The Functional Gut Clinic

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?	Good
Are services well-led?	Outstanding

Overall summary

This service is rated as Good overall. (Previous inspection 08/2018 – Not Rated).

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? – Outstanding

We carried out an announced comprehensive inspection at The Functional Gut Clinic on 17 October 2019. We previously inspected the service on 8 August 2018 at which time we identified concerns in regard to whether the service was safe and served a Requirement Notice under regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The full comprehensive report on the 8 August 2018 inspection can be found by selecting the 'all services' link for The Functional Gut Clinic on our website at www.cqc.org.uk.

The practice sent us a plan of action to ensure the service was compliant with the requirements of the regulations. We carried out this comprehensive inspection on 17 October 2019 to review the practice's action plan, look at the identified breaches set out in the Requirement Notice and to rate the service.

We based our judgement of the quality of care at this service on a combination of:

•what we found when we inspected

•information from our ongoing monitoring of data about services and

•information from the provider, patients, the public and other organisations.

The Functional Gut Clinic is an independent clinic based in central London and offers advanced diagnostic and screening procedures in alimentary (relating to nutrition) and gastrointestinal (relating to the stomach and intestine) healthcare services for adults and children.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides. They provider employs the registered manager. 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.

We received five patient Care Quality Commission comment cards. All of the comment cards we received were positive about the service. Patients said they were satisfied with the standard of care received and said the staff was approachable, committed and caring.

Our key findings were:

•Action had been taken since our last inspection such that an appropriate range of emergency medicines and equipment were readily accessible. Fire risks were now also routinely assessed and acted upon; and action had also been taken in relation to risks associated with a bacterium called Legionella which can contaminate water systems in buildings.

•There were adequate systems for reviewing and investigating when things went wrong. For example, we saw evidence the service identified lessons, shared learning and took action as necessary to improve safety.

•The service routinely reviewed the effectiveness and appropriateness of the care it provided. For example, we saw evidence that audits were used to ensure care and treatment were being delivered according to evidence-based guidelines.

•Staff involved and treated people with compassion, kindness, dignity and respect.

•Patients could access care and treatment from the service within an appropriate timescale for their needs.

•The leadership, governance and culture promoted the delivery of high-quality person-centred care.

We saw the following examples of outstanding practice:

- We noted the Functional Gut Clinic was the first gastrointestinal service to have been granted United Kingdom Accreditation Service (UKAS) accreditation under the 'Improving Quality in Physiological Services' (IQIPS) programme. The service's clinical director spoke positively about how the annual accreditation

Overall summary

programme drove improvements in patient focussed and high quality care in areas such as performance of tests by clinical staff and observation of staff interactions with patients.

- The service had developed home breath test kits for patients to enable to carry out self-testing at home instead of needing to attend the clinic for a considerable amount of time. They had put together kits that fitted through standard letterboxes to make postage easy, both to and from the patient. The system had been tested by a clinician from the service before being rolled out to patients. We saw approximately 70% of patients were choosing to use this method of testing.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser.

Background to The Functional Gut Clinic

The Functional Gut Clinic is an independent clinic in the central London, which offers advanced diagnostic and screening procedures in alimentary (relating to nutrition) and gastrointestinal (relating to the stomach and intestine) medicine related healthcare service. The consultation breakdown is approximately 5% NHS and 95% private patients (adults and children).

The team consists of clinical scientists, clinical physiologists and trainee physiologists. A senior clinical scientist (also the clinical director) and the CQC registered manager are supported by a team of administrative staff.

Services are provided from: The Functional Gut Clinic, 22 Upper Wimpole Street, London, W1G 6NB. We visited this location as part of the inspection on 17 October 2019.

The organisation operates another clinic in Manchester which is separately registered with CQC and so was not part of this inspection. However, there is integration between the two clinics in all areas of service management and delivery.

Online services can be accessed from the practice website: www.thefunctionalgutclinic.com.

The service has core opening hours from 8.30am to 5.30pm Monday to Friday.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder and injury. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. During the inspection we spoke with the clinical director and acting service manager. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service and patient feedback received by the service.

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.

Good

Are services safe?

We rated safe as Good because:

•Action had been taken since our last inspection such that an appropriate range of medical emergency equipment was now readily accessible.

•Fire risks were now routinely assessed and acted upon.

•Risks associated with Legionella were now routinely being assessed and acted upon.

•The service continued to have adequate systems in place for reviewing and investigating when things went wrong. For example, we saw evidence the service identified lessons, shared learning and took action as necessary to improve safety.

Safety systems and processes

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

•The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff, including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.

•The service had systems in place to assure that an adult accompanying a child had parental authority.

•The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

•The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. These 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.

•All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Some staff had received additional training to enable a proactive approach to safeguarding. Staff who acted as chaperones were trained for the role and had received a DBS check.

•There was an effective system to manage infection prevention and control.

•When we inspected on 8 August 2018, we noted that although the Building's landlord had commissioned a recent Legionella risk assessment, we could not be assured that an effective monitoring system was in place to ensure remedial actions were taken.

We asked the provider to take action and at this inspection we noted that a water sample analysis had been commissioned in October 2018 and which did not detect the presence of Legionella in the building's water supply.

In May 2019 the provider had commissioned a further Legionella risk assessment and had begun to act on recommendations. For example, tasks identified as 'high priority' (such as periodic water temperature monitoring) were now routinely taking place and a Legionella lead had also been identified to coordinate the service's monitoring programme. Records also confirmed that medium priority tasks such as pipework removal had been scheduled.

•The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

•The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

•When we inspected in August 2018, we did not see evidence of a documented fire evacuation plan identifying how staff could support patients with impaired mobility to evacuate the premises. At this inspection we noted a fire risk assessment had taken place in October 2018 which had also highlighted concerns regarding evacuating patients with impaired mobility. Records confirmed that a new evacuation protocol had since been implemented (which for example identified designated refuge points). Action has also been taken in other areas (for example, additional fire wardens had been identified). We noted a further fire risk assessment had taken place in October 2019 and that the service was liaising with it's landlord regarding further improvements to fire safety.

Good

Are services safe?

•When we inspected in August 2018, the provider had not undertaken a risk assessment into it's decision not to have a defibrillator, oxygen or emergency medicines available. We noted the service was renting rooms in a shared premises and provider staff told us that if there was a medical emergency, they would request emergency equipment from services in the building or dial 999. However, the provider did not have a formal documented arrangement in place with these services. We asked the provider to take action.

•After our inspection a CQC clinical adviser further discussed this matter with the service's clinical director and a consultant gastro intestinal surgeon advising them on the matter and shortly thereafter, we were sent a copy of a further, detailed risk assessment which reversed the provider's decision not to keep emergency oxygen and a defibrillator on the premises but which confirmed it's decision not to carry emergency medicines.

•When we inspected on 17 October 2019, we confirmed the availability of oxygen and a defibrillator and were also shown revised protocols which now highlighted that patients deemed clinically unsuitable to be seen at the service, were required to be seen as inpatients at their respective referrers hospital or referred to the provider's hospital based services, where there were more comprehensive facilities available to deal with medical emergencies.

•We were assured there were suitable medicines and equipment to deal with medical emergencies.

•There were arrangements for planning and monitoring the number and mix of staff needed.

•There was an effective induction system for agency staff tailored to their role.

•Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.

•When there were changes to services or staff the service assessed and monitored the impact on safety.

•There were appropriate indemnity arrangements in place.

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. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

•The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

•The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

•Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

•The service only carried a nasal spray local anaesthetic in stock (used to numb the lining of the mouth and throat before a procedure). We noted a qualified doctor had given a written prescribing authorisation to use this medicine in the service.

•There were effective protocols for verifying the identity of patients including children.

•The medicines we checked were in date and stored securely. The systems for managing and storing medicines minimised risks.

•The service did not prescribe any medicines.

Track record on safety and incidents

The service had a good safety record.

•There were comprehensive risk assessments in relation to safety issues.

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

•There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Clinical Governance and

Good

Are services safe?

Medical Advisory Committee meetings routinely included external clinicians so that safety issues could be identified, reviewed and protocols updated as necessary. We were told this also provided a learning forum for all staff.

•There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.

•The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

•The service gave affected people reasonable support, truthful information and a verbal and written apology

•They kept written records of verbal interactions as well as written correspondence.

•The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Good

Are services effective?

We rated effective as Good because:

•People's care and treatment is planned and delivered in line with current evidence based guidance, standards, best practice and legislation.

•The service routinely reviewed the effectiveness and appropriateness of the care it provided. For example, we saw evidence that audits were used to ensure care and treatment were being delivered according to evidence-based guidelines.

Effective needs assessment, care and treatment

•The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

•Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

•Clinicians had enough information to make or confirm a diagnosis

•Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service routinely reviewed the effectiveness and appropriateness of the care it provided and used this information to drive improvements. For example:

•We noted the Functional Gut Clinic was the first gastrointestinal service to have been granted United Kingdom Accreditation Service (UKAS) accreditation under the 'Improving Quality in Physiological Services' (IQIPS) programme. The service's clinical director spoke positively about how the annual accreditation programme drove quality improvement in areas such as x-ray/ultrasound imaging, clinical pathways and the appropriateness of the service's electronic patient administration system.

•Clinical audits were routinely used to ensure care and treatment were being delivered according to evidence-based guidelines. For example, the service routinely audited referral action times and processes for seeking consent. We also saw evidence that audit results were routinely discussed at clinical governance meetings and that the IQIPS programme had highlighted areas where the service could improve audit methodology (for example regarding how data was collected and outcomes reported).

•Clinical policies were routinely updated to reflect national guidelines (e.g. UK Breath test guidelines).

•The service had developed a national gastro-intenstinal physiology training programme as part of the NHS Health Education England / National School of Healthcare Science 'Accredited Scientific Practice' programme (enabling employers to develop bespoke short courses to meet training needs within the Healthcare Science workforce). We noted that a member from Functional Gut Cliniic had been the first successful graduate from this programme.

- The service had recently instigated Digestive Health multi-disciplinary team (MDT) meetings which could be attended in person or remotely via newly acquired webinar software. We were told this allowed high level clinical discussion of difficult cases, examination of outcomes and expert critique of policies and procedures for future education, learning and implementation. We noted the service also shortly planned to introduce Gastro-oesophageal Reflux and Pelvic Floor MDT meetings.

Effective staffing

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

•All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

•Relevant professionals were registered with the appropriate professional body and were up to date with revalidation.

•The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

•Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Good

Are services effective?

Coordinating patient care and information sharing

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

•Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.

•Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

•All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

•Care and treatment for patients in vulnerable circumstances was coordinated with other services.

•Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

•Where appropriate, staff gave people advice so they could self-care.

•Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

•Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

•Staff understood the requirements of legislation and guidance when considering consent and decision making.

•Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

•The service routinely monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good because:

•Feedback from people who used the service was positive about the way staff treated people.

•People were enabled to manage their own health and to maintain independence.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

•We noted the service's annual accreditation included a visit from a lay person to independently assess the quality of clinical care received and that feedback was positive.

•An annual patient feedback audit was also routinely conducted between February and April. The 2019 survey received 108 respondents and overall, patients fed back they very satisfied with the care they had received.

•Feedback from patients was positive about the way staff treated people.

•We were told staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

•The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

•Interpretation services were available for patients who did not have English as a first language.

•Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

•Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

•People were enabled to manage their own health and to maintain independence.

For example, the provider routinely organised patient education events and had recently sponsored a national Irritable Bowel Syndrome (IBS) patient education/ networking event.

Privacy and Dignity

The service respected patients' privacy and dignity.

•Staff recognised the importance of people's dignity and respect.

•Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

•People could access the right care at the right time and access to appointments and services was managed to take account of people's needs, including those with urgent needs.

•The appointments system was easy to use and supported people to make appointments.

•Complaints and concerns were always taken seriously; and responded to in a timely way. Improvements were made to the quality of care as a result of complaints and concerns.

Responding to and meeting people's needs

- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences. For example, the service had developed home breath test kits for patients to enable to carry out self-testing at home instead of needing to attend the clinic for a considerable amount of time. They had put together kits that fitted through standard letterboxes to make postage easy, both to and from the patient. The system had been tested by a clinician from the service before being rolled out to patients. We were advised that approximately 70% of patients were choosing to use this method of testing.

•The provider understood the needs of their patients and improved services in response to those needs.

•The facilities and premises were appropriate for the services delivered.

•Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, following our August 2018 inspection, the service had taken action to improve access to interpreting facilities.

Timely access to the service

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

•Patients had timely access to initial assessment, test results, diagnosis and treatment.

•Waiting times, delays and cancellations were minimal and managed appropriately. Leaders spoke positively about how this had been achieved in the context of an approximately 30% increase in patient numbers.

•Patients with the most urgent needs had their care and treatment prioritised.

•Patients reported that the appointment system was easy to use.

•Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

•Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

•The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

•The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, protocols had been revised following a complaint about phone access.

Outstanding ☆

Are services well-led?

We rated well-led as Outstanding because:

•Leaders had a clear vision and values; driven by quality and safety and which reflected compassion, dignity and respect.

•There was an effective governance framework which focused on delivering good quality care.

•There was a strong focus on continuous learning and improvement at all levels of the organisation.

Leadership capacity and capability

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

•Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

•Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

•The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to provide the highest quality service for patients with Gastro intestinal disorders, delivered with compassion and integrity.

•There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

•The service developed its vision, values and strategy jointly with staff and external partners (where relevant).

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

•The service monitored progress against delivery of the strategy.

Culture

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

•Staff felt respected, supported and valued. They were proud to work for the service.

•The service focused on the needs of patients.

•Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

•Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

•There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. For example, clinical staff were given protected time for professional development and evaluation of their clinical work; and the service had plans to introduce a graduate training programme for administrative functions.

•There was a strong emphasis on the safety and well-being of all staff.

•Staff had received equality and diversity training and felt they were treated equally.

•There were positive relationships between staff and teams.

Governance arrangements

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

•Structures, processes and systems to support good governance and management were clearly set out, understood and effective.

•Staff were clear on their roles and accountabilities.

•Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We saw evidence that clinical and governance meetings regularly took place where for example, protocols were updated and clinical audit results reviewed.

Managing risks, issues and performance

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

•There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Outstanding ☆

Are services well-led?

•The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

•Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

•The provider had plans in place and had trained staff for major incidents, which may impact on service delivery.

Appropriate and accurate information

The service acted on appropriate and accurate information.

•Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

•Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

•The service used performance information which was reported and monitored and management and staff were held to account.

•The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

•The service submitted data or notifications to external organisations as required.

•There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

•The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

•Staff could describe to us the systems in place to give feedback (for example team meetings and away days). We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

•The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

•There was a focus on continuous learning and improvement.

•The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

•Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

•There were systems to support improvement and innovation work. For example, the service's clinical director spoke positively about how accreditation under the the United Kingdom Accreditation Service (UKAS) 'Improving Quality in Physiological Services' (IQIPS) programme had driven quality improvement in areas such as x-ray/ ultrasound imaging, clinical pathways and the appropriateness of the service's electronic patient administration system.

•Clinical audits were routinely used to ensure care and treatment were being delivered according to evidence-based guidelines.

•Clinical policies were routinely updated to reflect national guidelines (e.g. UK Breath test guidelines).

•The service had developed a national gastro-intenstinal physiology training programme as part of a programme enabling employers to develop bespoke short courses to meet training needs within the Healthcare Science workforce.

- The service had developed home breath test kits for patients to enable to carry out self-testing at home instead of needing to attend the clinic for a considerable amount of time. They had put together kits that fitted through standard letterboxes to make postage easy, both to and from the patient. The system had been tested by a clinician from the service before being rolled out to patients. We saw approximately 70% of patients were choosing to use this method of testing.
- The Clinical Director spoke positively about how the service used data from patient studies to improve

testing methodologies and therefore patient outcomes. For example, clinicians noticed that patients taking oral iron supplements had the highest readings for methane production during breath tests. The provider conducted research showing that the iron interacts with gut microbes to produce more gas and has since published this research and also instigated a PhD project working with NHS partners to explore this relationship further and to try and help reduce these side effects in patients taking oral iron supplements.

- We noted the provider had representation on various national bodies: using evidence from outcomes data from the clinic to contribute to national and international guidelines and presenting this data at national and international conferences.