

Sameday Doctor Holdings LLP

Samedaydoctor Canary Wharf Clinic

Inspection report

Lower Ground Floor 41 Millharbour
38 West Quay Walk
London
E14 9DH
Tel: 020 7531 7120
Website: www.samedaydoctor.org/clinic/canary-wharf/

Date of inspection visit: 09/05/2018
Date of publication: 13/06/2018

Overall summary

We carried out an announced comprehensive inspection on 9 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

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?

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.

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.

Samedaydoctor Canary Wharf Clinic is an independent health service based in London.

Our key findings were:

- The service had systems to assess, monitor and manage risks to patient safety, and reliable systems for appropriate and safe handling of medicines.
- The service learned from and made changes as a result of incidents and complaints.
- The service reviewed the effectiveness and appropriateness of the care provided through quality improvement activity, including clinical audits.
- The service treated patients with kindness, dignity and respect, and patient feedback was positive about the service experienced.

Summary of findings

- The service organised and delivered services to meet patients' needs.
- There was a clear leadership structure, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
- The service had a governance framework in place, which supported the delivery of quality care, and processes for managing risks, issues and performance.

We saw one area of notable practice:

- The lead GP emails unwell patients two to three days after their appointment to see if they were feeling better or required any further assistance.

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

- Review recruitment and chaperoning processes to ensure relevant risk assessments are carried out for staff and clearly documented.
- Consider the necessity for additional patient identification checks for adults bringing children for appointments, including assuring themselves that the adults bringing a child have parental responsibility.
- Consider reviewing current evidence based guidance for the treatment of hypertension and the interactions of antihypertensives.
- Review the process for monitoring and recording the refrigerator temperature.
- Review training requirements for staff in relation to consent and the Mental Capacity Act.

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.

- The service had appropriate systems to safeguard children and vulnerable adults from abuse.
- The service had systems to assess, monitor and manage risks to patient safety, and reliable systems for appropriate and safe handling of medicines, although staff were not recording the reason for any variation in refrigerator temperature.
- There was an effective system to manage infection prevention and control.
- The service had not completed or clearly documented risk assessments in respect of some recruitment and chaperoning decisions.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention, and we saw evidence that the emergency equipment was checked regularly.
- The service did not ask parents attending with children for appointments for any additional information or identification beyond contact details they provided.
- The service learned from and made changes as a result of incidents and complaints.

Are services effective?

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

- The service delivered care in line with relevant and current evidence based guidance, although we saw one instance where guidance was not followed.
- The service reviewed the effectiveness and appropriateness of the care provided through quality improvement activity, including clinical audits.
- Staff had the skills, knowledge and experience to carry out their roles.
- The GPs had not completed any recent Mental Capacity Act training, however they understood the requirements of legislation and guidance when considering consent and decision making.

Are services caring?

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

- The service treated patients with kindness, respect and compassion and patient feedback was positive about the care and service received.
- The lead GP emails unwell patients two to three days after their appointment to see if they were feeling better or required any further assistance.
- Comprehensive information leaflets were available to patients providing travel health advice and detailing risks and side effects of various vaccines.
- Staff helped patients be involved in decisions about their care.
- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office.
- Patient information and records were held securely.

Are services responsive to people's needs?

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

Summary of findings

- The service organised and delivered services to meet patients' needs, and the facilities and premises were appropriate for the services delivered.
 - The service made reasonable adjustments when patients found it hard to access services.
 - When the service is closed the telephones are diverted to an answering service organisation.
 - The appointment system was easy to use; patients could book online or by telephone and were able to ask to see a named GP.
 - The service had a complaints policy in place, and complaints we reviewed had been handled appropriately and in a timely way.
-

Are services well-led?

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

- There was a clear leadership structure, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
 - The service had a governance framework in place, which supported the delivery of quality care, and processes for managing risks, issues and performance.
 - There were processes for providing all staff with the development they needed; this included annual appraisals and regular meetings during which any concerns could be raised. Clinicians were supported to meet the requirements of professional revalidation where necessary.
 - Clinicians across all the Samedaydoctor clinics were encouraged to contribute to the monthly email bulletin.
 - There were systems and processes for learning, continuous improvement and innovation.
-

Samedaydoctor Canary Wharf Clinic

Detailed findings

Background to this inspection

Samedaydoctor Canary Wharf Clinic is an independent health service based in Canary Wharf, London. The provider, Sameday Doctor Holdings LLP, manages four Samedaydoctor clinics, three in London and one in Manchester.

Samedaydoctor Canary Wharf Clinic offers general private doctor services, health screening, sexual health testing and treatment, and vaccinations including children's and travel vaccinations. The service holds a licence to administer yellow fever vaccines.

The service is registered with the CQC to provide the following regulated activities: diagnostic and screening procedures; family planning; and treatment of disease, disorder and injury.

Samedaydoctor Canary Wharf Clinic is open from Monday to Friday from 8am to 7pm and Saturday from 10am to 2pm.

The lead GP at the service is the 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.

We carried out this inspection as a part of our comprehensive inspection programme of independent health providers.

Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor and a practice nurse specialist advisor.

The inspection was carried out on 9 May 2018. During the visit we:

- Spoke with a range of staff, including the lead GP, another GP and a medical administrator.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.

We asked for CQC comment cards to be completed by patients prior to the inspection. We received 36 comment cards which were all positive about the standard of care received. Staff were described as caring, informative and professional.

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

Safety systems and processes

The service had systems to keep patients safe.

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. The safeguarding policy outlined the process for reporting a safeguarding concern and had contact details for Tower Hamlets Local Authority. We saw that all staff had received safeguarding training appropriate to their role, and knew how to recognise and report potential safeguarding concerns.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. However, we did see in one staff file that the service had allowed a medical administrator to commence work prior to receiving evidence of good character, such as a reference from a previous employer (a reference was received a week after the administrator started work), and there was no risk assessment completed in respect of this decision.
- The service had undertaken enhanced Disclosure and Barring Service (DBS) checks for clinicians and standard checks for the majority of non-clinical 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). The new administration manager had not had a DBS check, but the service had carried out a risk assessment in respect of this decision which took account of the fact that the member of staff would not have any patient contact or act as a chaperone, but would primarily be providing staff training, dealing with staff rotas and liaising with external companies.
- The service had a chaperone policy and we saw a sign in the consultation room advising patients of this. Non-clinical members of staff had received training to act as chaperones, however they only had a standard rather than an enhanced DBS check and there was no risk assessment in place to support this decision. The lead GP explained that the medical administrators do

not carry out any clinical work and are never left alone with a patient during an intimate examination, which is why they have only had a standard DBS check. The lead GP said that a chaperone has only been requested once in the two years that the service has been open.

- The two GPs undertook professional revalidation every five years in order to maintain their registration with the General Medical Council (GMC).
- The service carried out safety risk assessments and had safety policies in place. Staff received health and safety training as part of their induction.
- The week before the inspection the service had sent water samples to be tested for legionella (a bacterium which can contaminate water systems in buildings), but the results were not available on the inspection day.
- There was an effective system to manage infection prevention and control. We saw evidence of daily and weekly cleaning schedules.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- There were systems for safely managing healthcare waste.

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. Staff told us that if the service was particularly busy or staff were off sick, then staff from other Samedaydoctor clinics could provide cover.
- There was an effective induction system and training programme for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention, and we saw evidence that the emergency equipment was checked regularly. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. We saw a

Are services safe?

poster in the reception area for the medical administrators to refer to, which set out a number of 'red flag' symptoms for when patients should be advised to call 999.

- The two GPs had received basic life support training and the non-clinical staff told us that they were booked to attend this training for the first time in June 2018.
- Staff explained that patients were asked to provide their name, address and date of birth when registering, but told us they did not check any identification to verify this information. If treatment was being provided to a child, the service did not ask the parents for any additional information or identification to cross-reference against the details that had been provided to assure themselves that the adults bringing the child had parental responsibility.
- We saw evidence that there were appropriate professional indemnity arrangements in place for clinical staff.
- Staff told us that they understood the fire evacuation procedures and that fire alarm tests and fire drills were carried out. We saw evidence that the most recent fire drill was carried out on 4 April 2018 and evidence of weekly fire alarm tests. The fire assembly point was recorded on a fire notice in the reception area and fire exits were clearly marked. Staff received fire safety training as part of their induction.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. However, some patient notes only recorded that patients were provided with travel health advice, rather than specifying which topics were discussed such as sun protection, sexual health, and water and food safety.
- There was a documented approach to managing test results.
- The service submitted data and notifications to external bodies as required. For example, the service completed

an annual yellow fever audit as part of their Yellow Fever vaccine licence from NaTHNaC (National Travel Health Network and Centre, a service commissioned by Public Health England).

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines and medical gases and emergency medicines and equipment minimised risks. We saw evidence that the refrigerator temperature was regularly monitored, although staff did not record the reason for any temperature variations such as an increased temperature due to restocking of vaccines (we saw one instance where the temperature was recorded as 8.9 degrees Celsius).
- Prescriptions were kept securely, as prescriptions were printed directly from the secure computer system and the service did not hold any blank prescriptions.
- The service had an antimicrobial prescribing protocol in place, and we saw evidence of good antimicrobial stewardship, such as in relation to the treatment of urinary tract infections.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The lead GP told us that they would speak to a patient before authorising a repeat prescription.
- Arrangements for dispensing medicines at the service, such as travel health medicine, kept patients safe. Medicines were pre-labelled by the Pharmacy with the dose and frequency detailed.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, a premises health and safety risk assessment had been completed in April 2018 and actions identified had been completed.
- Clinical and electrical equipment had been checked to ensure it was working safely.

Are services safe?

- 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.

Lessons learned and improvements made

The service had a system to enable learning when things went wrong.

- There was a system in place for reporting and recording significant events and complaints. We were told significant events and complaints received by the service were discussed by the two GPs and then fed back to all clinical and non-clinical staff across the Samedaydoctor clinics in email bulletins. For example, we saw the service had recorded and analysed an incident when a patient refused to pay the fee as they said they were not aware the service was a private clinic.
- The lead GP spoke to the medical administrators who said that the patient had walked in for an appointment. The medical administrators were reminded to tell all patients about prices when they attend the service.
- Staff understood their duty to raise concerns and report incidents and near misses.
- We saw significant events and complaints policies which demonstrated that where patients had been impacted they would receive an explanation and an apology where appropriate. The service was aware of the requirements of the Duty of Candour and we saw evidence that, when unexpected safety incidents occurred, patients were given truthful information and an apology.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

- The service told us that they 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. Updated NICE guidelines were communicated to all staff across the Samedaydoctor clinics via monthly email bulletins. We saw evidence of effective and evidence based prescribing for infections.
- However, we did see one example where the GP had prescribed an ACE (angiotensin-converting enzyme) inhibitor when the patient was already taking an angiotensin receptor blocker, which is specifically not recommended in current NICE guidance regarding treatment of hypertension.
- 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

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

- The service completed quality improvement activities such as clinical audits and we saw evidence that results and learning from audits were shared with all staff across the Samedaydoctor clinics.
- We saw a two cycle audit from 2017 regarding yellow fever vaccinations. The first cycle identified that some patients did not have a scanned vaccine medical questionnaire form or consent form in their notes, and that some patients did not have clear indications documented for the vaccine. The outcome of this audit cycle was communicated to all staff in the monthly email bulletin, and clinicians were reminded to attach the necessary documents to the notes and to ensure that there is a clear reason for the vaccine administration with reference to NaTHNac guidance. The second cycle identified that, although the percentage of patients with signed consent forms had

increased, the other areas had not improved. As a result of this audit, the service introduced a new form to be completed by each clinician and attached to the patient notes for yellow fever vaccines, which included mandatory tick boxes and information to be completed.

- We also saw a single cycle audit from 2017 regarding antibiotic resistance to urinary tract infections. The service analysed data supplied from the laboratory which identified that there was less resistance to Nitrofurantoin (4% of 90 culture positive urine samples) in their patient population compared to the other three antibiotics tested. As a result, the service's recommended treatment for acute uncomplicated urinary tract infections in woman was Nitrofurantoin. Clinicians were also discouraged from prescribing Trimethoprim due to the high resistance identified in the audit (29% of 90 culture positive urine samples).

Effective staffing

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

- Clinicians had sufficient time to carry out their roles effectively.
- We saw up to date records of skills, qualifications and training for staff, and we were told that staff were encouraged and given opportunities to develop.
- The service provided staff with support through an induction and training programme tailored to their role, regular staff meetings, and annual appraisals where performance objectives were identified and any training needs or issues were discussed.
- The lead GP reviewed the other GPs consultation notes on a regular basis to monitor their record keeping and the treatment provided.
- There were policies in place 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.

Are services effective?

(for example, treatment is effective)

- The service's patient registration form requested consent to share information with the patient's NHS GP; if consent was provided, the service would provide patients' NHS GPs with a written update or, if urgent, would contact the GP by telephone.
- We saw patient feedback on the 'Whatclinic' website which demonstrated that the GPs would refer patients to other specialists where appropriate.
- The GPs had not completed any recent Mental Capacity Act training, however they understood the requirements of legislation and guidance when considering consent and decision making.
- We saw examples of consent forms for patients to sign when receiving yellow fever vaccines, BCG vaccines and Mantoux testing, which clearly described the risks and possible side effects.

Consent to care and treatment

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

- The GPs supported patients to make decisions about their care and treatment.

Are services caring?

Our findings

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

Kindness, respect and compassion

The service treated patients with kindness, respect and compassion.

- We saw that staff understood patients' personal, cultural and social needs.
- Medical administration staff told us that if patients wanted to discuss sensitive issues or appeared distressed they would take them to a private area away from other patients to discuss their needs.
- All of the 36 patient CQC comment cards we received were positive about the service experienced. Patients described the staff as kind, caring and helpful, and one comment card stated that the lead GP goes beyond the call of duty for her patients.
- The comment cards were in line with the reviews left on the 'Whatclinic' website. Staff told us that after appointments patients are emailed a link to write feedback on this website, which is then reviewed by the lead GP. The service has a five out of five star review, and staff were described as kind and personable.
- The lead GP told us that she emails unwell patients two to three days after their appointment to see if they were feeling better or required any further assistance. We saw evidence of this in patient feedback in the CQC comment cards and on the 'Whatclinic' website.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- The service offered interpretation services by using multilingual staff from across the Samedaydoctor clinics. The lead GP explained that staff could translate via speakerphone and that the languages spoken by staff across the clinics included French, Spanish, German, Italian, Welsh, Polish, Hindi, Punjabi, Farsi, and Yoruba.
- Comprehensive information leaflets were available to patients providing travel health advice and detailing risks and side effects of various vaccines.
- Patients in the CQC comment cards stated that they were listened to and that GPs asked if they had any concerns or questions.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office.
- Patient information and records were held securely and were not visible to other patients in the reception area. The medical administrator told us that any paper forms containing patient information would be locked away and, once uploaded to the computer system, would be immediately shredded. The computer system was secure, backed up daily and certain parts of the system could be accessed by staff from home using an encryption key.
- We saw that the consultation room door was closed during appointments and that conversations taking place in the consultation room could not be overheard.
- We saw that a privacy screen was provided in the consultation room for patients if needed to maintain dignity.

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 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, if a patient could not use the stairs or lift down to the basement, the service had access to a consultation room on the ground floor as part of the lease agreement for the building. One of the medical administrators told us that if a patient attended who had severe hearing difficulties, they would communicate with them in writing.
- The service had leaflets available for patients which gave travel health advice and provided information about the risks and side effects of various vaccines.
- The lead GP told us that they deal with any emails that come in to the service after hours, on Sundays or on Bank Holidays. When the service is closed the telephones are diverted to an answering service organisation; this organisation will take the patient's details and advise that a medical administrator will contact them during open hours or, if the matter is urgent, they will contact the lead GP.

Timely access to the service

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

- The service is open from Monday to Friday from 8am to 7pm and Saturday from 10am to 2pm.
- The appointment system was easy to use; patients could book online or by telephone and were able to ask to see a named GP.
- In the CQC comment cards patients stated it was easy to book an appointment and they only had to wait a short time.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- We saw a sign in the reception area which detailed how patients could make a complaint.
- Complaints were reviewed and dealt with by the lead GP, discussed between the two GPs and then fed back to all staff via the email bulletins.
- Two complaints were received in the last year. We reviewed these and found that they were handled appropriately and in a timely way. Two patients had been kept waiting for approximately 20 minutes for their appointment; it was explained to the patients that patient safety had been prioritised as the GP was dealing with an unwell patient, and the service apologised that the medical administrators had not informed them of the delay. The lead GP said that following these complaints the medical administrators were encouraged to communicate with the GPs if there are delays and relay this to patients to keep them informed.

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 well-led care in accordance with the relevant regulations.

Leadership capacity and capability

There was a clear leadership structure in place.

- The lead GP was responsible for the organisational direction and development of the service and the day to day running of it. The lead GP was visible and approachable and worked closely with all staff.
- Staff meetings took place on a regular basis to discuss significant events, complaints and the operational running of the service. The medical administrators and GPs completed feedback forms every day which were then used to handover to other non-clinical and clinical staff. The lead GP said that as the provider had a number of Samedaydoctor clinics across London and the UK it was easier to communicate important messages to all staff via email bulletins.

Vision and strategy

- The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- The service sought to offer a high quality service to patients, with extremely short waiting times and a fast turnaround of results.

Culture

- Staff stated they felt respected, supported and valued. One staff member told us that working at the service was the best job they had ever had.
- Staff told us that they felt able to raise concerns and were confident that these would be addressed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they needed; this included annual

appraisals and regular meetings during which any concerns could be raised. Clinicians were supported to meet the requirements of professional revalidation where necessary.

- The service had a dignity and respect policy and staff told us that they felt they were treated equally.

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, including in respect of safeguarding and infection control.
- Service specific policies and processes had been developed and were accessible to staff on the intranet, including in relation to safeguarding, complaints, significant events, infection control, needle stick injuries, disciplinary procedures, chaperoning and consent.

Managing risks, issues and performance

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

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through clinical audits which involved reviewing prescribing and record keeping, and the lead GPs regular reviews of the other GPs consultation notes.
- The two GPs received and reviewed medicines safety alerts from the Medicines and Healthcare Products Regulatory Agency, which were also included in the email bulletins, and the lead GP had oversight of serious incidents and complaints.
- Clinical audits had a positive impact on patients, in that there was evidence of actions taken to improve quality as a result of audits.
- The service had business continuity procedures in place and had advised staff of the processes in the event of any major incidents; copies of what action to take in the event of various major incidents and key contact details were available on the intranet which staff could access from home.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

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

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- The service submitted data and notifications to external bodies as required. For example, the service completed an annual yellow fever audit as part of their Yellow Fever vaccine licence from NaTHNaC.

Engagement with patients, the public, and staff

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

- The service emailed patients after their appointment with a link to the 'Whatclinic' website and asked patients to review their experience. We saw that the lead GP reviewed the feedback left on the website and responded to comments made by patients. The service also provided patients with comment cards which they could complete after their appointment, although we were not provided with any results.
- Clinicians across all the Samedaydoctor clinics were encouraged to contribute to the monthly email bulletin; we saw evidence in the bulletins that GPs from the different clinics discussed interesting or significant clinical cases, provided information about updated NICE guidance, and shared learning from completed clinical audits.

Continuous improvement and innovation

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

- We saw evidence that the service made changes and improvements to services as a result of significant events, complaints and patient feedback. For example, one of the GPs realised that the Mantoux vaccine had expired over the weekend. The incident was analysed and it was discovered that, as this vaccine was not kept in the same refrigerator as the other vaccines, it was not being checked by staff. The checking process was amended so that the staff member responsible for checking the expiry dates of vaccines in the refrigerator would also check the expiry date of the Mantoux vaccines.
- There was a focus on continuous learning and improvement within the service. Learning was shared with all staff across the Samedaydoctor clinics.
- As a result of learning being shared by one of the GPs at another Samedaydoctor clinic, the service decided to make patients aware of the risks of contracting Mycoplasma Genitalium and offering a test for this as part of their sexual health screening.