

Doctors of the World UK

Medecins du Monde UK (Doctors of the World)

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 28 February 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 safe care in accordance with the relevant regulations.

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

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.

Medecins du Monde UK is a registered charity and is part of the Medecins du Monde (Doctors of the World) wider network which is an international humanitarian organisation that has clinics in developed and developing countries. Since 2006, services are provided to patients from the ground floor of the Praxis Community Projects Centre in a church building which houses a range of other services committed to empowering vulnerable migrants. The Doctors of the World UK programme model is designed to support and offer primary care, health and social advice to excluded people including sex workers, asylum seekers, undocumented migrants and homeless people. The service can be accessed by local buses and is within easy access of Bethnal Green Underground Station. The service is registered with the Care Quality Commission to provide the regulated activity of Diagnostic and screening activities from: Praxis, Pott Street, London, E2 OEF.

Summary of findings

The main service provided from the clinic is health advocacy to ensure people can access mainstream health-care, with referrals and signposting to other health and social care providers, including antenatal care and mental health counselling. Volunteer GPs and nurses carried out health checks, including screening for STIs, contraception counselling and provision, and prescription from a limited formulary. They also facilitate monthly Tuberculosis (TB) and sexual health screenings in partnership with two London hospitals. Employed staff at local level comprises of a full time Programme Manager, programme staff and volunteer manager, clinic and helpline officer, health advisor, policy and advocacy managers, GP champions and campaign lead. Since the UK programme started in 2006, Medecins du Monde UK have provided help to 13,362 vulnerable migrants across their UK clinics. Patients who require further investigations or any additional support are signposted on to other services such as NHS GPs and A&E.

The service's opening hours are Monday, Wednesday and Friday 11am to 3pm. Appointments are available between 11am and 2pm with limited availability for walk in's on the day. The appointment and advice lines are open Monday to Friday between 10am and 12midday; outside of these hours patients were advised to email the service.

The programme manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- There were effective systems in place for recording, investigating and learning from incidents.
- Care and treatment was provided in line with evidence based guidance.
- Staff worked with other health professionals and other organisations where appropriate and supported patients to access other healthcare services.
- The provider participated in improvement activity such as clinical audit and other benchmarking to support service improvements.
- Care and treatment was planned and delivered to suit the needs of the patients they saw.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. This was underpinned by a standing operating procedure.
- The service had a complaints policy in place and information about how to make a complaint was available for patients.
- There was a clear organisational structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- Feedback from patients about the care and treatment they received was very positive.

There were areas where the provider should make improvements:

- Review and update the business continuity plan.
- Continue to review the service's fire arrangement to ensure risk assessments are undertaken as per recommendations.
- Review and consider having onsite emergency equipment such as a defibrillator and oxygen.
- Review the emergency medicine risk assessment and consider detailing which emergency medicines are unsuitable to stock.

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.

- The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguard them from abuse.
- All staff had received safeguarding training appropriate for their role. All staff had access to referral pathways.
- The service undertook appropriate recruitment checks for all staff including clinical and non-clinical volunteers.
- There was an induction system for volunteer staff tailored to their role.
- The service had a business continuity plan, however this needed updating to be fit for purpose.

Are services effective?

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

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- Systems were in place to ensure the security and safe access of patient records by volunteers.
- Staff were aware of most current evidence based guidance.
- The service had systems to keep all clinical staff up to date.
- The service monitored patient outcomes.

Are services caring?

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

- CQC comment cards completed by patients were very positive about the standard of care they received.
- The service provided facilities to help patients be involved in decisions about their care.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The services 2017 in house feedback survey results indicated that patients felt their dignity was respected during examinations with the doctor. This was echoed by patients we spoke with on the day of inspection.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and tried their outmost to maintain patient and information confidentiality.

Are services responsive to people's needs?

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

- Translation and interpreting services were available for those who did not have English as a first language.
- Appointments could be booked over the telephone and they offered a limited number of walk-in appointments.
- The service had a complaints policy in place and information about how to make a complaint was available for patients.
- The service employed female and male volunteer clinicians.
- The service worked in partnership with other local services to deliver care.
- Patients were signposted to other services, including counselling, housing and specialised non-government organisations (NGOs).

Summary of findings

Are services well-led?

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

- There was a clear leadership structure and staff and volunteers felt supported by management.
 - The provider was aware of and complied with the requirements of the duty of candour.
 - The service had policies and procedures to govern day to day activities.
 - The service had systems and processes in place which ensured patients' data remained confidential and secured at all times.
 - The service engaged with the volunteers and satisfaction rate from the most recent survey showed staff felt supported. Staff/volunteers we spoke with on the day expressed pride in working for the organisation.
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Medecins du Monde UK (Doctors of the World)

Detailed findings

Background to this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health

and Social Care Act 2008, to look at the overall quality of the service.

Our inspection team consisted of a CQC Lead Inspector, GP Specialist Advisor and an Expert by Experience.

The inspection team:

- Carried out an announced inspection at Medecins Du Monde on 28 February 2018.
- Spoke with four members of staff and nine patients.

- Reviewed 79 completed comment cards.
- Made observations of the environment and infection control measures.

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

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all volunteers and employed staff by way of hard copy as well as on the clinical system. The policies contained contact details for all boroughs within London and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and information was accessible. Incident forms and referral forms were embedded within the policy.
- The volunteer doctor and staff interviewed on the day of inspection demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Staff demonstrated they understood their responsibilities and we saw evidence where safeguarding concerns were identified, reported and followed up. The service had a system in place for alerting staff/volunteers if a patient was at risk or vulnerable.
- We reviewed five employed staff and three volunteers personnel files and found the service undertook appropriate recruitment checks prior to employment. For example, proof of identity disclosure and barring service (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All volunteer doctors had been revalidated by the General Medical Council (GMC) and nurses registration with the Nursing and Midwifery council were up to date.
- Notices were displayed which advised patients that chaperones were available if required. There was a chaperone policy in place. Staff who acted as a chaperone were trained to do so and had undergone a 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).
- The service ensured that facilities and equipment such as Pulse Oximeter were safe and that equipment was maintained according to manufacturers' instructions.

We saw evidence electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. There were systems in place for safely managing healthcare waste.

- We observed the areas of the premises occupied by the service to be visibly clean and tidy and we saw that cleaning schedules were maintained. The building itself was in need of modernisation. Staff had access to appropriate hand washing facilities and personal protective equipment (PPE). Infection control management and policy was included in the service's standard operating procedure handbook. From records reviewed we saw where an internal inspection of the service was undertaken in August 2017 which addressed all areas including infection control. All identified issues had been remedied.

Risks to patients

Nearly all systems to assess, monitor and manage risks to ensure patient safety.

- The service did not have an onsite oxygen or defibrillator to respond to most emergencies. The risk assessment stated that the likelihood of a medical emergency is low as no procedures/treatment were initiated in the clinic. In addition, there were clear pathways in place to refer patient on who were in need of emergency care. The response time from the ambulance service for Category 1 calls (an immediate response to a life threatening condition, such as cardiac or respiratory arrest) was 75% which was the national target. Following the inspection, the service told us they would review the UK resuscitation guidelines at their next Safety and Quality meeting in March 2018.
- We saw evidence all employed staff and clinical volunteers had received annual basic life support training.
- The service held no emergency medicines. The managers told us they made the decision not to stock emergency medicines as the service relied on volunteers so they were not assured daily checks could be maintained. They also told us as medicines were not administered in the clinic, the likelihood of anaphylaxis was extremely low.

Are services safe?

- There was an induction system for volunteer staff tailored to their role. A volunteer handbook was available for all volunteers which included policies, procedures and links to other important business functions.
 - Staff had access to various flow charts, referral pathways and those we spoke with understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
 - We saw evidence a fire risk assessment was undertaken in November 2016 with a recommended annual review date. This meant that at the time of our inspection in February 2018 it was no longer fit for purpose. The service rented the premises from a landlord and they were responsible for carrying out fire risk assessments. We saw evidence the management team had been in discussion with the landlord who confirmed that that they were in the process of arranging another fire risk assessment. The fire risk assessment of 2016 stated that the overall standard of fire safety was quite good, however they made recommendations. At the time of our inspection, all seven recommendations had been addressed satisfactorily.
 - We saw records which confirmed that the fire detection, alarm system, emergency lighting and firefighting equipment were inspected, serviced and in good working order.
 - The service had a variety of other risk assessments to monitor safety of the premises such as legionella, Control of substances hazardous to health (COSHH) and lone worker. We also saw that they held safety data sheet in relation to COSHH. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
 - There was a business continuity plan in place, however the plan did not include contact information for suppliers such as utility or telephone services. The plan did not include contact numbers for employed staff or volunteers.
- Individual care records were written and managed in a way that kept patients safe. The care records we looked at showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
 - The service had systems for sharing information with staff and other services to enable them to deliver safe care and treatment.
 - National patient safety alerts were received by the medical director who reviewed and then discussed with the rest of the clinical team.
 - Volunteers and staff alike had access to a suite of pathways and decision making tools. Referral letters we reviewed were detailed and included all of the necessary information. The service was proactive in following up referrals where and when required.
 - All patients attending the service were required to complete a detailed information request form which was available in different languages.

Safe and appropriate use of medicines

There were no medicines held on the premises. Prescription forms were all stored electronically which enabled the volunteer doctors to prescribe from a limited and agreed list. The service had procedures in place to monitor prescriptions issued by the service.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff and volunteers understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service

Information to deliver safe care and treatment

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

Are services safe?

learned and shared lessons, identified themes and took action to improve safety in the service. We reviewed the service's incident log dated between December 2016 to November 2017 and found that 81 incidents were formally reported and recorded. Forty nine were urgent referrals to other services, for example, two weeks wait referrals, 15 safeguarding referrals, 13 operational and four clinical incidents. For each recorded incident, we saw that the service took the appropriate action to remedy the situation and steps were put in place to

reduce the likelihood of similar incidents recurring. There was candour around reporting incidents and the service encouraged staff and volunteers to do so to create a culture of learning.

- The employed GP and UK programme manager ensured that safety alerts received were cascaded and discussed to the wider clinical team. The service learned from external safety events as well as patient and medicine safety alerts.

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

The service had systems and process to keep clinicians up to date with current evidence-based service. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical and social needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions. One of the service's core ethos was improving health outcomes for vulnerable migrants, including access to healthcare.
- Staff reminded patients the remit of the service and where to seek further help and support.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activities and used this to routinely review the effectiveness and appropriateness of the care provided. Internal benchmarking was used by the provider to evaluate the service and drive improvement. There had been three completed audits and one detailed evaluation report undertaken in the last year; we found that the service took steps to address recommendations where feasible. Examples of completed audit undertaken related to coding of disease, review of clinical consultations and sexual and reproductive health review.

Effective staffing

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

- The service understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Volunteers and staff were encouraged and given opportunities to develop. Clinical and non-clinical volunteers had access to tailored online resources through the organisation's e-learning platform.

- The service had an induction programme for newly appointed staff and volunteers. This covered such topics as safeguarding, basic life support, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Doctors appraisal were up to date and all had been revalidated by the General Medical Council (GMC).
- There was a clear approach for supporting and managing staff when their performance was poor or variable. This was done in line with the service's volunteer charter.

Coordinating care and treatment

Staff worked together and with other health and social care services to deliver effective care and treatment.

- We saw records that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment.
- The service supported 1,924 people in accessing primary and or secondary services in 2017.
- The service facilitated and coordinated sexual and reproductive health service which was delivered by a local hospital.
- Patients received coordinated and person-centred care.
- The service maintained comprehensive records and care plans for all patients.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- Volunteers educated patients on the importance of healthy behaviour change and guided them to resources that may aid them in living healthier lives.
- The service supported initiatives to improve the population's health, for example, smoking cessation, emotional wellbeing, oral health and weight management.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The service had standard operating procedures for obtaining consent from patients before any care or treatment was provided. As part of our visit we reviewed a random selection of consultation records of patients who used the service. We were satisfied there was sufficient evidence to show that staff provided patients with appropriate information and support in choosing their

treatment. Staff sought patients' consent to care and treatment in line with legislation and guidance. Clinical staff we interviewed on the day understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. There were consent forms in place for young adults and under 16's who attended the service unaccompanied.

Are services caring?

Our findings

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

Kindness, respect and compassion

On the day of inspection, we observed staff involved in the patient journey treated them with dignity, respect and compassion at all times. We observed treatment rooms to be basic, but clean and curtains were provided. We saw that treatment rooms were kept closed during patient's consultation and conversations taking place could not be overheard. We received 79 completed Care Quality Commission comment cards, all of which were positive about the care received. We also spoke with nine patients who told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to during consultations to make an informed decision about the choice of treatment available to them.

Patients attending the service could be reimbursed up to ten pounds (£10) to cover transportation costs. There was an agreement in place between the service and a local pharmacy whereby prescriptions issued to patients were done so free of cost. This cost was covered by the service.

Involvement in decisions about care and treatment

The service sought patients feedback following their consultations. Results from the 2017 feedback survey showed patients responded positively to questions about their experience as it related to consultation, involvement and making decisions about their care and treatment. This

aligned with patient feedback received on the day of inspection. Summarised results showed that the 22 patients surveyed answered positively to questions when they were asked to choose from yes, no and somewhat answers, for example:

- 100% of patients who responded said they felt staff listened to their concerns.
- 86% of patients who responded said the staff clearly explained what they could do to help.
- 91% of patients who responded said staff had a good level of knowledge and expertise.
- 95% of patients who responded said that they felt involved in the decisions made about their care.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect, however the area used to carry out pre-assessments could be overheard. We discussed this with the management team who told us there were plans to move to a new purpose built premises in the autumn.
- The service complied with the Data Protection Act 1998 and all staff had received training in information governance (IG).
- Chaperones posters were on display in treatment rooms.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The premises were suitable for the service provided. There were facilities in place for people with mobility difficulties.
- Translation and interpreting services were available for patients who did not have English as a first language. The service audited usage of this facility and found they had 215 interactions in November 2017.
- Appointments could be booked over the telephone or face to face in exceptional circumstances, however the service operated a "first come first served policy."
- The service employed female and male clinicians.
- The service was a key advocate in tackling health inequalities, for example, by lobbying and liaising with local and national government to improve healthcare for those who were under-represented.
- The service worked in partnership with other local services to deliver care. Patients were referred to the 'Find and Treat' mobile clinic for Tuberculosis (TB) screenings and immunisations.
- Patients were signposted to other services, including counselling, housing and specialised non-government organisations (NGOs).
- The service ran a women and children's clinic on the first and third Tuesday of the month where they undertook health assessments and urgent and non-urgent referrals for antenatal care.
- The provider made it clear to patients what services were offered and the limitations of the service.

Timely access to the service

The service's opening hours were Monday, Wednesday and Friday 11am to 3pm. Appointments were available between 1pm and 3pm with most patients accessing the service through walk in's on the day. The appointment and advice

lines were open Monday to Friday between 10am and 12midday; outside of these hours patients were advised to email the service. On average the service saw between 150-200 patients on a monthly basis.

Results from the 2017 in house patient survey showed that patients' were satisfied with how they could access care and treatment. For example:

- 89% of patients who responded stated it was easy to find information about the service.
- 100% of patients said they would recommend the service to a friend.

Listening and learning from concerns and complaints

- There was a lead member of staff for managing complaints.
- The service had a complaints policy in place and information about how to make a complaint was available for patients. The complaints policy detailed that complainants could refer their complaint to the Charity Commission if they were not happy with how their complaint had been managed or with the outcome of their complaint.
- The service encouraged verbal complaints and these were recorded as incidents.
- Compliments were recorded, monitored, audited on a quarterly basis and used as a source of learning.

The service told us one written complaint had been made during the last 12 months and there was evidence this had been thoroughly investigated in line with service policy. We reviewed this complaint which was received through the service's website; the patient expressed dissatisfaction about the service received from the reception staff. We saw that the complaint was investigated, evidence collated, discussed in safety and quality meeting and a written response was provided to patient as per the standard operating procedure. Complaints and concerns were discussed and learning was shared across all levels of the service.

Are services well-led?

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

Our findings

Leadership capacity and capability;

On the day of the inspection, leaders demonstrated they had the capacity and skills to deliver high quality, non-partial and inclusive care. They ensured clinical and non-clinical volunteers had access up-to-date policies, training facilities and gave them opportunities to feedback on the service. There was a hierarchical organisational chart which clearly depicted the management team, fundraising and communications team and programme, policy and advocacy team. Volunteers and staff on the day of inspection demonstrated that they understood the service's fundamental visions of Medecins du Monde UK. There was a clear leadership and staffing structure and those we spoke with were aware of their roles and responsibilities and the limitations of these.

Vision and strategy

The provider's visions encompasses social justice, empowerment, independence, commitment and balance. This means that the service will continuously advocate for those who faced barriers in accessing healthcare. In doing so, patients were empowered to exercise their own rights as it related to health. They were committed in providing healthcare which was independent of political, religious or financial authorities or interests. We reviewed the service's work plan which was drafted earlier this year and found that the activities, outcomes and goals mirrors that of the wider organisation values.

Culture

The service had an open and transparent culture that aligned with the statutory duty of candour. Volunteers and staff told us they felt confident to report concerns or incidents and felt supported in doing so. The provider had a whistleblowing policy in place and staff had been provided with training in dealing with whistleblowing incidents. A whistle blower is someone who can raise concerns about the service or staff within the organisation.

Governance arrangements

There was an overarching governance framework which reflected the service's arrangements. The organogram outlined the leadership and governance responsibilities for different areas within the organisation including who was appointed director of development and programme staff.

Volunteer doctors, nurses and staff had job descriptions detailing their roles and responsibilities. Service specific policies were in place and implemented and staff we spoke with during the inspection knew how to access these. The programme manager was responsible for ensuring these remained fit for purpose. Activities were identified and staff including volunteers were aware that key performance indicators (KPIs) were in place to monitor outcomes and ensure they were completed timely.

The doctors attended training courses, meetings and conferences as part of their own professional development and minutes from meetings we reviewed demonstrated learning from these events were discussed when they met as a team. We saw that quarterly safety and quality meetings were governed by standing agendas and minutes.

The service had a programme of continuous clinical and internal audit to monitor quality and to make improvements to patient outcomes.

Managing risks, issues and performance

At the inspection, we saw that the service had formal risk assessments in place to mitigate risks to those who used the service. All risk assessments excepting fire were regularly reviewed and steps taken to address concerning areas. The service rented the premises from a landlord and they were responsible for carrying out fire risk assessments. We saw evidence the management team had been in discussion with the landlord who confirmed that that they were in the process of arranging another fire risk assessment.

Appropriate and accurate information

Staff had received training in information governance. The service had systems in place which ensured patient's data remained confidential and secured at all times. Anonymised patient consultation records reviewed during our inspection were comprehensive and current. There were policies in place to support safe IT usage and processes to ensure that these were accessed by the appropriate member of staff.

Engagement with patients, the public, staff and external partners

The service encouraged feedback from patients. It sought patients' feedback and engaged patients in the delivery of the service and told us this was used to improve the service

Are services well-led?

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

they offered. We noted that the November 2017 patient survey indicated that patients were satisfied with the service. The service engaged with volunteers and regularly communicated changes to them through monthly newsletters. We found that the 33 volunteers (100%) who completed the 2017 volunteer feedback survey stated that they felt supported in their roles.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. There were plans to recruit additional healthcare professionals to meet the demands of the service. A member of the management team explained that it had been identified that there

needed to be a more joint up effort to influence strategy and they will do this by building relationships with clinical commissioning groups (CCGs), GP practices and practice managers to improve knowledge on entitlements and needs of vulnerable migrants.

Work plans we reviewed demonstrated the service had achievable plans in place, for example, the services would be relocating to a new improved facility. Furthermore, Medecins du Monde was committed and there were proposals to working jointly with other well established charities to enable other services namely dental and optical.