

# Pharmacy2U Limited

## Quality 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 service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Key findings

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## Letter from the Chief Inspector of General Practice

**We rated this service as Good overall.** (The previous inspection on 18 December 2017 rated the service as being compliant.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Pharmacy2U Limited on 8 May 2019 as part of our inspection programme. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, to check whether the service was meeting the legal requirements and regulations associated with that Act.

Pharmacy2U Limited provides an online doctor consultation, treatment and prescribing service relating to a range of medical conditions. Details of the service provided can be found on their website [www.pharmacy2u.co.uk/onlinedoctor](http://www.pharmacy2u.co.uk/onlinedoctor).

The provider is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from

regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Pharmacy2U Limited also provide pharmacy and NHS Prescription services, which are not regulated by CQC and do not fall into the scope of this inspection. These services, are regulated by the General Pharmaceutical Council (GPhC).

One of the doctors acts in the capacity of the registered manager. A registered manager is a person who is registered with CQC to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements relating to the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection, we reviewed a range of systems and processes relating to governance, service delivery and patient care.

#### Our key findings were:

- There was a comprehensive range of systems, processes and a clear leadership structure, to manage governance and service delivery.
- The provider had undertaken a range of risk assessments to improve patient safety. For example, risk assessing the conditions treated and medicines offered to patients.

# Summary of findings

- Doctors prescribed and delivered care in a safe and effective way, supported by protocols and pathways based on national guidance.
- Patients had access to information to support their decision making regarding their care and treatment.
- There was a comprehensive recruitment process and staff were supported to participate in training appropriate for their role and to support competency.
- Feedback from patients and staff was encouraged and used to support improvements in service delivery.
- The service was easily accessible 24 hours per day, seven days per week via the provider's website.
- Staff said they were happy to work for the provider and felt very supported by managers and leaders.

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

- Improve the arrangements for clinical audit, including the review of consultations, to support quality improvement.
- Consider recording all incidents, not just significant events, to increase the opportunities for learning to occur.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

# Pharmacy2U Limited

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a CQC specialist advisor, a member of the CQC medicines team and a second CQC inspector.

### Background to Pharmacy2U Limited

The provider is registered with CQC for the regulated activities of the treatment of disease, disorder or injury to be delivered via the Pharmacy2U Limited online doctor service. The provider also provides pharmacy and NHS prescription services, which are not regulated by CQC.

Pharmacy2U Limited offer online consultation, treatment and prescribing services for a range of medical conditions. These are provided by UK based, General Medical Council (GMC) registered doctors. Patients who live in the UK and are over the age of 18 years can access the service.

Subscribers to the service pay for their medicines when their online application has been assessed and approved by the prescriber. Medicines are then dispensed, packaged and posted using a secure delivery service.

Patients can access the service via the website [www.pharmacy2u.co.uk/onlinedoctor](http://www.pharmacy2u.co.uk/onlinedoctor). There are also contact details of the customer service team, should a patient wish to initially speak with someone direct.

The online doctor service consists of two doctors (one male and one female), both of whom are also practising GPs in their own practice. The doctors are contracted to undertake remote consultations by telephone, review

completed patient medical questionnaires and address the patients' care and treatment needs. There is a small number of customer services/administration staff, known as the 'POD' team, who support the online doctor service. In addition, at provider level there is a chief pharmaceutical officer, a pharmacist superintendent and a range of departmental staff who also support the service.

### How we carried out this inspection

Before the inspection we reviewed information that we already held. In addition, we requested that the provider send us information pre-inspection, which we also reviewed.

Our inspection team was led by a CQC lead inspector and included a CQC |GP specialist advisor, a member of the CQC medicines team and second CQC inspector.

During the inspection we spoke to the registered manager, the doctors, the chief pharmaceutical officer, the pharmacist superintendent and members of the POD, including their manager.

To get to the heart of patients' experiences of care and treatment, we 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 rated safe as Good.**

### Keeping people safe and safeguarded from abuse

Staff had access to safeguarding policies via the computer system. Staff employed by the service had received the appropriate level of safeguarding training and knew how to identify and report any concerns. Staff we spoke with were clear regarding their responsibility to keep people safe. They informed us they would raise any concerns with their manager in the first instance. One of the doctors was the nominated safeguarding lead and was responsible for liaising with external agencies in the event of a concern being raised.

The service did not treat patients under the age of 18 years and this was made clear on the provider's website. However, staff were still aware of their responsibilities regarding safeguarding children.

### Monitoring health & safety and responding to risks

The provider's head office was located within modern offices, which housed the information technology (IT) system and a range of management and administration staff, which included the 'POD' team; who specifically supported the Pharmacy2U Limited doctor online service. Staff who were based at the head office had received training in health and safety, which included fire safety. Fire evacuation, fire alarm checks and a fire risk assessment were all carried out at these premises. Due to the nature of the service provided, no medical equipment or medicines were stored on the premises.

Patients were not treated on the premises as the doctors carried out the online consultations remotely. It was expected that all doctors would conduct their consultations in private and maintain patient confidentiality. Each doctor used an encrypted, password secured laptop to log into the operating system, which was a secure programme. The doctors were required to ensure their working environment was safe and secure.

There were processes in place to manage any emerging medical issues during a consultation and for managing referrals. The service no longer offered blood tests for patients. The service was not intended for use by patients with either long-term conditions or as an emergency service. In the event an emergency did occur, the provider

had systems in place to ensure the location of the patient at the beginning of the consultation was known, so emergency services could be called. The provider's medical emergency protocol stipulated that any patient who needed emergency services was followed up. It was to be recorded as an incident and discussed at a clinical meeting. At the time of our inspection there had been no recorded incidents of this type.

The doctors identified any patients who may be deemed as being at risk. For example, patients who may be displaying behaviours associated with mental health issues which required further attention. In those instances, patients would be signposted or referred to other avenues of support and advised to speak with their NHS GP. The service was aware of their responsibility to notify Public Health England of any patients who had a notifiable infectious disease.

There was a range of clinical and non-clinical meetings held with staff. Standing agenda items covered topics such as incidents, complaints, audit, risk assessments and any service issues. Clinical meetings also included case reviews and clinical updates. We saw evidence of meeting minutes where some of the topics had been discussed. For example, antimicrobial stewardship and a reported incident.

### Staffing and Recruitment

We were informed that there were enough doctors and staff to meet the demands for the service. The doctors were supported by the chief pharmaceutical officer, the pharmacist superintendent, and a range of administration and IT teams. At our previous inspection, there had been three doctors working in the service. However, we were informed that due to the reduction in the number of conditions they now treated, two doctors were sufficient for service delivery.

The provider had a recruitment and selection policy and processes in place for both clinical and non-clinical staff. All doctors were required to be currently working within the NHS and be registered with the General Medical Council (GMC). They had to provide evidence of having professional indemnity cover in place, certificates relating to their qualifications, training in safeguarding and the Mental Capacity Act and an up to date appraisal.

There were a number of checks which were required to be undertaken prior to commencing employment, such as

## Are services safe?

references and Disclosure and Barring Services (DBS) checks. (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 recruitment files we reviewed showed the necessary checks had been undertaken. The provider had a human resources team who dealt with the recruitment of staff.

### Prescribing safety

If a medicine was deemed appropriate following a consultation, doctors issued a private prescription which was transferred electronically to the co-located pharmacy. Medicines were then dispensed and sent to patients by post. Once the doctor prescribed the medicine, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine, and any possible side effects.

There was a system in place to effectively verify patient identity before consultations took place. The provider had risk-assessed the treatments on offer. This had resulted in the number of treatments being reduced since our last inspection. Doctors could only prescribe from a set formulary which did not include controlled drugs, high risk medicines, or medicines liable to abuse or misuse.

The provider had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance. For example, by prescribing from a very limited list of antibiotics, which was based on national guidance. The provider had also audited overall antimicrobial prescribing rates following the review of the treatments offered. This audit showed a 59% reduction in prescribing between quarter one of 2018 and quarter one of 2019. We were informed that some of this reduction was due to the service no longer treating urinary tract infections.

The service prescribed one medicine for an unlicensed indication. Medicines are given licences after trials have shown they are safe and effective for treating a particular condition. Use of a medicine for a different medical condition that is not listed on their licence is called unlicensed use and is higher risk because less information is available about the benefits and potential risks. Doctors

gave patients clear information during their consultation to explain when medicines were being used outside of their licence, and written information was supplied to patients about prescribing medicines for unlicensed use.

The provider had a process in place for the safe handling of requests for repeat medicines. The service was not aimed at patients with long-term conditions that may need to be monitored. We reviewed medical records and found doctors declined to prescribe medicines where this was inappropriate. For example, patients with complex mental ill health and patients who had not verified their identification (ID).

### Information to deliver safe care and treatment

Patient identity was verified on registering with the service and at each consultation. The doctors had access to the patient's previous records held by the service, to support continuity of care and treatment.

The doctors used national guidelines and pathways, such as those published by the National Institute for Health and Care Excellence (NICE), to ensure they delivered safe care and treatment of patients.

Records we reviewed showed that information needed to deliver safe care and treatment was available to the doctors in an accessible way.

### Management and learning from safety incidents and alerts

The provider had a system in place to receive and act on medicines and safety alerts, such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA).

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff. We were informed that had been no significant events reported in the preceding 12 months. However, we noted that incidents were discussed at clinical meetings and meeting minutes reflected those discussions. For example, a letter had been sent to a patient's GP, notifying them of a prescription which had been provided. The GP informed the service they felt the wording to the patient regarding having appropriate tests was unclear. As a result, patient information had been made clearer. In this instance, the patient themselves had not identified an issue. We discussed the recording of incidents with the

## Are services safe?

provider, who informed us they currently only recorded significant events on a log, but would consider recording all incidents in future to ensure all actions and opportunities for learning were captured.

We were assured that the provider was aware of and complied with the requirements of the duty of candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken.



# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated effective as Good**

### Assessment and treatment

Patients initially completed an online form which included their past medical history, any current medication they were taking and questions regarding lifestyle, such as alcohol consumption and smoking status. Patients were able to upload photographs of some conditions they were seeking treatment for, such as skin conditions, to aid diagnosis and treatment. It was noted that patients were informed on the limited range of medicines that could be prescribed for some conditions, such as situational anxiety. Patients were advised not to continue with the request if any medication was required in those instances. If a patient was under 18 years, they were informed the service was only available to those who were aged 18 and over. They would not be able to continue with the questionnaire in those instances. It was expected that patients provided truthful answers.

Guidelines were in place for each condition the provider treated. These had been reviewed and updated since the previous inspection, to ensure they reflected relevant and current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence-based practice.

There was a set template the doctors completed for each consultation, which included the reasons for the consultation. The outcome was recorded, along with any additional notes about past medical history, diagnosis and treatment. The templates were bespoke for each condition.

We reviewed 12 medical records which demonstrated notes had been adequately completed and the doctor had access to all previous records. We saw evidence where treatment was not provided to a patient and the rationale as to why. We saw the records demonstrated patients' needs were assessed and treatment provided in line with the guidelines.

The doctors providing the service were aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients. They worked carefully to maximise the benefits and minimise the risks for patients. If

a patient needed further examination, they were directed to an appropriate agency. If the provider could not deal with the patient's request, this was explained to the patient and a record kept of the decision.

In August 2018, the provider had taken the decision to reduce the number of conditions they treated from 34 to 15. They had undertaken a risk assessment for each condition and treatment to support this decision. We reviewed these at our inspection and found them to be appropriate.

### Quality improvement

The provider participated in quality improvement activity and used information to improve care and treatment outcomes.

National guidance, risk assessments, standard operating procedures, audit, treatment and patient outcomes were discussed at clinical meetings. We saw evidence of this in meeting minutes, supported by discussions with staff.

The provider used audit to support quality improvement. We saw a two-cycle audit on antimicrobial use, which demonstrated a reduction in the overall prescribing of antibiotics. There was a one-cycle audit relating to weight loss, however this did not include adherence to the weight loss protocol. We discussed with the provider the limited evidence of clinical audit regarding other treatments on offer.

We were informed of the recent audit of clinical records by an external consultant. Following our inspection, we were sent a report from the consultant which included a summary and recommendations. For example, it identified that "clinical consistency is very high, which is a very positive aspect of the service"; "progress has been made in the areas involving antimicrobial stewardship"; "production of monthly trends of approvals/rejections would be helpful for both internal and external reviews". In addition, internal reviews of samples of clinical records are undertaken by the provider's chief pharmaceutical officer.

The provider did undertake reviews, such as monitoring the rejection rates on a monthly basis (known as the POD condition report), numbers of prescriptions supplied and patient account duplications. We saw evidence to support



# Are services effective?

(for example, treatment is effective)

this. For example, there had been a 22% rejection rate regarding weight loss treatments due to it being inappropriate for a variety of reasons, which included the information provided by the patient in some instances.

## Staff training

Upon employment, all newly recruited staff received induction training, which included an overview of the service, the policies and procedures and how to access them. Mandatory training was also provided which included health and safety, information governance, data security, safeguarding and the Mental Capacity Act. An induction log was held for each member of staff and signed off when completed and deemed competent.

Other training and updates were available for staff appropriate to their roles. We were informed of the training “bootcamps” where blocks of training were provided, to ensure staff could access up to date training in a timely way. The provider’s human resources team managed the training matrix which identified when staff were due updates and when they had completed training.

Non-clinical staff received annual appraisals, performance reviews and monthly one to ones with their team leader. Staff informed us they felt very supported, had regular access to their managers, the clinical team and wider management teams and were kept up to date with relevant issues within the service. The doctors kept themselves up to date with all the required training and received appraisals in line with their GMC registration.

We were informed of the support staff received from the departments within the organisation, which included IT, human resources and pharmacy teams.

## Coordinating patient care and information sharing

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 were informed that patients were signposted to more suitable sources of treatment, where this information was not available to ensure safe care and treatment.

Patients were asked for details of their NHS GP and if information could be shared with them. If patients agreed, we saw that details of the care and treatment given to the patient was shared with the GP. Information was shared in line with GMC guidance. We were informed that approximately 48% of patients currently gave their consent to sharing information.

The provider had risk assessed the treatments they offered. They had identified some conditions and medicines, such as those relating to situational anxiety, 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. In those instances where the patient refused, their request for treatment was rejected and they were signposted to other services.

## Supporting patients to live healthier lives

Patients could access a range of information relating to the conditions they provided care and treatment for, for example hair loss. This was available on the provider’s website, their social media sites and via clinicians at consultation.

A review of a sample of clinical records showed that patients were given advice on healthy living and were signposted to other avenues of support as appropriate.

# Are services caring?

## Our findings

**We rated caring as Good.**

### **Compassion, dignity and respect**

We were told that the doctors undertook consultations remotely in a private room, to maintain confidentiality. We observed that members of staff treated patients with dignity and respect when conversing on the telephone.

We were unable to speak with patients on the day of inspection. However, we gathered patient feedback from a range of sources, which included comments sent directly to CQC via “share your experience”, the provider’s own feedback mechanisms and comments reported via a feedback website. At the end of each consultation a patient was emailed requesting them to submit feedback/reviews via the website. It was noted that a five-star rating had been given to Pharmacy2U Limited, out of 117,659 reviews. However, it was difficult to ascertain how many of these

directly related to the online doctor service, as opposed to the pharmacy-based service. Feedback about the online doctor service received by CQC was positive, commenting on the ease of access and how they were treated by staff.

### **Involvement in decisions about care and treatment**

There was a limited range of conditions and treatments provided by the service. However, information was available on the provider’s website to enable patients to make informed decisions about their care and treatment.

Through discussion with a doctor, a treatment plan was agreed with the patient. Patients were given an opportunity to indicate which treatment they may prefer. This also enabled treatments to be continued which may have been initiated by a different service; provided the treatment was agreed and authorised by the doctor.

Patients had access to their records via a patient portal, using their own log-in details and password they created when registering with the service. In addition, there were video presentations on the provider’s website regarding some conditions and the treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated responsive as Good.**

### Responding to and meeting patients' needs

Patients were able to access the service, via the provider's website, 24 hours a day, seven days per week, for information and to submit their questionnaires. The information on the website made it clear to patients that the questionnaire would be reviewed by a doctor "usually within 24 hours".

There were video presentations on the website to support patients, which showed them how to access the service and what services were offered. Additionally, there was information alerting patients that it was not an emergency service and advising anyone requiring urgent care or treatment to contact alternative services, such as accident and emergency. The provider made it clear to patient what the limitations of the service were.

The digital application allowed patients to access the service from outside of the United Kingdom (UK), should they be working or holiday abroad. However, all doctors working in the service were required to be based within the UK. Any prescriptions which were issued were checked by the pharmacist employed by the provider. Prescribed medicines were sent to the patient's chosen address within the UK and delivered by a tracked postal service.

There was a customer contact centre which patients could access. This was available Monday to Friday 8am to 5.30pm and Saturday 8.30am to 1pm.

### Tackling inequity and promoting equality

Patients could access the service through the provider's website. Consultations were available for anyone aged 18 years or over, had a UK postal address and paid the appropriate fee.

The provider's website was self-rated as AA for accessibility and offered a screen reading functionality for patients with a visual impairment.

### Managing complaints

There was information on the provider's website about how to make a complaint. The provider had a complaints policy and an identified person who dealt with all complaints. There had been a total of six complaints received in the preceding 12 months. We reviewed a sample of these and saw that they had been recorded and investigated in an appropriate and timely way. The complainants had received an apology, and in some cases a refund. Should a complainant ultimately not be satisfied with the outcome they were directed to other appropriate avenues, such as the ombudsman.

We saw that there was shared learning and some changes made as a result of the complaints. For example, due to the number of complaints over a period of time regarding blood tests, and in conjunction with issues with the laboratory, the provider had made a decision to stop offering this service.

### Consent to care and treatment

There was clear information on the provider's website with regards to how the service worked, including a set of frequently asked questions and how patients could contact the service with any queries.

Patients had information regarding the cost of treatment or consultation in advance. This was done by selecting the condition, going through the questionnaire and choosing their preferred treatment. Each treatment was priced accordingly. At that stage, patients also had the option for the doctor to recommend treatment.

The provider's consent policy had been developed to reflect national guidance and British Medical Association (BMA) advice relating to capacity and consent. Staff had received training about the Mental Capacity Act 2005. The doctors understood the need to seek patients' consent to care and treatment in line with legislation and guidance. They had access to an online General Medical Council (GMC) interactive tool to support decision making, where there were possible concerns regarding a patient's capacity to consent.

# Are services well-led?

Good 

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

## Our findings

**We rated well-led as Good.**

### Business Strategy and Governance arrangements

The provider told us they had a clear vision to offer patients a “convenient and confidential GP consultation service” which was effective and safe. Staff we spoke with were aware of the vision and their responsibilities in relation to this.

There was a clear organisational structure to support service delivery and the business strategy. There was an oversight of the governance arrangements and feedback mechanisms to support these. Policies, protocols and standard operating procedures were reviewed annually and updated when new guidance was published.

There were a variety of daily, weekly, monthly and annual checks and reviews used to monitor the performance of the service. There were a range of regular clinical, administrative and business meetings, where performance and quality improvement were reviewed and discussed. We saw meeting minutes which evidenced those discussions. When speaking with the provider, there was a clear understanding of the performance of the service.

There were arrangements in place to identify, record and manage risks in the service. This included the risk assessments used to reduce the number of conditions and treatments provided. We saw that clinical records contained appropriate information, were legible and securely kept.

### Leadership, values and culture

There was a senior management team in place, which consisted of the chief pharmaceutical officer, the pharmacist superintendent and the two doctors; one of which was also the CQC registered manager for the service. Although the two doctors worked remotely from the head office, they were available on a daily basis. Staff we spoke with all told us the leaders were accessible.

The values of the service were articulated in a poster, which was displayed in several areas of the head office where the majority of staff were based. Staff were aware of the values and their contribution to the overall performance of the organisation.

Staff informed us there was an open and transparent culture and that they felt very supported. On the day of inspection, it was clear that staff felt at ease with the managers, leaders and doctors. There was open and honest discussion with staff in the presence of their manager and it was clear that staff did not feel intimidated when giving their opinion.

There was a “star performer” initiative, which was seen as being motivational. Nominations were by peers from each team and the winner received a bonus. In addition, the provider supported health initiatives for the staff based at the head office. On the day of inspection, we were informed it was healthy eating week and fruit was provided for all staff.

### Safety and Security of Patient Information

Systems were in place to ensure that all patient information was stored and kept confidential.

There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide an audit trail of who had access to records and from where and when. The service was registered with the Information Commissioner’s Office. There was a business contingency plan in place to minimise the risk of losing patient data.

### Seeking and acting on feedback from patients and staff

Patients were emailed at the end of each consultation with a link to a survey they could complete. This included how easy it was to use the service and their satisfaction relating to the consultation and provision of treatment. Patients could also provide feedback via a link on the provider’s website. Patient feedback was published on the website and used to improve service delivery.

Patients were also emailed two weeks after a consultation and asked to report on their progress and effectiveness of their treatment.

Staff were encouraged to provide feedback on a daily basis, through meetings, one to ones and opportunistically. Staff told us they felt comfortable raising issues with leaders and managers.

# Are services well-led?

Good 

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

The provider had a whistleblowing policy in place. (A whistle blower is someone who can raise concerns about practice or staff within the organisation.) The chief pharmaceutical officer was the named person for dealing with any issues raised under whistleblowing.

The provider had an ethos of continual improvement. Staff were encouraged to identify opportunities for improvement in service delivery and outcomes for patients. Minutes from a range of meetings and conversations with staff corroborated the ethos.

## **Continuous Improvement**