- Patients were informed by posters in clinical rooms that chaperones were available. The healthcare assistants acted as chaperones at patients' request. They were trained for the role and had undergone a DBS check. Their attendance at consultations was recorded in patients' records. The chaperone policy had been reviewed last been reviewed in June 2017.
- There was an effective system to manage infection prevention and control (IPC). A named member of the nurses' team was the lead for IPC issues at the clinic. The IPC policy had last been reviewed in September 2017 and accessible to all staff on the shared computer system. The provider's corporate IPC team met monthly to review issues at both clinic locations. An IPC audit had been carried out in October 2017. All staff received appropriate IPC training upon induction and thereafter as part of their mandatory refresher training. We did not see evidence of a legionella risk assessment being carried out. Legionella is a bacterium which can infect water systems in buildings. However, the provider confirmed that a risk assessment had been completed at the instigation of the building owner the week following our inspection, with minimal risk identified.
- The premises were clean and tidy. Non-clinical rooms, such as offices and the waiting area were cleaned by contractors. Clinical areas were cleaned by the healthcare assistants. We saw that daily cleaning checklists were maintained. There was a contract in place for the removal of clinical waste. Sharps bins were available and guidance on sharps injuries and hand washing technique was accessible. Spillage kits and an adequate supply of personal protective equipment were available and staff had received training in their use. Instruments were single use; we found none that was past its expiry date. Privacy curtains were dated when hung and all were changed at least every six months. There were supplies of sanitising hand gel throughout the premises. The provider maintained a register of staff members' Hepatitis B immunisation status.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw that medical equipment was subject to an annual servicing and calibration contract. It had been inspected and re-calibrated in March and April 2018 and was visually checked on an ongoing basis by staff.

Risks to patients

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

- The provider had sufficient staffing resources, both clinical and administrative, to meet the service

Are services safe?

requirements. There was an effective induction system for staff tailored to their role and all staff served a three-month probation period. Clinical staff were afforded four days study time per year.

- Staff understood their responsibilities to manage emergencies and to recognise when people needed urgent medical attention. We saw evidence that all staff had been trained in basic life support, including cardiopulmonary resuscitation (CPR). There was an emergency oxygen supply, a defibrillator (with children's pads) and emergency drugs; we saw evidence these were monitored daily. Staff knew how to identify and manage patients with severe infections. We discussed sepsis management with staff, who confirmed this was done in accordance with relevant guidelines issued by the National Institute for Health and Care Excellence (NICE), following our inspection of the provider's other London location.

Information to deliver safe care and treatment

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

- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the provider's computerised clinical records system and its intranet system. Patients' medical records were held securely, with the electronic system being backed up off site.
- The provider had systems for sharing information both internally and with other agencies to enable them to deliver safe care and treatment. This included systems for managing test results. We saw the provider's tests results policy, that had been introduced since our inspection of the other London clinic and which set out the process for results to be reviewed by a colleague in the absence of the clinician who had initiated the test.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

- The systems for managing emergency medicines, medical gases, and equipment minimised risks. The provider kept prescription stationery securely and monitored its use. Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Medicines safety alerts were

managed by the in-house pharmacist and all relevant issues were reviewed and discussed at month meetings of the corporate medicine management committee. Medicines were appropriately stored, with supplies being monitored and logged. Managers carried out frequent spot-checks to further monitor supplies. No controlled drugs were kept at the premises. Doctors administered standard immunisations and travel vaccines. We saw these were managed and stored appropriately, with the fridge temperatures being monitored using the built-in thermometer and recorded.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.

Track record on safety

The provider had a good safety record.

- The clinic occupies the basement of a mixed-business block under a lease. The building landlord is responsible for facilities management and shared health and safety issues. We saw evidence that a fire safety risk assessment of the whole premises had been carried out in March 2017 and reviewed in June 2017, confirming issues had been addressed. Firefighting equipment was inspected and certified in October 2017. All staff received fire safety training during their induction and appropriate refresher training was provided annually; ten staff members were trained as fire marshals. The fire alarm was checked weekly and there were regular fire evacuation drills. The premises' electrical services and wiring had been inspected and certified in July 2017. Electrical equipment used by the provider had been PAT tested in January 2018. The provider had in place a business continuity plan, which made provision for the service to be relocated to the other London clinic, should Throgmorton Avenue be unusable due to an emergency.
- The provider had systems for dealing with safety alerts, for example being registered with the Medicines and Healthcare products Regulatory Agency (MHRA) regarding medicines and those issued by Public Health England. Drugs safety alerts were received centrally, reviewed by the in-house pharmacist and passed on the relevant leads. We were shown a recent example of this, an MHRA recall alert relating to Sodium Chromoglicate eye drops.

Are services safe?

Lessons learned and improvements made

The provider learned and made improvements when things went wrong.

- We saw that the provider had a detailed process for recording and acting on significant events and incidents, with guidance available to all staff on the shared corporate computer system. A grading process was used to establish the seriousness of incidents; 3-5 being considered sufficiently significant to warrant immediate investigation and review at specifically convened meetings of the corporate Quality and Safety committee. Less-serious incidents were graded 1-2. Staff understood their duty to raise concerns and report incidents and near-misses and they were supported in doing so. Those we spoke with described how to record incidents on the system and told us those reporting the incident were involved in any investigation and were informed of the outcome. There had been no grade 3-5

significant events at the clinic in the past 12 months, but we saw records of 34 lesser-graded incidents or near-misses being reported and investigated. We saw that these had been reviewed at routine monthly meetings of the Quality and Safety committee, with appropriate learning passed on. The provider analysed all incidents annually to identify any trends and introduce any necessary remedial action.

- The provider's staff were aware of and complied with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents, people affected received reasonable support, truthful information and a verbal and/or written apology.
- The provider encouraged a culture of openness and honesty and had systems in place for knowing about notifiable safety incidents, such as those required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep up-to-date with current evidence-based practice. Guidelines issued by the National Institute for Health and Care Excellence (NICE) and other agencies were received centrally, reviewed for relevance and recorded on the corporate computer system. They were then passed on to the appropriate lead staff.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

We saw that the provider had carried out six clinical audits in the last 12 months. We looked at two examples of completed-cycle clinical audits, one relating to diabetes care management (carried out in accordance with NICE guidelines) and the other to cervical screening, both of which had been reviewed by the corporate audit committee with appropriate learning being shared.

Effective staffing

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

- The provider understood the learning needs of staff and provided protected time and training to meet them. Clinical staff were given four days study time per year, with some courses being funded by the provider. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. There was a detailed protocol setting out mandatory training requirements. This was monitored by the provider's corporate computer system, which alerted managers when training was due.
- The provider gave staff ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The provider ensured the competence of clinicians, for example by auditing their record keeping.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

The provider's staff worked together and with other health care professionals to deliver effective care and treatment.

- Patients received co-ordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- For the most part, care was provided within the private sector, including referrals to secondary care. In cases where patients also had an NHS GP the practice communicated with the NHS GP with the patient's consent. For example, when a change of medication had been prescribed or if the patient requested follow-up treatment via the NHS. Staff told us that NHS GPs would be contacted if there was a significant concern over a patient's long-term health condition or if there were safeguarding issues.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- New patient health checks were carried and health promotion advice was routinely provided.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The provider offered a range of medical assessments which included pathology tests. The provider had some in-house facilities for diagnostic screening, in addition to existing arrangements with outside organisations providing X-ray, ultrasound, computed tomography (CT) scanning and Magnetic resonance imaging (MRI).
- Patients were encouraged to undergo regular health screening such as mammograms and smear tests. Pregnant women could attend a dedicated health promotion clinic twice a month.

Consent to care and treatment

The provider 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. This included a familiarity with the Gillick competencies, relating to children under the age of 16

Are services effective?

(for example, treatment is effective)

being able to consent to their own medical treatment, without the need for parental permission or knowledge. We saw evidence that clinicians had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their safeguarding training.

- Patients were supported to make decisions. The practice monitored the process for seeking consent appropriately by means of regular records audits. Written consent was sought in respect of all minor surgery.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Staff understood patients' personal, cultural, social and religious needs.

- The provider gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We spoke with six patients on the day of the inspection and 84 patients had completed our comment cards beforehand. They were predominantly positive about the service experienced, stating that staff were kind and compassionate.

The provider had previously sought patient feedback by annual surveys, prior to the introduction of a new computer system in 2017. However, it was in the process of developing a revised feedback process and survey questionnaire. This was due to be implemented shortly. In addition, patients were encouraged to submit feedback by

letter, email or using a feedback questionnaire and comments box in the waiting area. Feedback was reviewed by local managers and corporately, with learning appropriately shared.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care. The fees list for the various types of consultation, tests, treatment options and vaccinations was available in the waiting area and on the provider's website.

Privacy and dignity

The Provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The consultation rooms were private and conversations inside could not be overheard. Privacy screens were used during examinations.
- The provider placed significant emphasis on data protection. It complied with the Data Protection Act 1998. All staff had completed information governance training, including in relation to the General Data Protection Regulation 2016.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences. For example –

- The facilities and premises were appropriate for the services provided.
- Information about the services offered was given on the practice website and was available in the waiting area.

Timely access to the service

Patient feedback was positive regarding access to services.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Same day appointments were often available and there was a walk-in service.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

- Patients could request an appointment at the other London clinic at weekends and on bank holidays.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- There was a policy, last reviewed in July 2018, and procedures in place for handling complaints and concerns.
- Information about how to make a complaint or raise concerns was available on the provider's website and in the waiting area. The process was simple and easy to use. Staff treated patients who made complaints compassionately.
- We saw that complaints from both London locations were discussed at corporate Quality and Safety meetings. There had been four complaints relating to Throgmorton Avenue in the last year and we saw they had been dealt with in a timely manner.
- The provider learned lessons from individual concerns and complaints and acted as a result to improve the quality of care. For example, we saw that one case had resulted in a more detailed fees list being introduced.

Are services well-led?

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

Our findings

Leadership capacity and capability;

The provider's leaders had the capacity and skills to deliver high-quality, sustainable.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Leaders were easily contactable and approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership.
- They were knowledgeable about issues and priorities relating to the quality and future of services.

Vision and strategy

The provider 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 provider had a realistic strategy and plans for future development.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

- The provider had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.
- Leaders and managers told us that they would act on behaviour and performance inconsistent with the vision and values.
- Staff were supported to meet the requirements of professional revalidation through the provision of four continuing professional development days per year.
- There was evidence of internal evaluation of the work, with performance, incidents and complaints across both clinic locations being monitored and reviewed.
- The provider actively promoted equality and diversity.
- There were positive relationships between staff.

Governance arrangements

There were governance systems in place, together with lines of accountability and leadership.

- There were effective governance arrangements. There was a range of corporate and local protocols governing

clinical and non-clinical issues related to the service.

These were available to all staff on the shared computer system and most had been reviewed recently. We noted that some, including for example, the chaperone policy and those relating to health and safety and whistleblowing, were a few months overdue for review. The provider confirmed it would proceed to review the outstanding policies over the coming few weeks.

- There was a detailed operational structure, allowing for oversight and effective governance, involving corporate and local staff meetings of clinical and non-clinical staff teams.

Managing risks, issues and performance

Risks were managed effectively.

- The provider had processes to manage current and future performance. Local managers had oversight of incidents, significant events and complaints and these were also monitored and reviewed corporately to ensure that learning was widely shared.
- Clinical audit was used to monitor care and outcomes for patients.
- We saw evidence of regular staff meetings, supervision and appraisals. Training needs were monitored and highlighted using the provider's computer system. There was a set range of mandatory training areas staff were required to undertake.
- The systems used to identify, understand, monitor and address current and future risks were generally effective. Where risks had been identified, the provider was taking remedial action.
- The provider had plans in place to deal with major incidents.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Accurate quality and operational information was used to ensure and improve performance. For example, through clinical audit and monitoring.
- Quality and sustainability of care were priorities for the provider.
- The provider submitted data or notifications to external organisations as required.

Are services well-led?

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

- 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.
- Minutes of staff meetings and feedback and learning points from incidents and complaints were accessible on the provider's shared computer system.

Engagement with patients and staff

The provider sought and acted on the views of patients and staff, and used feedback to improve the quality of services.

- Patients' feedback was encouraged. The annual patient survey was to be re-established following a review of the feedback system and questionnaires.

- Staff told us that they were encouraged to raise any issues and make suggestions for improvements at their regular meetings, supervision and appraisals.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service.

The provider had developed close working relationships with other private-sector organisations over specialist referrals and scanning and imaging services. Clinicians attended seminars offered by local hospitals and NHS trusts to increase their knowledge, improve their skills and be aware with developments in other healthcare sectors.