

Zava (Health Bridge Ltd)

Inspection report

Old Sorting House, 46 Essex Road
London
N1 8LN
Tel: 02035880290
www.zavamed.com

Date of inspection visit: 23 January and 14 February
2023
Date of publication: 21/04/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Overall summary

This service is rated as Good overall. (We previously inspected this service in April 2019 at which time the service was rated good overall and for all key questions).

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 Zava (Health Bridge Ltd) on 23 January and 14 February 2023 as part of our inspection programme.

The Medical Director is 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.

Our key findings were:

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There were effective protocols for verifying the identity of patients.
- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The service gave patients timely support and information.
- Staff communicated with people in a way that they could understand.
- The provider understood the needs of their patients and improved services in response to those needs.
- Information about how to make a complaint or raise concerns was available.
- 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 service only prescribed unlicensed medicines against valid special clinical needs of an individual patient and where there was no suitable licensed medicine available.

We saw the following areas of outstanding practice:

- Since 2011 the service had provided anyone who had created an account with the facility to ask health-related questions.

Overall summary

- Patients were not required to pay to access the messaging advice service. Nor were they required to have ever requested a paid service.
- Doctors working for the service responded to the questions within a maximum of 24 hours, and often much sooner.
- A recent audit found 36% of messages received were requests for free advice. Ten per cent of these messages were not related to prior paid services.
- During the Covid-19 pandemic (the pandemic), the service, in partnership with the Royal College of Physicians (RCP), developed a free online learning resource to support those adapting to remote consultations during the pandemic.
 - The resource covered a range of information to support clinicians in understanding:
 - What is digital healthcare?
 - When is it appropriate to consider remote care?
 - Types of digital healthcare.
 - Logistics and setting up remote access.
 - The key differences between face-to face and digital consultations?
 - Learning and support in a remote setting
 - The resource remained accessible via the RCP and YouTube. At the time of inspection the resource accessible via YouTube information had been viewed over 4200 times.

The areas where the provider **should** make improvements are:

- Ensure that clinicians seek corroborating monitoring evidence, such as up to date blood test results, when prescribing medicines for long-term conditions.
- Ensure that recommendations relating to risks identified in legionella risk assessments are addressed in a timely way.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Team Inspector, a specialist adviser and a member of the CQC medicines team.

Background to Zava (Health Bridge Ltd)

Health Bridge Limited (“The Provider”) launched an online doctor service in 2011. It is registered to provide the following regulated activities: Diagnostic and Screening procedures and Treatment of Disease, Disorder, Injury (TDDI). Zava (Health Bridge Ltd) (“The service”) registered with the Care Quality Commission in 2011 currently trades under the following website names: ‘Zava’ (www.zavamed.com/UK/), www.onlinedoctor.asda.com (on behalf of Asda Stores Limited) and www.onlinedoctor.superdrug.com on behalf of Superdrug Stores PLC (Superdrug). A separate website, www.zavamed.com (Known as “Zava”), provides a service for residents of, other European countries, including Germany, France and Ireland. Zava Germany, Zava France and Zava Ireland were not inspected as part of this inspection.

The Superdrug online doctor service is available for use by UK residents. The service operates the website, on behalf of customers of Superdrug. Its clinical and customer services staff are responsible for handling the treatment requests from patients whilst the dispensing and dispatching of medicines is undertaken by Superdrug.

The Asda online doctor service is available for use by UK residents. The service operates the website, on behalf of customers of Asda. Its clinical and customer services staff are responsible for handling the treatment requests from patients whilst the dispensing and dispatching of medicines is undertaken by Asda. The Asda online doctor service is open for consultations Monday to Saturday 9am to 5pm and Sunday 10am to 4pm. Patients can access the website, message the service and submit requests 24 hours a day, seven days a week.

The service is open for consultations, for Zava and Superdrug between 9am and 6pm on weekdays 9am to 5pm on Saturdays and 10am to 4pm on Sundays. Patients can access the website, message the service and submit requests 24 hours a day, seven days a week.

It is not an emergency service.

Patients are required to complete a general medical questionnaire to register with the service. Thereafter, for each consultation a patient selects a preferred treatment available on the service’s website after completing the appropriate questionnaire. The provider carries out asynchronous text-based consultations, which do not take place in real time.

The choice of treatments available include: erectile dysfunction; premature ejaculation; hair loss; contraceptive pill; emergency contraception (morning after pill); cystitis; period delay; bacterial vaginosis; female facial hair; rosacea; cold sore; migraine; traveller’s diarrhoea; hay fever; blood pressure; asthma; diabetes; acne; smoking cessation; anti-malaria; genital herpes and genital warts; and jet lag. The service also offers a limited range of tests, including tests for: HIV; Hepatitis; Syphilis; Gonorrhoea; and Chlamydia.

Once a patient had completed and submitted a request, the doctors review the completed questionnaire and determine the appropriateness of the treatment for the patient. Doctors contact patients where necessary to clarify answers given. If the doctor assesses the patient request to be clinically appropriate, they approve the request and the patient will receive the treatment. Alternatively, the doctor can request further information from the patient via their online patient record or by telephone. If the doctor decides not to prescribe a requested medicine, the patient is sent a message to their secure patient account stating the order will not be fulfilled and a refund is processed.

The cost of the service for patients includes the price of the medicine ordered in the UK. Patients can choose to have the prescription sent to their preferred pharmacy.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. We also reviewed information held by the CQC on our internal systems. We carried out a site visit and spoke with the provider.

We reviewed the provider’s governance policies and looked at forty sets of healthcare records of patients using 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.

Are services safe?

We rated safe as Good because:

- When prescribing long-term medicines whose dosage needed regular monitoring, the service required patients to agree to sharing of prescribing information with their NHS GP. However, it did not corroborate, or request evidence to confirm that patients were undergoing appropriate monitoring before prescribing long-term medicines for hypertension. When raised with the service, it immediately investigated and introduced an effective monitoring protocol.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There were effective protocols for verifying the identity of patients.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Safety systems and processes

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

- During our inspection we found the most recent legionella risk assessment had been undertaken in February 2022. However, there were 12 recommendations relating to risk. At the time of our inspection the service had resolved three issues. We raised this with the service who took prompt action to resolve six of the outstanding issues. The remaining three issues were scheduled to remedial works. Legionella is a term for a harmful bacterium which can contaminate water systems in buildings.
- 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 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 had committed to carrying 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. (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)
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

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 understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Are services safe?

Information to deliver safe care and treatment

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

- Clinicians did not corroborate, or request evidence to confirm patients were undergoing appropriate monitoring when prescribing long-term medicines. For example, some medicines the service prescribed required patients to be actively monitored, including blood tests where necessary. Those patients were asked if they had undergone appropriate up to date monitoring and blood testing, with the information being held by their NHS GP. However, patients were not required to provide copies of the information to evidence this.
- 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 systems and arrangements for managing medicines and equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The only controlled drug prescribed by the service was testosterone replacement for men and women (CD Schedule 4, Part 2). Controlled drugs are medicines that have the highest level of control due to their risk of misuse and dependence.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.
- Some of the medicines the service prescribed were for unlicensed indications or 'off-label'. Treating patients with off-label medicines is potentially higher risk than treating patients with licensed medicines for licensed indications, because off-label indications may not have been assessed for safety, and efficacy. These medicines were not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional body. The records we looked at in this service showed off-label medicines prescribed against valid special clinical needs of an individual patient and where there was no suitable medicine with a licensed indication available and where the prescriber had a relevant guideline or reputable evidence to support prescribing.

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.

Are services safe?

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. For example, a patient contacted with an urgent issue. The doctor messaged the patient seeking to confirm the diagnosis, but the patient should have been immediately referred on for urgent advice and treatment. The service identified this issue, discussed it with staff and provided updated training to all relevant 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. For example, a patient was refused a refund for a medicine they had purchased from the service. The service responded to the complaint, explaining that once dispensed, prescription medicines could not be returned and re-used. The patient was appropriately advised of their right to pursue the complaint with an independent complaints organisation. In the absence of further contact within a six-month period, the complaint was closed.
- 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 written apology.
- 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.

Are services effective?

We rated effective as Good because:

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The service monitored the process for seeking consent appropriately.

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)

- The provider assessed needs and 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.
- 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The service did not allow for the issue of repeat prescriptions, each request was individually evaluated to ensure it remained appropriate to prescribe.
- The service operated a digital first system meaning that all communications, letters, test results and otherwise were digitally stored in MARC (its own bespoke patient management system). When information was received in a paper format, the service scanned these and added them to the patient's record.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The service undertook a programme of regular and one-off audits. For example, it had audited the number of requests for anti-malarial medicines and found it had rejected over 100 requests. On investigation, it identified almost all such refusals came from one family member registering as a patient, prior to travel to an affected region, and incorrectly assuming they could order these medicines for all family members. The service developed an appropriate response to patients making it clear that it could not prescribe other than for registered patients. In addition, it placed notices on the medicines page to explain the situation when attempts were made to place inappropriate orders. The service had developed and scheduled a range of 2 cycle audits.

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 (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.

Are services effective?

- 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.

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.
- 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. Following all consultations patients were provided with a copy of a letter to pass to their NHS GP. In addition, the service adhered to identity check levels applicable to NHS Digital 'identity verification and authentication standard for digital health and care services' and 'Guidance for registered pharmacies providing pharmacy services at a distance.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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.
- The service monitored the process for seeking consent appropriately.

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. For example, when appropriate, patients presenting with sexually transmitted diseases were signposted to urgent face to face appointments.
- 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.

Are services caring?

We rated caring as Good because:

- The service gave patients timely support and information.
- Staff communicated with people in a way that they could understand.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- 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 not available, it was an asynchronous service based on patients completing an online questionnaire. Questionnaires were written in English.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services responsive to people's needs?

We rated responsive as Good because:

- The provider understood the needs of their patients and improved services in response to those needs.
- Information about how to make a complaint or raise concerns was available.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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.

- 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.

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.
- 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.

Are services well-led?

We rated well-led as Outstanding because:

- The service provided a free of charge medical advice patients to anyone signing up as a patient with the service, regardless of whether they ever used the paid services.
- In partnership with the Royal College of Physicians (RCP), the service had developed a free online learning resource to support those adapting to remote consultations during the COVID-19 pandemic.

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 deliver high quality care and promote good outcomes for patients.

- 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. When patients complained, the service undertook a full and transparent review. If patients remained dissatisfied following receipt of a full response, the service signposted them to services within independent healthcare where they could access confidential and independent advice and support. 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.

Are services well-led?

- 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. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and management.

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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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.
- The service used performance information, which was reported and monitored, enabling management and staff to be 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.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, the service did not have an appropriate process for monitoring of prescribing of long-term medicines for hypertension. When raised with the service, it immediately investigated and introduced an effective monitoring protocol.
- 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. It had implemented and educated staff on plans to deal with continuity of service and disaster recovery and an Incident Management Policy for Critical Incidents.

Appropriate and accurate information

Are services well-led?

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.

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.

We saw two areas of outstanding practice:

- Since 2011 the service had provided anyone who had created an account with the facility to ask health-related questions.
 - Patients were not required to pay to access the messaging advice service. Nor were they required to have ever requested a paid service.
 - Doctors working for the service responded to the questions within a maximum of 24 hours, and often much sooner.
 - A recent audit found 36% of messages received were requests for free advice. Ten per cent of the messages were not related to prior paid services.
- During the Covid-19 pandemic, the service, in partnership with the Royal College of Physicians (RCP), developed a free online learning resource to support those adapting to remote consultations during the COVID-19 pandemic.
 - The resource covered a range of information to support clinicians in understanding:
 - What is digital healthcare?
 - When is it appropriate to consider remote care?
 - Types of digital healthcare.
 - Logistics and setting up remote access.
 - The key differences between face-to face and digital consultations?
 - Learning and support in a remote setting
 - The resource remained accessible via the RCP and YouTube. The resource accessible via YouTube information had been viewed over 4200 times.
- 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.
- There were systems to support improvement and innovation work. For example, the service had gained access to NHS secure email, this had provided faster and easier communications and sharing of information with patients NHS GPs.
- Staff could describe to us the systems in place to give feedback. All staff, clinical and non-clinical, had weekly one-to-one meetings with their manager within which they could discuss work and non-work matters of concern to them. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- 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.

Are services well-led?

- 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.