

# DocTap Ltd

# DocTap

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection of DocTap on 19 and 20 June 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service has not been previously inspected.

DocTap Limited, established in July 2016, has its non-clinical, operational head office at 36 Woodstock Grove, London W12 8LE. The service provides face-to-face GP consultations from eight London clinics:

- DocTap Bond Street (John Bell & Croyden, 50-54 Wigmore Street, London W1V 2AU).
- DocTap Chancery Lane (330 High Holborn, London WC1V 7QD).
- DocTap Canary Wharf (1 Canada Square, Canary Wharf, London E14 5AB).
- DocTap Liverpool Street (63 Mary Axe, London EC3A 8NH).
- DocTap Monument (68 King William Street, London EC4N 7DZ).
- DocTap Victoria (83 Victoria Street, London SW1H 0HW).
- DocTap Kings Cross (Hamilton House, Mabledon Place, London WC1H 9BB).
- DocTap Goodge Street (48 Charlotte Street, London W1T 2NS).

# Summary of findings

We inspected the head office and the clinic at Liverpool Street on 19 June 2018 and the clinics at Victoria and Bond Street on 20 June 2018.

The service offers face-to-face GP appointments for children and adults. Services include blood tests, referrals and medical certificates. Appointments are available from 9am to 6pm, Monday to Sunday. A standard GP consultation is 15 minutes duration at a cost of £29 to £49 dependant on the day of the week, time of the appointment and whether the appointment was booked in advance or on the day.

Data for the 12-month period prior to our inspection showed that the service had seen approximately 11,000 patients at its eight current locations. The provider told us that data showed that 32% of patients reused the service.

The day-to-day running of the service at all locations was overseen by 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. The registered manager is supported by a management team which consists of a clinical director, a managing director and an operations manager. In addition, the service employs two receptionists and a facilities manager. Clinical services were provided by 24 regular sessional GPs.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Treatment of Disease, Disorder or Injury, Diagnostic & Screening Procedures and Maternity and Midwifery Services.

As part of our inspection, we asked for CQC comments cards to be completed by patients during the two weeks prior to our inspection for each clinical location. Fifty-seven comments cards were completed, 56 of which were positive about the service experienced. Patients commented that the service was excellent, professional and appointments ran to time. Patients said staff were friendly, caring and informative and they felt they were treated with dignity and respect.

The provider proactively sought patient feedback after each consultation on experience of the booking process, the GP consultation and the premises using a rating of one to five stars. Data for the period June 2017 to June 2018 showed that 1,212 patients had given feedback of which 93% had given a five-star rating of their experience with the booking process, 93% had given a five-star rating for their experience with the GP and 75% had given a five-star rating of their experience of the premises.

## Our key findings were:

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. All staff had been trained to a level appropriate to their role.
- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The practice carried out staff checks on recruitment, including checks of professional registration where relevant.
- Clinical staff we spoke with were aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their roles.
- There was evidence of quality improvement, including clinical audit.
- Consent procedures were in place and these were in line with legal requirements.
- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Systems were in place to protect personal information about patients. The service was registered with the Information Commissioner's Office (ICO).
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Information about services and how to complain was available.
- The service had proactively gathered feedback from patients.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.

# Summary of findings

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

- Consider the arrangements in place for non-clinical staff who act as a chaperone to have the appropriate

Disclosure and Barring Service (DBS) check in place which reflects their specific duties as a chaperone and the contact they have with patients, particularly children and vulnerable adults.

- Consider how patients with a hearing impairment would access the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

- There were systems and processes in place to keep patients safe and safeguarded from abuse and a patient identification system was in place.
- There was a system in place for the reporting and investigation of incidents and significant events. Lessons learnt were shared with staff.
- There were systems in place to meet health and safety legislation.
- There were arrangements in place to deal with emergencies and major incidents.
- We observed the service premises to be clean and there were systems in place to manage infection prevention and control (IPC), which included regular audits.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

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### **Are services effective?**

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

- Clinical staff were aware of and used current evidence based guidance relevant to their areas of expertise.
- Clinical staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was evidence of quality improvement, including clinical audit.
- There were formal processes in place to ensure all members of staff received an induction and an appraisal.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

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### **Are services caring?**

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

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Systems were in place to ensure that all patient information was stored and kept confidential. The service was registered with the Information Commissioner's Office (ICO).
- Patient feedback through CQC comment cards showed that patients felt their privacy and dignity was respected and staff were caring.

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### **Are services responsive to people's needs?**

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

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Staff we spoke with told us that they had access to an internet-based translation tool for those patients whose first language was not English.
- There was a complaints policy which provided information about handling complaints from patients.
- Information for patients about the service was available in a patient leaflet and on the provider's website which included the costs of services provided.

# Summary of findings

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## **Are services well-led?**

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

- The clinical director and management team had the capacity and skills to deliver high-quality, sustainable care.
  - The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
  - There were clear responsibilities, roles and systems of accountability to support good governance and management.
  - The service engaged and involved patients and staff to support high-quality sustainable services.
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# DocTap

## Detailed findings

## Background to this inspection

We carried out an announced comprehensive inspection of DocTap on 19 and 20 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements within the Health and Social Care Act 2008 and associated regulations.

Our inspection team was led by CQC Lead Inspector and included a GP Specialist Advisor.

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with the clinical director, GPs, the managing director,

the registered manager and a receptionist. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses, patient survey results and complaints.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. We saw that policies were accessible to staff.
- There was a lead for safeguarding and all staff we spoke with knew who this was. Staff demonstrated they understood their responsibilities regarding safeguarding and were able to give examples.
- We saw evidence that employed staff, the safeguarding lead and GPs had received safeguarding children and adult training appropriate to their role.
- The provider demonstrated that it had systems in place to check a person's identity, age and, where appropriate, parental authority.
- There was a chaperone policy and employed staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. 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. At some of its clinical locations the service utilised a reception service and reception staff were required, on occasion, to act as a chaperone. Staff we spoke with told us the provider had trained them for this role. However, the provider could not provide evidence that DBS checks had been carried out for the staff they did not directly employ. After the inspection we received evidence that the provider had reviewed this arrangement and applied for their own DBS checks for those staff who may be required to act as a chaperone. In addition, the provider had made enhancements to the booking process which alerted patients to the gender of the doctor and prompted them to request a chaperone at the point of booking, if required. The provider told us this enabled them to ensure an appropriate chaperone, male or female, was available for the consultation.
- We reviewed the personnel files of one employed non-clinical staff member and three sessional GPs and

found that the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, written references and appropriate checks through DBS.

- There was a system in place to manage infection prevention and control (IPC). service had an IPC policy in place which was accessible to staff. We observed that consulting room had information displayed on good handwashing techniques, how to deal with a sharps injury and was well equipped with personal protective equipment, bodily fluid spill kits and appropriate clinical and non-clinical waste disposal facilities.
- The service engaged contract cleaners at each location and we observed the premises to be clean and tidy at the three clinical locations we inspected.
- There was a system in place for dealing with pathology results. Pathology specimens were sent to a professional laboratory for analysis. All specimens were collected by the laboratory directly from the clinical locations. Pathology results were accessed through a secure portal and results reviewed by the daily duty doctor. The service had mechanisms in place to ensure doctors had communicated results with patients and acted upon findings.

### Risks to patients

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

- The service had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines. All staff had received annual basic life support training.
- The clinical staff we spoke with knew how to identify and manage patients with severe infections, for example, sepsis. We saw that sepsis guidance was displayed in consulting rooms.
- Each consulting room had a defibrillator, oxygen with adult and children's masks and emergency medicines appropriate to the service and we saw that these were checked regularly.
- There was a panic alarm system in each consultation room and we saw guidance was available to staff on emergency procedures.
- Doctors had professional indemnity insurance that covered the scope of their private practice.

# Are services safe?

- The clinic had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which included contact details of staff.
- There were arrangements for planning and monitoring the number of staff needed and clinical rota were planned in advance.

## Information to deliver safe care and treatment

- Patients provided personal details at the time of on-line registration which included their name, address, date of birth and contact telephone number.
- We saw that individual care records were written and managed in a way that kept patients safe. Patient records were stored securely using a bespoke clinical system with password protected access for authorised staff.
- The provider had systems for sharing information both internally and with other agencies to enable them to deliver safe care and treatment.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable.

## Safe and appropriate use of medicines

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

- All private prescriptions were processed electronically and signed by the prescribing doctor.
- The clinical director and GPs we spoke with demonstrated that they prescribed or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service did not prescribe any controlled drugs.
- The provider had audited its antibiotic prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- We found the service held a range of medicines for the purpose of dispensing, which included antibiotics. The service did not hold any controlled drugs. We saw that all medicines were held in a secure locked cupboard and only accessible to authorised individuals. All medicines we reviewed were in-date. We found that the service dispensed medicines in line with relevant regulations, for example, dispensed in original packaging and appropriately labelled.

- The service did not stock any medicines requiring refrigeration.

## Track record on safety

The service had a good safety record.

- The service was operating from rented premises and maintenance and facilities management was provided by the landlord. The provider maintained an oversight of this and were able to provide evidence that the fire alarm warning system and firefighting equipment were regularly maintained and fire alarm warning system tests and evacuation drills were undertaken at each clinical location. We saw fire procedure and evacuation guidance displayed in consultation rooms.
- We saw that various risk assessments had been undertaken at each location including health and safety, Legionella and fire.
- The service ensured that equipment was safe and maintained according to manufacturers' instructions. We saw evidence that portable appliance testing (PAT) and calibration of medical equipment had been undertaken in the last year at each location.

## 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 and incidents directly into the bespoke IT platform. There was an incident policy in place which was accessible to staff. Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- The provider had recorded five incidents in the past 12 months. We saw that the service had adequately reviewed and investigated when things went wrong, took action to improve safety and shared outcomes with staff. The provider told us they had not identified any themes.
- Staff we spoke with were aware of and complied with the requirements of the Duty of Candour. They told us the service encouraged a culture of openness and honesty.
- There was a system for receiving and acting on safety alerts and the provider was able to share examples of recent alerts relevant to the service and action taken.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

GPs we spoke with demonstrated they 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).

- The provider captured patient information and consultation outcomes on a bespoke clinical system. We reviewed examples of medical records which demonstrated that patients were fully assessed and received care and treatment supported by clear clinical pathways and protocols.
- We saw no evidence of discrimination when making care and treatment decisions.
- GPs we spoke with told us they advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

There was evidence of quality improvement, including two-cycle clinical audits. We reviewed three audits in relation to antibiotic and diazepam prescribing and an audit in relation to a patient safety alert. The service routinely undertook a randomised notes review of all its GPs. The service had effective systems in place to monitor and follow-up on pathology results.

### Effective staffing

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

- We saw evidence that all clinical staff were registered with their appropriate professional body. For example, the General Medical Council (GMC).
- We saw evidence that all sessional doctors engaged by the service had a current responsible officer (all doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practise). All doctors were following the required appraisal and revalidation processes and were required to provide evidence to the service of an up-to-date NHS annual appraisal.

- The provider maintained up-to-date records of skills, qualifications and training for both employed staff and sessional GPs. The provider had mechanisms in place to alert it to when up-date training was required.
- There was an induction programme for new staff. The provider organised clinical training events for its GPs as part of their continuous professional development. We saw that there had been a recent dermatology and psychiatry training event. All staff had access to training with protected time.
- The service provided staff with ongoing support which included one-to-one meetings, clinical and non-clinical training events, appraisals and annual performance reviews for sessional GPs. The clinical director undertook a notes review of 20 random consultations for each newly appointed GP, followed by a randomised five per cent sample thereafter. GPs told us they received feedback.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable. The provider told us that if a patient declined consent to share information with their GP, but it was felt it was in the patient's best interest to share the information; a further discussion would take place at the consultation to gain consent.

### Supporting patients to live healthier lives

The service told us they were proactive in helping patients to live healthier lives.

- Patients had access to same day appointments, Monday to Sunday at a central London location convenient to them. Appointments were available on-line to be accessed at the patient's convenience.
- The service offered access to blood tests and patients could be referred for diagnostic screening such as x-ray and ultrasound.
- After each consultation helpful resources and links to further health information relevant to the patient were sent.

# Are services effective?

(for example, treatment is effective)

- We saw that there was a range of health information available on the service's website.

## **Consent to care and treatment**

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

- All staff we spoke with understood and sought patients' consent to care and treatment in line with legislation and guidance. We saw evidence that GPs had undertaken training in the Mental Capacity Act.

- We were told that any treatment, including fees, was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.
- There was comprehensive information on the service's website with regards the services provided and what costs applied.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

- We observed that staff treated service users with kindness, respect and compassion.
- Staff told us they respected the personal, cultural, social and religious needs of service users.
- Arrangements were in place for a chaperone to be available, if requested.
- Patients were provided with timely support and information.
- We were unable to speak with patients on the day of the inspection. However, we made CQC comment cards available for patients to complete at all eight clinics two weeks prior to our inspection. We received a total of 57 comments cards, of which 56 were positive about the service experienced. Patients commented that staff were friendly and caring and they felt they were treated with dignity and respect.
- Patient reviews on the service's website were all very positive about the service provided. We saw that for the period June 2017 to June 2018 1,212 patients had given feedback of which 93% had given a five-star rating for their experience with the GP.

### Involvement in decisions about care and treatment

- The service gave patients clear information to help them make informed choices which included the cost of services.
- The service had access to an internet-based translation tool for those patients whose first language was not English.
- There was no induction hearing loop available to aid those patients who were hard of hearing at any of the sites inspected.

### Privacy and Dignity

- Staff we spoke with recognised the importance of patients' dignity and respect.
- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations and conversations could not be overheard.
- The service had data protection policies and procedures in place and there were systems to ensure that all patient information was stored and kept confidential. Staff we spoke with told us they had undertaken General Data Protection Regulation (GDPR) training.
- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The service met patients' needs through the way it organised and delivered its services. It took account of patient needs and preferences and offered convenient, same day appointments, seven days a week at its eight central London locations. Patients were able to receive a consultation and, if necessary, obtain a prescription, be dispensed medicines or undertake a blood test in a single consultation.

- The facilities and premises were appropriate for the services delivered. We saw that 75% of patient providing feedback had rated the premises as five stars.
- All patients presented to reception and checked in via a touchscreen tablet computer which alerted the GP to their arrival. Patients were collected personally by the GP from the waiting area.
- Information about the service portfolio and fees were on the provider's website. A patient leaflet and information about treatments offered was available at the clinics.

### Timely access to the service

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

- Patients could access pre-bookable GP appointments on-line at one of the provider's eight clinics Monday to Sunday, 9am to 6pm. A standard GP consultation was 15 minutes duration and the cost commenced at £29 to £49 dependant on the day of the week, time of the appointment and whether the appointment was booked in advance or on the day.
- Waiting times, delays and cancellations were minimal and managed appropriately. We saw data that showed the average waiting time was approximately two minutes. Feedback from CQC comments cards indicated that patients felt appointments ran to time.

### Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- The service had a complaints policy and there were procedures in place for handling complaints. This included timeframes for acknowledging and responding to complaints with investigation outcomes.
- There was a designated responsible person to handle all complaints.
- The service recorded written and verbal, of which there had been nine in the last year. The service had not identified any trends. We found that they were satisfactorily handled in a timely way and we saw evidence of learning.

# Are services well-led?

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

## Our findings

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

### Leadership capacity and capability

The management team had the capacity and skills to deliver high-quality, sustainable care.

- The management team and medical director had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services.
- Staff told us the management team was accessible and approachable and as a small team they felt everyone worked together.

### Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The provider told us it prided itself on a highly personalised, convenient, patient-centred service which enabled patients to access care and treatment at a time and a place convenient to them.
- There was a realistic strategy and business plan to achieve priorities. The service monitored its progress against delivery of the strategy.

### Culture

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

- Staff we spoke with told us they felt respected, supported and valued. All staff we spoke with gave positive feedback about working at the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff we spoke with told us there was a culture of openness, honesty and transparency when responding to incidents and complaints.
- There were processes for providing all staff with the development they need. This included induction, training and appraisals.

### Governance arrangements

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

- There was a clear management and staffing structure and staff we spoke with told us they were aware of the management structure and their own roles and accountabilities within the service. We saw staff had lead roles, for example, infection control, complaints and safeguarding.
- The service held regular governance meetings.
- Clinical oversight was provided by the medical director and operational and Care Quality Commission compliance was overseen by the registered manager and managing director. An operations and facilities manager ensured all clinical sites ran smoothly and were fully stocked and maintained.
- All staff had access to operational policies and procedures.

### Managing risks, issues and performance

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

- The service could demonstrate premises risk assessments which included health and safety and fire.
- Performance of clinical staff could be demonstrated through random audits of their consultations, performance appraisals and training updates.
- Clinical audit was used to monitor care and outcomes for patients.
- Patient satisfaction was monitored through patient feedback which was encouraged by the provider.
- The provider had plans in place to deal with major incidents and medical emergencies. All staff had been trained in basic life support and each clinical location had access to emergency equipment and medicines.

### Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- Patient consultations and treatments were recorded on a secure bespoke clinical system.
- 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.

# Are services well-led?

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

- The provider submitted data and notifications to external organisations as required.

## **Engagement with patients, the public, staff and external partners**

The service engaged and involved patients and staff to support high-quality sustainable services.

- The service encouraged and valued feedback from patients and had a system in place to gather feedback from patients on an on-going basis.
- The provider actively engaged with staff through one-to-one meetings and appraisals.
- Staff told us the service responded to feedback from the team and some changes had been implemented as a result. For example, changes had been made to the bespoke clinical system to make it more user-friendly.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and innovation within the service. In particular, the service was technology-driven and further enhancements to its bespoke clinical and supporting IT platform was planned to improve patient experience and outcomes and automate and streamline administrative functions.
- The practice made use of reviews of incidents and complaints. Learning was shared and used to make improvements.