

Beaconsfield Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beaconsfield Surgery on 8 September 2015.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at the time of the inspection.

Overall the practice is rated good. Specifically, we found the practice to be good for providing well-led, effective, caring and responsive services. It was also outstanding for providing services for the older population group. It required improvement for providing safe services.

Our key findings across all the areas we inspected were as follows:

- The practice was clean and had good facilities including disabled access.
- Easy read format information and translation facilities were available both at the practice and on their web site.

- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG) and acted on feedback.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff worked well together as a team.

There were areas of outstanding practice including:

The practice had built in the flexibility in their appointment system to allow GPs time to book longer appointments or home visits specifically for all the over 75 age group of patients. This enabled the practice to carry out full health and social care assessments even if the patient had no previously diagnosed medical condition.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must

- Ensure appropriate recruitment checks are carried out for all their staff.

Summary of findings

In addition, the provider should:

- Ensure all members of staff receive further training regarding the practice protocols in place for infection control.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated requires improvement for providing safe services as there were insufficient records of appropriate recruitment checks.

The practice was able to provide evidence of a good track record for monitoring safety issues. The practice took the opportunity to learn from incidents, to support improvement. There were systems, processes and practices in place that were essential to keep people safe including medicines management and safeguarding.

Requires improvement



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were at or above national averages. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Staff had received training relevant to their roles.

Good



Are services caring?

The practice is rated good for providing caring services. Information from various patient surveys demonstrated patients were treated by clinicians with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect. Staff helped people and those close to them to cope emotionally with their care and treatment.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements from feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Information about how to complain was available. Learning from complaints was shared with staff.

Good



Summary of findings

Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as outstanding for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and nursing home visits. The practice participated in meetings with other healthcare professionals and social services to discuss any concerns. There was a named GP for the over 75s. The practice had built in the flexibility in their appointment system to allow GPs time to book longer appointments or home visits specifically for the over 75 age group of patients. This enabled the practice to carry out full health and social care assessments even if the patient had no previously diagnosed medical condition. The practice worked with a local wellbeing team at the practice to reduce social isolation of elderly patients.

Outstanding



People with long term conditions

The practice is rated good for providing services for patients with long term conditions. These patients had a six monthly or annual review with either the GP and / or the nurse to check their health and medication. The practice had registers in place for several long term conditions including diabetes and asthma. Patients who were on anticoagulation treatment had the benefit of having their bloods tested at the practice instead of attending other clinics.

Good



Families, children and young people

The practice is rated good for providing services for families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.

Good



Working age people (including those recently retired and students)

The practice is rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered access to a 24 hour telephone appointment bookings and online services. The practice also offers extended hours on Wednesdays from 7am-8am for pre-bookable appointments.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. Staff had received safeguarding training.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice was in the process of undertaking a review of all nursing home patients to capture information about whether the patient was subject to a deprivation of liberty safeguard. The practice worked very closely with the local community wellbeing team that supported patients.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 117 responses which is equivalent to 1% of the patient list) demonstrated that the practice was performing in line with local and national averages. However; results indicated the practice could perform better in certain aspects of care, for example:

- 22% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and national average of 60%.
- 36% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 58% and national average of 65%.
- 64% of respondents find the receptionists at this surgery helpful compared with a CCG average of 79% and national average of 87%.

The practice scored higher than average in terms of patients being able to access the surgery by telephone and finding nursing staff helpful. For example:

- 63% of respondents find it easy to get through to this surgery by phone compared with a CCG average of 52% and national average of 73%.
- 98% of respondents say the last nurse they saw or spoke to was good at treating them with care and concern compared with a CCG average of 93% and national average of 90%.
- 96% of respondents say the last nurse they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 92% and national average of 90%.

In addition:

74% of respondents describe their overall experience of this surgery as good compared with a CCG average of 82% and national average of 85%.

67% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 73% and national average of 78%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We only received one comment card. This was positive about the standard of care received. Due to the lack of cards completed, we therefore reviewed recent information from the national NHS Friends and Family Test which is a survey that asks patients whether they would recommend the practice to their friends or relatives. Data collected by the practice from November 2014 to August 2015 (from 875 responses which is equivalent to 7% of the patient list size) showed that overall 88% of respondents would recommend the practice. We reviewed a sample of 140 of the comments collected overall and found the majority of patients were happy with the standard of care provided. However there were some negative comments predominantly regarding waiting beyond allocated appointment times (22), difficulty in seeing same GP (5) and unhelpful attitude of reception staff (7).

Beaconsfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor and practice manager specialist advisor.

Background to Beaconsfield Surgery

Beaconsfield Surgery is located in Beaconsfield Primary Care Centre, Widnes. There were 11,687 patients on the practice list at the time of our inspection and the majority of patients were of white British background. The practice had a higher percentage of elderly patients compared to other practices in the area.

The practice is a training practice led by five GPs partners. There are four salaried GPs and one regular locum. Two GP registrars work and train within the practice. There are two practice nurses and two health care assistants. The clinical team is supported by a practice manager, office and reception managers, receptionists and administration staff.

The practice is open 8.30am to 6.30pm every weekday. The practice also offers extended hours on Wednesdays from 7am-8am for pre-bookable appointments. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Urgent Care 24.

The practice has a Personal Medical Service (PMS) contract and has enhanced services contracts for example, childhood vaccinations.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

Detailed findings

- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 8 September 2015.
- Spoke to staff and representatives of the PPG.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

The practice was able to provide evidence of a good track record for monitoring safety issues. The practice took the opportunity to learn from internal and external incidents, to support improvement. All staff were involved in incident reporting and those we interviewed told us they could do this confidently and felt supported to do so without any fear of blame. There were recording systems in place which all staff used. Meetings were held regularly to discuss all incidents.

The practice kept a record of all national patient and other safety alerts issues and how they had responded to them.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements in place to safeguard adults and children 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. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Clinical staff demonstrated they understood their responsibilities and had received training relevant to their role but two members of staff had yet to complete their refresher training.
- Procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and had recently carried out a fire drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- All areas of the practice were clean and cleaning schedules and monitoring systems were in place. One of the practice nurses was the designated lead. However, not all staff we spoke with knew who the lead was. There was an infection control protocol in place and

staff had received up to date e- learning training. However, some staff were not aware of the practice protocols in place, for example, the availability of spillage kits in the practice or where to record a sharps injury. The practice carried out audits and monitored systems in place. The practice had carried out Legionella risk assessments and regular monitoring.

- Systems for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

However, recruitment processes needed to be improved.

We reviewed three staff files. One file for a clinical member of staff had no record of a DBS check or proof of identity check but the manager advised us this had been sought. The practice manager confirmed there were no risk assessments in place for any non-clinical staff as to why a disclosure and barring service (DBS) check had not been sought and there were no DBS checks in place for any non-clinical staff acting as chaperones. These 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 to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

GP regulations stipulate that all patients over 75 years of age have a named GP. The practice had looked at details of all their patients and allocated GPs. Furthermore, the practice then divided these patients into three groups, those with no medical conditions, those with known medical conditions and those with acute conditions. The practice had built in flexibility in their appointment system whereby routine appointments for two sessions a week were covered by GP locums giving the other GPs time to book longer appointments specifically for the over 75 group of patients to carry out full assessments. Those who had acute conditions were constantly under review by the practice inviting in other healthcare professionals and social workers on a monthly basis to discuss the patient's needs.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Consent forms for surgical procedures were used and scanned in to the medical records. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice was in the process of undertaking a review of all nursing home patients to capture information about whether the patient was subject to a deprivation of liberty safeguard.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice worked very closely with the local community wellbeing team that supported patients socially to improve their lifestyles. In addition the practice worked with the local Citizen's Advice Bureau and Age Concern.

The practice worked with the local trust to have an ECG machine available (which monitors the heart) and results were automatically sent to the hospital and double checked to ensure any serious or difficult to detect conditions were dealt with quickly. One of the practice nurses discussed cases whereby the ECG machine and the link with the local trust had benefited the patients by detecting disorders which routinely may have been missed and urgent cases that GPs were able to fast track the patients for appropriate treatment.

Patients who were on anticoagulation treatment had the benefit of having their bloods tested at the practice instead of attending other clinics.

Childhood immunisation rates (2014) for the vaccinations given to two year olds and under ranged from 97% to 100% and were higher than CCG averages of 96.2% to 98.7%. Vaccination rates for five year olds were 89.1% to 98.3% and were higher than local averages.

The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 71.6% compared to a national average of 73.2%.

The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 85.4% compared to a national average of 81.9%.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

There was an information governance policy in place to ensure patient's details were kept safe and staff received training in handling confidential data and used smart cards to access computer systems. There was a confidentiality policy available.

Incoming mail such as hospital letters and test results were scanned onto patient notes by administration staff and forwarded to GPs to action. Arrangements were in place to share information for patients who needed support from out of hours.

Are services effective?

(for example, treatment is effective)

The practice worked with a variety of other health care professionals including health visitors, midwives, district nurses who also worked in the building and Macmillan nurses.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Current results were 98.9% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was higher than the national averages for some aspects of care.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- Performance for mental health assessment and care was much higher than the national averages.

The practice could evidence quality improvement with clinical audits and all relevant staff were involved. For example, there were minor surgery audits and a variety of medication audits.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- There were enough staff to provide services and this was monitored. The practice did use locums but these were two regular locums.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Practice nurses attended local nursing forums for additional training and clinical staff attended protected learning events organised by the CCG.

All GPs were up to date with their continuing professional development. There were annual appraisal systems in place for all other members of staff. Training needs were identified through appraisals and quality monitoring systems.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Data from the GP national patient survey from July 2015 showed that 64% of respondents found the receptionists at this surgery helpful compared with a CCG average of 79% and national average of 87%. We reviewed complaints and survey data and also found comments regarding this issue. The practice had discussed these complaints at an annual meeting to share any learning points and had acted by carrying out further training for staff.

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's website contained information for carers and in the waiting room there was a noticeboard with further information. Carers were asked to sign up to a register so that their needs could be met and were routinely signposted to the local carers centre.

Staff told us that if families had suffered bereavement, their usual GP contacted them to discuss any of their needs.

Data from the National GP Patient Survey July 2015 showed from 117 responses that performance was in line with local and national averages for example,

- 92% said the GP was good at listening to them compared to the CCG average of 90 % and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

Care planning and involvement in decisions about care and treatment

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were higher than local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

There was an established and active Patient Participation Group (PPG) which held meetings in the practice twice a month, spoke to patients and handed out practice leaflets. They also carried out patient surveys and submitted proposals for improvements to the practice management team. There was noticeboard in the waiting room which advertised the role of the PPG and what improvements had been made. For example, the installation of a hand soap dispenser next to the self-check in machine.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were good disabled facilities, easy read format style information and translation services available.

Access to the service

The practice was open from 8.30am to 6pm. The practice also offered extended hours opening on Wednesday mornings between 7-8am for pre-booked appointments.

All appointments could be made in person or by phone and the practice had a 24 hour telephone booking service. The practice had two GPs who were on call and available for on the day appointments which were for patients with one medical condition which was either urgent or they

needed to be seen on that day. Pre-bookable appointments could be booked up to six weeks in advance with a GP of choice. Urgent appointments and on the day telephone consultations were not always available for the patient's GP of choice.

The appointment system was constantly monitored by the practice and audits showed that the use of local walk in clinics was lower than other practices in the area.

Results from the GP national patient survey showed that:

- 22% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and national average of 60%.
- 36% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 58% and national average of 65%.

The practice was also aware of feedback from the NHS Friends and Family survey about waiting times at appointments and was exploring how this could be reduced.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. It also outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice held annual meetings to discuss complaints received and what action could be taken.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice team were passionate about providing the best possible care. Management were aware of their strengths and weaknesses, opportunities and external challenges facing the practice.

Governance arrangements

The practice had policies and embedded procedures in place to cover seven key areas of governance: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. A wide range of meetings were planned

and regularly held including: significant event, clinical meetings, palliative care meetings, nurses meetings and multidisciplinary team meetings which were documented. There were also more informal meetings held for reception and administration staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff. The practice utilised a text service to gain patient feedback for the NHS friends and family test which had resulted in higher response rates.
- Encouraged and supported staff via informal and formal methods including structured appraisals to meet their educational and developmental needs. The practice is a training practice, currently for two GP registrars.

Innovation

The practice team was forward thinking and had set up a variety of schemes to improve outcomes for patients in the area. For example, they worked with the local trust to have an ECG machine available (which monitors the heart) and results were automatically sent to the hospital and double checked to ensure any serious or difficult to detect conditions were dealt with quickly. The practice nurse discussed cases where the use of this system had helped prevent serious medical issues for several patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider had not carried out any risk assessments with regard to staff who did not have DBS checks in place and there were not enough records to demonstrate compliance with schedule 3 of the regulation. Regulation 19 3 (a).
Family planning services	
Surgical procedures	
Treatment of disease, disorder or injury	