

Your Doctor Limited

# Your Doctor Limited

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection of Your Doctor Limited in Buckinghamshire on 20 August 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.

Your Doctor Limited provides private GP services from two registered locations. This inspection report refers to the inspection of the service located at Park Hall Clinic in Buckinghamshire. For information about the other registered service, please select the 'all reports' link for Your Doctor Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Your Doctor Limited has core opening hours of Monday to Friday from 8am to 8pm. In addition to the core hours, appointments and consultations are available over the weekend. This service is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services. This is detailed in patient literature supplied by the service.

Your Doctor Limited is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The founder of the service was also the Lead GP and the registered manager. A registered manager is a person

# Summary of findings

who is registered with the CQC 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection, we received 31 completed comment cards which were all positive about the standard of care they received. The service was described as wonderful, professional, helpful and caring.

## **Our key findings were:**

- Your Doctor Limited was providing safe, effective, caring, responsive and well led care in accordance with the relevant regulations.
- There were systems in place for the overall management of significant events and incidents. Risks to patients were assessed and managed.
- Systems were in place to monitor complaints.
- Staff treated patients with compassion, kindness, dignity and respect. All staff had received equality and diversity training.
- There was a process to ensure that care and treatment delivered were in accordance with evidence-based guidelines.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Patient feedback highlighted that patients appreciated the care provided by the doctors and staff were described as kind, caring and professional.

# 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 clear systems to keep patients safe and safeguarded from abuse. The service saw children under the age of 18 and all staff were trained to an appropriate level for their role in both child and adult safeguarding.
- The service maintained appropriate standards of cleanliness and hygiene. We saw there was an effective system to manage infection prevention and control.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- There were comprehensive risk assessments in relation to safety issues.
- The service had an awareness of the need to review and investigate when things went wrong.

### **Are services effective?**

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

- The service provided data which indicated the activity within the GP service was small, yet growing. Despite the low volume of data, the service had already completed various clinical audits which reviewed patient outcomes and sought areas for quality improvement.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The service promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives including some long-term conditions.
- We saw consent policies and various procedures to ensure these were complied with.

### **Are services caring?**

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

- We observed a relaxed and friendly atmosphere at the service and members of staff were courteous and helpful to patients whilst treating them with dignity and respect.
- There was patient information literature which contained information for patients and relatives including procedural information. This information was also available on the service's website.
- Feedback highlighted patients felt involved in decision making about the care and treatment they received.
- Patients were assisted in finding further information and access to other services as appropriate.

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

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

- The service was responsive to patient needs. Services could be accessed through a telephone or website enquiry. Other information and general enquiries could be accessed through the website, [www.your-doctor.co.uk](http://www.your-doctor.co.uk).

# Summary of findings

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- Patients could access services via either through a variety of membership subscriptions or 'pay as you go' care and treatment.
  - The complaint policy and procedures were in line with recognised guidance. This included a designated responsible person who handled complaints across the service. All patient satisfaction feedback was overwhelmingly positive.
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## **Are services well-led?**

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

- There was a clear vision and strategy to deliver easily accessible, affordable and cutting-edge health care that put patients' needs first.
  - Staff had the knowledge, experience and skills to deliver high quality care and treatment. The service had a suite of policies and systems and processes in place to identify and manage risks and to support good governance.
  - The service was aware of national and local challenges, including the changing demand on GP services and increased national activity in private GP services, and there was a strategy to manage these challenges.
  - The service had gathered feedback from staff through meetings, discussions and social events. Following the first 12 months of the service, all staff were invited to attend and participate in the annual review and brain storming meeting. We saw correspondence from this review which included discussions on 2018/19 goals and objectives, patient growth trajectories and updated operating processes.
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# Your Doctor Limited

## Detailed findings

### Background to this inspection

Your Doctor Limited provides private GP services to adults and children from two registered locations.

This inspection report refers to the inspection of the service located at:

- Your Doctor Limited, Park Hall Clinic, Wexham Street, Bucks, SL3 6NB

The service website is:

- [www.your-doctor.co.uk](http://www.your-doctor.co.uk)

Your Doctor Limited was founded in 2016 and started to provide services from Park Hall Clinic in February 2017. Park Hall Clinic is a converted residential building, the premises had been refurbished to support the provision of general practice.

Some of the services available at Your Doctor Limited are exempt by law from Care Quality Commission (CQC) regulation. Therefore, we were only able to inspect the provision of GP services as part of this inspection. The GP services team at Your Doctor Limited – Park Hall Clinic consists of four GPs (three male GPs and one female GP), a practice business manager and a clinical receptionist who was also the administrator.

Your Doctor Limited also provides GP services to patients from foreign countries who require medical assistance whilst visiting the UK from abroad. These are mostly single consultations.

Your Doctor Limited has core opening hours of Monday to Friday from 8am to 8pm. In addition to the core hours, the service is open on Saturday mornings between 9am and 1pm and telephone consultations are available to

members of the service on Sunday mornings. This service is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services. This is detailed in patient literature supplied by the service.

The inspection on 20 August 2018 was led by a CQC inspector who was accompanied by a GP specialist advisor.

During our visit we:

- Spoke with a range of staff, including the founder of Your Doctor Limited, two Directors for the service, a Your Doctor Limited GP, the head of marketing, the practice business manager and the clinical receptionist who was also the administrator.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.
- Reviewed documents relating to the service.

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

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

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

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The service conducted safety risk assessments in conjunction with the landlord of the premises. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. There were systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff in both digital and hard copies. They outlined clearly who to go to for further guidance.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. There was a policy to check all staff through the 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).
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The service saw children under the age of 18 and all staff were trained to an appropriate level for their role in both child and adult safeguarding. For example, all four GPs were trained to level three children safeguarding, one of the GPs was the service safeguarding lead.
- There was a chaperone policy in place and staff who provided chaperone services had training to support this extended role and background safety checks, for example a DBS check. A chaperone is a person who acts as a safeguard and witness for a patient and health care professionals during a medical examination or procedure.

- All GPs were up to date with their professional revalidations and the service checked annually to assure themselves that professional registrations were current.
- The service maintained appropriate standards of cleanliness and hygiene. We saw there was an effective system to manage infection prevention and control and an audit tool was used to monitor cleanliness. The practice business manager was the infection control lead and all staff had received infection control training. There was an infection prevention control policy in place and a supporting needle stick injury policy which stated what action to take in the event of a sharps injury including onward referral information in the event of emergency.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- There was an up to date fire risk assessment, staff had received fire safety training and the service carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use. Throughout the inspection we observed all clinical equipment had been calibrated where relevant to ensure it was working properly. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and a legionella risk assessment (Legionella is a term for a bacterium which can contaminate water systems in buildings).

### Risks to patients

Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff received annual basic life support training and there were emergency medicines available. These were easily accessible to staff in a secure area of the service and all staff knew of their location. All the medicines were checked monthly, were in date and stored securely. During the inspection we highlighted the service did not have immediate access to three of the recommended emergency medicines, this was rectified immediately and these medicines were added to the emergency medicine store. The service had access to a defibrillator and oxygen was available on the premises.

# Are services safe?

## Information to deliver safe care and treatment

Information needed to deliver safe care and treatment was available to the relevant staff in a timely manner.

- The service kept an electronic secure clinical record for each patient that attended a consultation.
- When a patient registered with the service (as a member or as a one-off consultation), they were asked for their name, date of birth and photo identification checked to confirm these details correlated with the original contact information supplied.
- There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

We saw systems for appropriate and safe handling of medicines. The systems for managing medicines, including supplied medicines, medical gases, and emergency medicines and equipment minimised risks.

The service used private outpatient prescriptions; we saw an ongoing review of the governance arrangements to monitor the use of these prescriptions as the GP service continued to grow.

The GPs prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current local and national guidance. Through our discussions with the GPs there was evidence of actions taken to support good antimicrobial stewardship.

## Track record on safety

There was a good safety record; this included comprehensive risk assessments in relation to safety issues. These assessments helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

We reviewed medicine and other safety alerts and found they were recorded, and shared with relevant staff. The practice business manager and Lead GP were subscribed to receive the alerts, these alerts were reviewed by the GP to see if they were applicable to the service and actioned accordingly.

## Lessons learned and improvements made

The service had an awareness of the need to review and investigate when things went wrong. In 2018 (January 2018 – August 2018), nine significant incidents had been identified. We reviewed the significant incident policy, supporting correspondence and through discussions with the GP and practice business manager saw identification and management of incidents were handled appropriately.

Staff were able to describe the rationale and process of duty of candour. This relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The GPs assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Patients' needs were assessed and options for management of their condition discussed. We saw no evidence of discrimination when making care and treatment decisions and

patients were advised what to do if their condition got worse and where to seek further help and support.

The service monitored that these guidelines were followed through an up-to-date medical history, a clinical assessment and recording of consent to treatment.

### **Monitoring care and treatment**

The service provided data which indicated the activity within the GP service was small, yet growing at a speed faster than the original business trajectories. Despite the low volume of data, the service had already completed various clinical audits which reviewed patient outcomes and identify areas for quality improvement.

We reviewed two clinical audits:

- An audit reviewing feverish illness in children.
- An audit which reviewed prescribing habits of hypnotic's medicines (Hypnotic medicines, commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep).The hypnotic medicines audit was completed following an engagement event between Your Doctor Limited and a national sleep specialist.

We saw the service had also written detailed and comprehensive case studies which had been used as a tool for reflection and quality improvement. One of the case studies we reviewed highlighted a rare presentation of symptoms and subsequent areas for further development.

Furthermore, we saw care and treatment was closely monitored through reviews of patient feedback, clinical governance meetings and non-clinical audits for example an annual note keeping audit and a monthly 'did not attend' audit.

### **Effective staffing**

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for newly appointed members of staff that covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality.
- Programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role.
- All staff had received an appraisal within the last 12 months.
- The GPs were up to date with their yearly continuing professional development requirements and we saw evidence to confirm the last appraisal.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, in-house training and online training.

### **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 through the services patient record system. This included, where appropriate medical records and investigation and test results.

The systems to manage and share the information that is needed to deliver effective care were coordinated across services. The service shared relevant information with other independent services when necessary and there were communication links between the service and the patients NHS GPs. We also saw examples of patient's involvement in the information sharing process by consenting to share information between NHS, private and independent services.

### **Supporting patients to live healthier lives**

The GPs promoted healthy living and gave advice opportunistically or when requested by a patient about

# Are services effective?

(for example, treatment is effective)

how to live healthier lives. Through discussions with staff we saw the service encouraged and supported patients to become involved in monitoring and managing their health and discussed suggested care or treatment options with patients and their carers as necessary.

The service website featured information on various conditions, health promotion, support organisations and alternative care providers. Information on the website was themed and aligned with national and seasonal awareness programmes. For example, sun protection and heat stroke advice during the heatwave of Summer 2018.

## **Consent to care and treatment**

The service obtained consent to care and treatment in line with legislation and guidance. The GP we spoke with understood the requirements of legislation and guidance when considering consent and decision making. Clinicians supported patients to make decisions. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- 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.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. This included checking legal responsibility for any children who attended appointments.

The service displayed full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. This was displayed on the website and was included in all patient literature information packs. This information clearly outlined what was and what wasn't included in the treatment costs. For example, the difference between the two different types of membership packages and the 'pay as you go' GP service.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

During our inspection we observed a relaxed and friendly atmosphere at the service and members of staff were courteous and helpful to patients whilst treating them with dignity and respect.

Curtains and blinds were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.

The receptionist we spoke with knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Chaperones were available on request and as there were male and female GPs, patients had an option of who they saw.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection, we received 31 completed comment cards which were all positive about the standard of care they received. The service was described as wonderful, professional, helpful and caring.

Each month the service completed an in-house patient satisfaction survey. This survey included questions about the different stages of accessing services. We reviewed the patient satisfaction survey results for the previous three months, July 2018 (20 responses), June 2018 (23 responses) and May 2018 (26 responses). All responses demonstrated high levels of satisfaction.

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

Written patient feedback told us that they felt involved in decision making about the care and treatment they received.

- Staff introduced themselves by name to the patient and relatives. Several items of patient feedback highlighted this and commented this reassured the patient whilst also acted as a warm welcome to the service.
- There was patient information literature which contained information for patients and relatives including procedural information. This information was also available on the services website. Both paper literature and digital literature included relevant and up to date information including what can be treated and the different types of treatment available.
- Feedback highlighted patients felt involved in decision making about the care and treatment they received.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and the service complied with the revised Data Protection Act 2018 and General Data Protection Regulations.
- Appointments for all services provided by the service were coordinated and scheduled to avoid a busy reception area and strengthen existing privacy and dignity arrangements.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

GP services at Your Doctor Limited could be accessed by a telephone enquiry or via the website, [www.your-doctor.co.uk](http://www.your-doctor.co.uk).

- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences and understood the needs of its population and tailored services in response to those needs. For example, the service was open on weekday evenings, Saturday mornings and telephone consultations were available for members on Sunday mornings.
- There was an efficient referral process and the service also had direct access to a list of specialist consultants for patient's referrals at the local private hospital.
- Your Doctor Limited was situated on the ground floor of a converted building; there was a large designated car park, with disabled parking and ramp access. However, a hearing loop was not available.
- The service offered a variety of fee based memberships and the option for 'pay as you go' consultations. There was a range of payment options to patients.
- Information was made available to patients in a variety of formats, including large print and through detailed leaflets available in the service and on the website. Staff explained how they communicated with patients who had different communication needs such as those who spoke another language. For example, staff were able to access translation services if required. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

### Timely access to the service

Your Doctor Limited had core opening hours of Monday to Friday from 8am to 8pm. In addition to the core hours,

appointments and consultations were available on Saturday mornings between 9am and 1pm and telephone consultations were available to members of the service on Sunday mornings.

- Patients had timely access to initial assessments, test results, diagnosis and treatment. The preferred communication method was recorded following each interaction. For example, the majority of patients accessed test results via the secure online portal via the service website.
- The monthly in-house patient surveys highlighted high levels of patient satisfaction with reference to accessing the service and appointment availability.
- Written patient feedback we received aligned to the in-house survey results and high levels of satisfaction, comments included great flexibility and choice when arranging appointments in line with other commitments.

### Listening and learning from concerns and complaints

Information about how to make a complaint or raise concerns was available within the service and on the website. This also included information on how to feedback compliments and make suggestions on the provision of services.

The complaint policy and procedures were in line with recognised guidance. This included a designated responsible person who handled complaints in the service. All patient satisfaction was overwhelmingly positive. As a result, the number of complaints was low, for example, since the launch of the service in February 2017, only one written complaint had been received.

Through our discussions with staff it was evident they took all feedback including complaints and concerns seriously and would respond to them immediately and make appropriate improvements as required.

As so few complaints were received the service pro-actively looked for areas of concern from other feedback received. This included a review of all patient feedback collected; for example, patient survey results and feedback left on online health forums and online search engines.

# 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 this service was providing well-led services in accordance with the relevant regulations.

### Leadership capacity and capability

Through conversations, evidence collected during the inspection and a review of correspondence it was evident the full management team had the capacity and skills to deliver high-quality, sustainable care.

All the staff we spoke with were knowledgeable about issues and priorities relating to the quality and future of services. They understood national and local challenges, including challenges within the private GP sector and were addressing them.

Staff had been provided with training opportunities linked to their roles and responsibilities and

professional development goals. We saw processes were in place to check on the suitability of and capability of staff in all roles.

### Vision and strategy

Your Doctor Limited had a clear vision and strategy to deliver easily accessible, affordable and cutting-edge health care that put patients' needs first.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Aligned to the vision, we were told the service wished to return to the traditional 'patient-doctor' relationship. The service believed this relationship delivered the greatest benefits for long-term health.
- The feedback we received and the feedback collected in the in-house patient surveys indicated this vision was being achieved.

### Culture

Staff told us that there was an open culture across the service and they had the opportunity to raise any issues and were confident in doing so and felt supported if they did.

Although the service had recently been launched, there were positive relationships between all staff and teams.

There was awareness and compliance with the requirements of the Duty of Candour, as the service encouraged a culture of openness and honesty.

### Governance arrangements

The governance arrangements of the service were evidence based and developed through a process of continual learning.

- We saw there were clear responsibilities, roles and systems of accountability to support good governance and management. The structures, policies, processes and systems were clearly set out, understood and effective and the leadership assured themselves that they were operating as intended.
- Management meetings were held to discuss any issues or concerns.
- We found that a process for investigating and identifying actions resulting from significant events was in place.
- Audit was used to assess quality and identify improvements.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance. There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

- There was a comprehensive oversight of Medicines and Healthcare Regulatory Agency (MHRA) alerts, incidents and feedback.
- Staff had been trained for major incidents which aligned to location specific business continuity plans. The plans included a list of important phone numbers should there be a failure of infrastructure. Two days prior to the August 2018 inspection, we saw the plan had been activated following a flood and temporary suspension of services.
- The service was aware of national and local challenges, including the changing demand on GP services and increased national activity in private GP services, there was a strategy to manage these challenges. For example, key milestones in terms of subscribed members to the service. Once the milestones had been met, the service activated a recruitment plan to ensure the correct staffing levels were maintained.

# Are services well-led?

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

## **Appropriate and accurate information**

The service acted on appropriate and accurate information.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. For example, the service used a secure clinical system which ensured that all patient information was stored and kept confidential. This system was registered with the Information Commissioner's Office.

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

The service encouraged and valued feedback from patients, staff and external partners. It proactively sought patients' feedback and engaged patients in the delivery of the service. For example:

- It had gathered feedback from patients through feedback including feedback left on social media and in-house patient surveys. We saw that all feedback and survey results were analysed and that actions were implemented as a result.
- The service had also gathered feedback from staff through meetings, discussions and social events. Following the first 12 months of the service, all staff were invited to attend and participate in the annual review and brain storming meeting. We saw correspondence from this review which included discussions on 2018/19

goals and objectives, patient growth trajectories and updated operating processes. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

- Although still a relatively new service, we saw a full marketing and engagement campaign had commenced.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation. There was a focus on continuous learning and improvement at all levels within the service.

- We saw the service was continuing to review potential for additional locations, additional services and additional clinical specialists joining the ever-expanding team as the service aimed to maximise treatment options. For example, the service was reviewing a business case for adding a nurse to the clinical skill mix.
- The full team were keen to learn and improve outcomes for patients. The team met on regular basis to review their work, share learning and discuss any issues identified. This also included engagement with other private GP services and local NHS GP services with a view to join and improve the local health economy and to consider possible collaborate working.
- The service was continuing to review information technology systems across the organisation to improve the effectiveness of access to, and sharing of, patient information. For example, the use of mobile wireless technology to support the patient registration process with an aim to reduce paper correspondence.