TAP GP

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 to people's needs?	Good
Are services well-led?	Good

Overall summary

We rated this service as Good overall.

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 of the service commencing on 17 May 2023 as part of our inspection programme. TAP GP Ltd, (the provider) was registered by the Care Quality Commission in November 2021 but the service did not start operating until June 2022. This was the first inspection of the service.

The provider offers a private GP service, by telephone and online video consultations bookable via a secure mobile application (app.). The service operates between 8:00am and 10:00pm seven days a week. People can book a 10-minute telephone or online video consultation with a GP, which may be extended if necessary. Prescribed medicines can be delivered by a participating pharmacy or prescriptions can be sent to a pharmacy nominated by patients so they may collect medicines personally.

The service is available to patients resident in England and Wales. It is not intended for use in emergencies or to provide care in relation to the ongoing management of patients' long-term health conditions.

The provider has a registered manager, who is a person 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.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. People were protected from avoidable harm and abuse.
- People have good outcomes because they receive effective care and treatment, which was delivered according to evidence-based guidelines.
- People are supported, treated with compassion, kindness, dignity and respect and involved as partners in their care.
- People's needs are met through the way the service is organised and delivered.
- The leadership, governance and culture promote the delivery of high-quality person-centred care.

Although we identified no breaches of regulations, the areas where the provider **should** make improvements are:

- Proceed with updating the service records system to include past prescriptions on the main summary page for easy reference.
- Proceed with implementing a planned programme of clinical auditing to drive improvement.
- Proceed with reviewing and revising governance policy documents to provide consistency in terminology.

Overall summary

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Chief Inspector of Health Care

Our inspection team

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

Background to TAP GP

The service is provided by TAP GP Ltd (the provider) which is registered by the CQC in relation to the regulated activity Treatment of disease, disorder or injury.

The provider's registered location is A M P House, Dingwall Road, Croydon CR0 2LX, where it retains meeting facilities. However, all staff working within the service do so remotely.

The provider offers a private GP service, by telephone and online video consultations bookable via a secure mobile application (app.). To be eligible to register for an account people must be aged 16 or over. Parents or legal guardians may later add children aged under 16 years old to their primary service account after the initial registration.

The service operates between 8:00am and 10:00pm seven days a week. People can book a 10-minute telephone or online video consultation with a GP, which may be extended if necessary. Payment is made by credit card, linked to the service account at registration. The current fee for a 10-minute appointment, including issuing a prescription, is £29.00. GPs will only issue prescriptions following online video consultations, having established the patient's identity.

Prescriptions are issued using an established online private prescription system. Patients are sent a text message and email with a unique code that can be presented to a participating pharmacy to dispense the prescribed medicines which are delivered to the patient's nominated address. Alternatively, patients may request their prescription to be sent to a pharmacy of their choice for them to collect the dispensed medicine. Patients will to be charged a separate fee by the pharmacies involved. The provider charges an additional £9.00 each for fit and sick notes and referral letters, payable at the time of the appointment. Patients can access the records of their consultations via the service app. The service is not intended to provide care in relation to the management of patients' long-term health conditions. People requiring such care are referred to their own GPs or a private service. Nor is it an emergency service; people with emergency healthcare needs are advised to call 999 or are directed to their local Accident and Emergency centre.

There was sufficient staffing to deal with current service demands. GPs conducting consultations are registered with the General Medical Council with a licence to practice and are on the GP Register. They are also on the NHS National Performers List and currently working in the NHS. One of the GPs was also the registered manager for the service.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. We carried out the inspection via online conferencing. During this inspection we interviewed the registered manager and reviewed a number of patients' healthcare records. We did not speak with any patients but received direct feedback from 57 who submitted comments on their experience of the service via a link on our website.

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.

Good

Are services safe?

We rated safe as Good because:

People were protected from avoidable harm and abuse. Staff had received up to date training in systems, processes and practices.

Keeping people safe and safeguarded from abuse

The provider's registered manager was the named lead for safeguarding. Staff working in the service had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies and guidance on reporting a safeguarding concern. The provider's safeguarding policies were up to date and there were planned schedules for policy review and revision. All the GPs had received adult and level three child safeguarding training. It was a requirement for the GPs registering with the service to provide evidence of up-to-date safeguarding training certification.

The service treated children aged under 16 years old, who could be added to their parents' service accounts after the initial registration. There was a child safeguarding policy and guidance relating to children's healthcare provision, including consent to treatment, was provided to staff. The provider had arrangements for providing chaperones for consultations in an up to date governance policy.

Monitoring health & safety and responding to risks

The provider's registered location is the company's registered office address. However, all work relating to the service is done remotely. GPs carrying out consultations usually do so from their homes. The provider had policies which stipulated that GPs would conduct consultations in private and maintain patient confidentiality. Each GP used a secure laptop to log into the operating system, which was a secure programme. Automated daily checks were run and logged to monitor the security of the system and access to it. Staff members' service accounts could be suspended immediately to prevent unauthorised access to the system, should their equipment be lost or stolen. The provider had full and accessible data backups so that in the event of any system failure, data could be restored allowing normal operations to be resumed quickly and effectively.

The provider had a range of governance policies covering data storage and security, patient identification, information sharing and the use of intimate images - patients may find it helpful to submit photos, which can be stored in their healthcare records, to assist in diagnosis.

There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals. The service was not intended to manage the healthcare of patients with either long term conditions, or as an emergency service. There were systems in place to ensure the location of the service user was known at the beginning of the consultation. The provider's emergency protocol stated patients should be advised to call 999 in an emergency. If the GP was in any doubt regarding the service user's ability to do so, or if the patient was alone, the GP would call 999 as the practitioner.

All clinical consultations were rated for risk by the GPs. For example, if the GP thought there may be serious mental or physical issues that required further attention. There were processes in place to notify Public Health England of any patients who had notifiable infectious diseases. The provider recommended that patients give permission for information regarding treatment was shared with the registered GPs.

Good

Are services safe?

Information was shared between clinicians working in the service. We saw minutes of meetings held to discuss complaints, and records relating to safety alerts being reviewed. Moving forward, the provider had plans for more formal governance meetings.

Staffing and Recruitment

There were enough staff to meet the current demands for the service.

The provider had processes covering recruitment. These included checks that were required to be undertaken prior to new staff commencing employment, such as references and Disclosure and Barring Service (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.

Potential clinical staff had to be currently working in the NHS, as a GP if applicable, and be registered with the General Medical Council (GMC) with a license to practice. They had to provide evidence of having professional indemnity cover, including cover for video consultations, current appraisal, certificates relating to their qualifications and training in safeguarding and patients' capacity to consent to treatment.

We reviewed personnel records which showed the necessary documentation was in place.

New clinical staff would not be registered to start any consultations until all checks and induction training had been completed. There was a system to monitor and highlight when any documentation, such as their professional registrations, were due for renewal or training refreshers needed. Mandatory training ongoing for staff included adult and child safeguarding, Mental Capacity Act 2005, chaperoning, information governance, equalities, sepsis awareness and health and safety. The provider could arrange for refresher training from an established online training provider specialising in healthcare.

Prescribing safety

The provider had up to date policies and prescribing protocols, which included guidance from the GMC in relation to remote consultations and prescribing. The provider currently prescribed in accordance with the British National Formulary. The registered manager told us that with a planned expansion of the business the provider would establish its own formulary.

All medicines prescribed to patients were monitored by the provider to ensure prescribing was in accordance with evidence-based guidelines. If, following a consultation, a medicine was appropriate the GPs issued a private prescription. This could be sent to a participating pharmacy, which would arrange for delivery, or patients could request the prescription be sent to a pharmacy of their choice for them to collect the dispensed medicine. The prescriptions were only issued after an online video consultation, when the patient's identification had been verified and, where appropriate, if the patient could provide a recent test result and carry out blood pressure monitoring for the GP to witness.

Medicines used in the management of long term conditions, if prescribed in an emergency, were limited to once only in any six month period, thereby requiring patients to consult with their NHS GPs for ongoing care. When emergency supplies of medicines were prescribed, there was a clear record of the decisions taken. In such cases, the provider sought

the patient's permission to share the information with their NHS GP. The provider did not prescribe any medicines considered high risk. Prescribing of antibiotics was done in accordance with National Institute for Health and Care Excellence guidance to maintain effective stewardship. The provider had audited the prescribing of penicillin and erythromycin.

The provider's prescribing policy set out the process for prescribing unlicensed medicines, and medicines for unlicensed indications. 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 listed on their licence is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks. GPs gave clear information at the consultation to explain that the medicines were being used outside of their licence. The patient was required to acknowledge that they understood this information.

Once the GP prescribed the medicine and dosage of choice, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine and any likely side effects, as well as what the patient should do if they became unwell.

As part of the inspection, we reviewed 12 sets of patients' healthcare records and noted no issues of concern regarding prescribing.

Information to deliver safe care and treatment

On registering with the service, and at each consultation patient identity was verified. The GPs had access to the patient's previous records held by the service.

When patients registered to use the service there were processes in place to verify their identity using their mobile telephone numbers and email addresses. Before a telephone consultation could commence, GPs verified the user's mobile telephone number which had been registered for the account, allowing geolocation. At each online video or face-to-face consultation, unless they were known to GPs previously, patients were required to confirm their identity using photographic evidence. Patients could register their children on the main account. They were informed when registering and when later booking an appointment for a child that the consultation would be declined if they failed to confirm their identity and evidence of parental or guardianship responsibility.

The GPs could access the patients' past healthcare records, including any previous prescriptions that had been issued. The provider was registered with the Information Commissioner's Office.

In our review of patients' healthcare records we saw that information needed to deliver safe care and treatment was available to relevant staff. We discussed means of including prescriptions on the one page summary record, to follow GMC guidance. The provider told us this would be investigated and addressed in future upgrades. A short term fix, such as saving a screenshot or copying and pasting into the summary box. should be introduced in the meantime. Risks related to patients' diagnoses and other health and wellbeing issues were noted in the records.

Management and learning from safety incidents and alerts

The provider had an up to date governance policy in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. This recorded that the registered manager was lead for safety

Good

Are services safe?

incidents, which were to be recorded using a form available on the provider's shared drive. However, no incidents had occurred since the service became operational in June 2022. The provider was aware of the Duty of Candour, whereby every health and care professional must be open and honest with patients and people in their care when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

The provider had a current governance policy and process on safety alerts to ensure they were received, appropriately evaluated, and effectively acted upon to safeguard the well-being and safety of patients. The registered manager was responsible for receiving alerts issued by the NHS Central Alerting System. In addition, all other clinical staff were required to register for the alerts.

We saw evidence of recent alerts relating to relating to an antibiotic and a blood thinning medication being reviewed and appropriately actioned.

Good

Are services effective?

We rated effective as Good because:

People had good outcomes because they received effective care and treatment that met their needs. They had comprehensive assessments, which included consideration of their clinical needs, mental and physical health and wellbeing.

Assessment and treatment

When patients registered for the service, they were required to complete a personal profile. They were encouraged to share details of their NHS GP and consent to information being shared with them. During consultations, GPs asked patients for their medical histories and recorded relevant information.

The provider and GPs were aware of both the strengths of working remotely, for example speed, convenience, choice of time, and the limitations such as the inability to perform physical examination. They worked carefully to maximise the benefits and minimise the risks for service users. If a patient needed further examination, they were directed to an appropriate provider, either the patient's NHS GP or a private service. If the provider could not deal with the patient's needs, this was explained, and a record kept of the decision.

The provider had a governance policy stipulating that GPs assessed service users' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence-based practice. The registered manager was responsible for identifying and reviewing all NICE guidance relevant to the service. We saw evidence of specific research and reviews of clinical guidance issued relating to particular health conditions.

We saw from our review of patients' records that each GP assessed the patient's needs and delivered care in line with relevant and current evidence based guidance and standards, including those issued by NICE.

We were told that each patient consultation lasted 10 minutes, but if the GP had not reached a satisfactory conclusion, it could be extended. We saw that patients' records were well-maintained, written and managed in a way that kept patients safe and were stored securely. Notes were made at the time of the consultation and the GP had appropriate access to those of past consultations with the patients. We noted that past prescriptions were recorded on a separate tab of the histories. We discussed with the provider means of having them visible on the main summary page. The provider agreed to investigate this and address it in future system upgrades. A short term fix should be used in the meantime.

Quality improvement

The provider monitored information on patients' care and treatment outcomes.

- The provider used information about patients' outcomes to make improvements.
- The provider carried out in quality improvement activity, for example clinical audits and peer reviews of consultations.

The provider had a governance policy highlighting the benefits of clinical auditing. We saw an audit regarding the *Use of FeverPain Score in Assessing Patients with Sore Throat* had been initiated but not yet been completed by a second cycle. The provider should proceed with plans for regular clinical auditing and other quality improvement measures.

Staff training

Good

Are services effective?

Staff completed induction training which included adult and child safeguarding, Mental Capacity Act 2005, chaperoning, information governance, equalities, sepsis awareness and health and safety. They also received training as part of the NHS work which was recorded on their records. The provider monitored requirements to identify when refresher training was due. This was arranged with an established online training provider specialising in healthcare. The GPs had completed their appraisal in 2022, which included a review of their online working.

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 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 NHS GP. We were told that if patients agreed during the consultation, correspondence would be sent to their NHS GP, in line with GMC guidance, in a way that ensured data was protected. The provider had risk assessed the treatments it offered It 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 used in the management of long term conditions.

Supporting patients to live healthier lives

The GPs provided patients with lifestyle advice appropriate to their needs, including issues such as smoking cessation, alcohol consumption, sleep advice and insomnia. Those identified as potentially benefitting from extra support were given helpful information or signposted to the relevant agency or provider.

The provider had recently made arrangements with an established commercial laboratory to offer patients additional services such as blood tests, sexually transmitted infection screening, and other diagnostic tests.

Good

Are services caring?

We rated caring as Good because:

People were supported, treated with dignity and respect and were involved as partners in their care. Feedback from people who use the service was positive about the way they were treated.

Compassion, dignity and respect

The provider instructed GPs to conduct telephone and video consultations in a private room, where they would not be disturbed, and patients were advised to do the same to protect their privacy.

Feedback was routinely sought from patients after each consultation. This was reviewed by the registered manager. The provider also monitored feedback regarding the service on established review websites, where appropriate treating negative comments as complaints for investigation and review.

We did not speak to patients directly but obtained feedback from 57 via the CQC website in preparation for the inspection. Fifty-four patients were positive regarding their experience of the service, two were mixed and two were negative.

Involvement in decisions about care and treatment

Information about how to use the service and technical issues were available on the service website and within the service app. Staff are available during the operating hours to handle telephone calls or online contacts. Patients could access the notes of their consultations via the service app.

Due to the set-up of the service, patients invariably spoke English sufficiently well, although occasionally an English speaking relative or friend might need to be involved in the consultation. The GPs currently working in the service had a range of languages in addition to English, allowing patients a further element of choice. There were no female GPs, but the provider had plans to employ some as the business expanded.

We received positive direct feedback from patients regarding caring aspects of the service including the following examples:

- *Thorough Listen Diagnose and Treat and give you time.*
- *The doctor was clear, empathetic and helpful.*
- *TapGP listened to me, assessed the risks thoroughly (including asking me to do a blood pressure check in front of him) and supported my decision.*
- *Discussed symptoms. Checked any allergies, other medication I was taking. Discussed possible side effects. Advised how medication would work. Advised follow up appt with my regular GP.*
- *Really excellent service with a very caring and considerate doctor.*
- *He has a very calm demeanour and is always willing to answer any questions that I have. The fact that he takes his time to explain things in detail and repeats himself when necessary, makes me feel like he truly cares about my well-being.*
- *The GP made me feel at ease throughout the appointment and took the time to explain everything in detail, so I fully understood the diagnosis and treatment plan.*
- *I was particularly impressed by the care given to ask questions about my mental health which was done with kindness and tact.*

Good

Are services responsive to people's needs?

We rated responsive as Good because:

People's needs were met through the way the service was organised and delivered. People could access the right care at the right time. It was easy for people to complain or raise a concern and they were treated compassionately when they did.

Responding to and meeting patients' needs

The service provided medical assessments, remote clinical examination, diagnoses, and prescriptions. Fit and sick notes were issued for an additional fee. Patients could register and access the service using a smartphone or tablet computer, using iPhone or Android apps.

Appointments were available seven days a week, 8:00am to 10:00pm, but access via the service app to request a consultation was available all day. The service was not intended for use in emergencies. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if appropriate to contact their own NHS GP or NHS 111.

The service app allowed registered patients to make contact from abroad, for example if they were on holiday or travelling on business, by prior arrangement with the provider. However, all medical practitioners were required to be based within the United Kingdom, working for the NHS and be registered appropriately with the GMC. Any prescriptions issued were sent electronically to a UK pharmacy of the patient's choice for personal collection or could be issued to a participating pharmacy which would arrange delivery.

A range of healthcare conditions which the provider could treat were set out on the service website. The provider made it clear to patients what the limitations of the service were. For example, the private prescriptions were only issued by the GP after a video consultation, when the patient's' identity had been confirmed. Patients were informed that certain prescriptions could only be issued if the GP had been shown recent test results and had, where appropriate, witnessed the patient carrying out blood pressure monitoring during the consultation.

Tackling inequity and promoting equality

The provider offered consultations to anyone who had registered with the service, requested an appointment, and paid the appropriate fee There was no discrimination against any client group. The service provided for patients who might have difficulty accessing medical care and advice outside standard working hours.

Managing complaints

The provider had a suitable complaints process and an up to date governance policy setting out appropriate timescales for acknowledgement investigation and responding. Information about how to make a complaint was available on the service website. It included provision for a complaint to be escalated to the Independent Complaints Advocacy Service (ISCAS) for resolution. The registered manager was responsible for complaints handling.

We saw that six issues had been treated as complaints by the provider. Three had been submitted by email and the others picked up from patient feedback to review websites. The provider was able to demonstrate that the complaints we

reviewed were handled correctly and patients received a satisfactory response. We saw from minutes that complaints were reviewed at staff meetings. There was evidence of learning as a result of complaints, with changes made following complaints. For example, communications had been improved, by updating the website with information regarding patients' NHS records not being accessible to the service.

Consent to care and treatment

There was clear information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how patients could contact the provider with any enquiries.

The provider had up to date policies in place relating to people's consent to treatment. These covered children's consent in accordance with the Gillick principals – designed to assess and establish a child's capacity to consent – and the Mental Capacity Act 2005 (MCA). All GPs had received training about the MCA. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in accordance with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and recorded the outcome of the assessment.

We received direct feedback from patients which was positive regarding responsive aspects of the service, which included the following examples:

- *Booking an appointment was easy. Same day appointment were available. The doctor was on time. He was very thorough and caring.*
- *The GP provided lots of guidance and was able to prescribe the required antibiotics quickly and efficiently via email. I have to say the GP went above and beyond, telephoning me after the appointment to give further advice. I felt at ease with the GP and reassured.*
- *The GP was great he instantly diagnosed shingles arranged an ambulance which arrived in 15 minutes.*
- *Convenient, easy to use, punctual, thorough consultation, friendly GP and good advice given.*
- *I was very reassured by the fact that the GP sent his notes from the consultation to my NHS GP, to ensure continuity of care.*
- *Easy to use Patient focussed care with appointments on a Sunday at 8 pm.*

Good

Are services well-led?

We rated well-led as Good because:

The leadership, governance and culture promote the delivery of high-quality person-centred care. The service was transparent, collaborative, and open about performance.

Business Strategy and Governance arrangements

The provider had a clear vision to develop the business in order to provide a high-quality responsive service that put caring and patient safety at its heart. Its statement of purpose was clear and concise, and it had a business plan that covered the next seven years of activity, including an intended expansion of the services provided. There were various systems in place to monitor the performance of the service. Performance information, such as complaints and comments received from patients was discussed at staff meetings. There were arrangements for identifying, recording and managing risks and for implementing mitigating actions.

There was a range of service specific policies which were available to all staff. These were reviewed annually and updated when necessary. We discussed them with the registered manager who agreed to review and revise some of the policies to provide consistency in terminology throughout.

Care and treatment records were accurate, and securely kept. The registered manager agreed to investigate and implement a means of recording prescriptions on the main summary page of the records. A short term fix should be used in the meantime.

Leadership, values and culture

The registered manager worked daily within the service and had overall responsibility for any medical issues as well as being the named lead for various aspects of the service, such as safeguarding and handling complaints.

There were adequate staffing arrangements to meet current demands and capacity and provision for increasing staff as the business developed.

The service had an open and transparent culture. This was demonstrated by evidence we saw relating to the handling of complaints. We were told that if there were unexpected or unintended safety incidents, the provider would give affected patients reasonable support, truthful information, and a verbal and written apology. There had been no incidents to date.

Safety and Security of Patient Information

Systems were in place to ensure that all service information and patient data was stored and kept confidential. The provider had a range of policies relating to confidentiality and information governance. These included a policy covering sharing information with patients' NHS GPs, with the patients' express permission. Systems had been established that restricted unauthorised access to records. The provider was registered with the Information Commissioner's Office. There were system failure procedures relating to the service app and IT system and data security procedures operated to minimise the risk of losing patients' data.

The registered manager agreed to investigate and implement a means to ensure patients' records could be retained for the required length of time should the provider cease operating.

Seeking and acting on feedback from patients and staff

Good

Are services well-led?

The service app. allowed patients to rate their experience after each consultation and provide feedback and this was encouraged. The ratings and feedback were monitored by the registered manager and, if negative, triggered a review of the consultation to address any shortfalls. In addition, patients could submit comments and ratings via established online review sites, which were monitored by the provider and responded to. Some of these reviews had been actioned as complaints and led to improvements and process changes. We noted the patient feedback on the review websites was consistently positive, which was borne out by the direct feedback we received via the CQC website in preparation for the inspection.

Continuous Improvement

The provider actively sought ways to improve the service. All staff were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered.

We saw from minutes of staff meetings where patients' complaints had been discussed, leading to improvements. The provider's seven year business plan set out an intended expansion of the business. Additional services such as such diagnostic tests and screening would be available to patients shortly following a recent partnership arrangement with a commercial laboratory.