

# IASO Ltd Base

## Inspection report

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

### Ratings

<b>Overall rating for this location</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Outstanding</b>	

# Overall summary

**This service is rated as Outstanding overall. This is the providers first inspection**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at IASO Ltd Base as part of our inspection programme. 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.

The Managing Director 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.

IASO Ltd Base who trade as Leva clinic is an online Chronic Pain clinic whose aim is to help people with persistent pain lead a better life. They offer treatments that include Cannabis-based products for medicinal use (CBPMs) which are prescribed by experienced medical staff working within the latest Governmental guidelines.

We did not speak directly with patients during this inspection.

## **Our key findings were:**

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The provider had systems in place to protect people from avoidable harm and abuse.
- There was a clear vision to provide a safe, personalised, high quality service.
- All staff we spoke to felt valued by the leaders and said there was a high level of staff support and engagement.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The service had a comprehensive business development strategy that effectively monitored the service provided to assure safety and patient satisfaction.
- The provider was involved in a variety of cross collaborative working projects including the NHS in relation to holistic care and furthering the understanding of CBPMs to develop this area of medicine.
- Feedback about the practice was extremely positive from patients and peers. The clinic had received awards including one for Digital Technology.
- There was a strong focus on continuous learning and improvement. The Managing director had identified training modules that all doctors had to complete following their induction and on a regular basis.

## **We saw the following outstanding practice:**

# Overall summary

- The leadership, governance and culture was used to drive and improve the delivery of high-quality person-centred care. The clinical board had oversight of the outcome monitoring completed by patients every three months and could demonstrate patient improvement in key areas for most patients and/or regular care plan reviews for all patients.
- The provider had been named as 'one to watch' in the field of digital health by the Department of international trade and had been commended for their work in Diversity & Inclusion. Patient Inclusion advisors were part of the staff team. They produced a weekly patients perspective blog and a pain management podcast. Each month they shared blog posts, clinical updates, events, new products and interview guest clinicians in the field of pain management. They also drafted and sent out monthly newsletters to over 500 subscribers. These included clinical updates, educational content and community.
- Leaders had an inspiring shared purpose, they strived to deliver and motivate staff and other professionals to succeed. Staff were proud of the organisation as a place to work and spoke highly of the culture. Further, the clinic had partnered with a University that provided medical training as part of their Year 2 Clinical, Research and Innovation Course. Patient outcomes were reviewed by the students. Students that took part in this work have presented their summaries at International conferences such as European Pain Federation.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by a specialist adviser, and a member of the CQC medicines team.

## Background to IASO Ltd Base

IASO Ltd Base provides care for people with chronic persistent pain. They focus on movement, medication and mind. Patients are provided with a bespoke care plan which includes a pain management programme. They offer a range of pain management programs and treatments which includes cannabis-based products (CBPMs) for medicinal use which are prescribed by experienced medical staff working within the latest Governmental guidelines. The service can be accessed through their website,

The opening hours are 9am to 5pm Monday to Friday. The medical team comprises consultant doctors who specialise in Pain Management, Clinical psychologists, Nurse specialists, and Physiotherapists. There is also a managing director, clinical director, head of development, head of product, clinical operations manager, marketing and community manager and administration and support staff.

### **How we inspected this service**

We reviewed information sent to us by the provider remotely prior to attending the site to reduce the time spent on site in line with our Covid- 19 inspecting guidance. We spoke with the registered manager, clinical director, a consultants and a range of other staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback provided to a third party.

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?

**We rated safe as Good because:**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Staff received up-to-date safeguarding and safety training appropriate to their role. All staff were trained to level 2, however the safeguarding lead was trained to level 4.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Where the provided identified a patient with an infection, that patient was referred back to the appropriate service, including 999/111 if needed.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

## **Information to deliver safe care and treatment**

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw 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 agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## **Safe and appropriate use of medicines**

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

- The service kept prescription stationery securely and monitored its use.
- The service carried out monthly controlled drugs and prescribing audits to ensure safe prescribing was taking place.

# Are services safe?

- The service prescribed Cannabis-based products for medicinal use (CBPMs) which are Schedule 2 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Clinicians prescribed CBPMs to patients and gave advice on how to administer them in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety, which was recorded in the patient's records.
- CBPMs are currently unlicensed medicines. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. Therefore, they must be prescribed and supplied in line with the Medicines and Healthcare products Regulatory Agency (MHRA) guidance for the prescribing and supply of unlicensed medicines.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The provider monitored potential risks to patients, staff, the service and the sector.
- 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, we noted that where a medicines dosing error occurred, the provider shared the findings of their investigation with the different stakeholders involved in this incident and had discussed the findings and the mitigating strategies internally and externally.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

### When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

**We rated effective as Good because:**

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

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service). There was a truly holistic approach to assessing, planning and delivering care and treatment to people who use services.**

- The provider offered a range of pain management programs and treatments which included cannabis-based products (CBPMs) for medicinal use which were only prescribed by doctors on the specialist register. Cannabis-based products for medicinal use (CBPMs) were legalised in the UK on 1 November 2018, but the regulations around its use and supply remain strict. We noted the provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as The Medical Cannabis Clinicians Society and National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. When patients joined the clinic, their needs were fully assessed based on the information the clinic received from their NHS GP, in relation to their medical history and past treatments, and the information gathered in their initial consultations with the clinic's doctors. The clinics initial consultations involved the doctors reviewing patients' current medicines and discussing new prescriptions - from traditional approaches to medical cannabis.
- Clinicians obtained enough information from the patients and their NHS GP to confirm a diagnosis. All their new patients and any changes to prescription for their existing patients were presented at their Medication Governance Meetings, where all new diagnosis and treatments were discussed.
- Patients would then be supported by nurses and/or physiotherapists who would help them create customised care plans. All patients would be expected to complete a twelve-week pain management programme which offered advice, exercises, and strategies that patients worked through independently. This consisted of twelve modules which were accessed through an App. The information included more than twenty-five hours of videos, text and audio, seventy mindfulness sessions and a chat function with a health coach. For example, we saw the sessions introduced techniques that taught patients how to change their relationship with pain i.e. from acceptance to Cognitive behavioural therapy (CBT) and physical exercises that worked through sensible, gradual movements to build up their range of mobility.
- We saw no evidence of discrimination when making care and treatment decisions.
- Where CBPMs were prescribed patients would receive one month's supply of medication for a period of three months only. We noted nurses sent bi-weekly emails to patients to see how things were going and patients could request a nurse lead or consultant consultation at any time. However, they had to have follow up consultations with a doctor every three months.
- The provider was also in the process of implementing a patient portal which would allow patients to have access to all their assessments and consultation notes, contact the clinic directly, book appointments and order repeat prescriptions. The portal could also send SMS messages to patients either to check on a patient's wellbeing or remind them to make an appointment or order their medication before their current prescription ran out.
- The provider also followed up with patients after their care plans finished to make sure they were getting the support they needed.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

# Are services effective?

- The service used information about care and treatment to make improvements. They carried out a number of organisation and structure audits during the first six months of the clinic opening, such as ID verification, HR file, Multi Factor Authentication Audit (MFA) and patient feedback audits.
- Their audit plan also included Process of care and Outcome of care audits. They had carried out an 'Absence of medical cannabis indication' audit to check that patients who were ineligible for CBPMs were appropriately transitioned to a more suitable service or back to their NHS GP. The audit found that of the fifteen patients who had received consultations, 1 patient was deemed ineligible during the initial consultation and a letter was shared with the patient and their GP explaining the outcome of the assessment and offering a follow up appointment with a clinical psychologist.
- All patients in receipt of CBPMs completed a quality of life feedback tool every three months. The areas it covered included mental health, severity of pain and impression of pain. Analysis of the data carried out in January 2022 showed that of the 35 patients who had provided feedback 31 had indicated improvement in at least one area, 23 indicated improvement in all areas, 1 indicated no improvement and 3 indicated worsening in all areas. We noted that where there was no improvement or worsening, the provider had reviewed the care plans of these patients and had either referred them onto other services such as physiotherapists, occupational therapists, for blood tests or adjusted their medication.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. All consultant doctors had to have a background in pain management and were expected to complete a four-module onboarding program designed by a CPD certified medical cannabis education platform. The modules included introduction to the pharmacology of medical cannabis, the current state of medical evidence regarding the efficacy of medical cannabis, and also introduced eligibility criteria and common precautions and contraindications to be considered, clinical aspects and practical considerations of prescribing cannabis and case studies.
- Health coordinators employed by the service supported patients and ensured all information required by a doctor was available before a patient attended for a consultation. Nursing staff we spoke with confirmed they had received induction training and ongoing support and were clear about the duties they were employed to carry out.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- Regular appraisal sessions were carried out which also provided opportunities for staff to comment on the running of the service and request support for development opportunities.

## Coordinating patient care and information sharing

### Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Staff referred to and communicated effectively with patients NHS GPs. For example, patients could not join the clinic if they did not give consent for the provider to liaise with their NHS GP and they had received the patients 'summary of care' report from GPs.



# Are services effective?

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of where a patient was denied a prescription after their initial consultation, a letter was shared with the patient and their GP explaining the outcome of the assessment and the next steps.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, mental health services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. We saw evidence of letters sent to patients registered GP in line with GMC guidance.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients and their GPs were made aware of the recent changes to legislation from the DVLA in relation to driving whilst using the CBPMs and the legal consequences.
- The provider carried out a monthly audit to check that consent had been appropriately obtained from all patients.

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

### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients and their GPs were made aware of the recent changes to legislation from the DVLA in relation to driving whilst using the CBPMs and the legal consequences.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. There was a number of avenues for patient to give feedback which included directly during consultation, via a dedicated email for complaints, via a feedback form that is sent to all patients on a quarterly basis, via the contact us page on their website and via independent digital feedback platforms.
- Feedback from people who used the service, those close to them and stakeholders was continually positive about the way staff treated people. Patients commented the care they received exceeded their expectations.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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

### **Staff helped patients to be involved in decisions about care and treatment.**

- We saw that patient's personal, cultural, social and religious needs was at the centre of their ethos and it is reflected in the social, ethnic, cultural diversities of their staff team.
- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- All patients received a personal tailored care plan with specific goals, which they had developed with staff.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Although it was an online service the provider had dedicated policies on maintaining patient's privacy and dignity.
- All consultants followed protocols about how consultation should be conducted when they were not onsite.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs. For example, following feedback about the clinics process of determining patient's suitability, they reviewed and updated their procedures to ensure people were made aware of eligibility at the first consultation.
- The facilities and premises were appropriate for the services delivered.

## **Timely access to the service**

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

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, where the provider had determined that another service, such Occupational health, was more appropriate they made immediate referrals.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service had received three complaints since the launch of the clinic, and we noted they had responded appropriately in line with their Complaints policy.

# Are services well-led?

## **We rated well-led as Outstanding because:**

The leadership, governance and culture was used to drive and improve the delivery of high-quality person-centred care. The clinical board had oversight of the outcome monitoring completed by patients every three months and could demonstrate patient improvement in key areas for most patients and regular care plan reviews for all patients.

The provider had been named as 'one to watch' in the field of digital health by the Department of international trade and had been commended for their work in Diversity & Inclusion Patient Inclusion advisors were part of the staff team. They produced a weekly patients perspective blog and a pain management podcast. Each month they shared blog posts, clinical updates, events, new products and interview guest clinicians in the field of pain management. They also sent out monthly newsletters to over 500 subscribers. These included clinical updates, educational content and community.

Leaders had an inspiring shared purpose, they strived to deliver and motivate staff and other professionals to succeed. Staff were proud of the organisation as a place to work and spoke highly of the culture. Further, the clinic had partnered with a University that provided medical training as part of their Year 2 Clinical, Research and Innovation Course. Patient outcomes were reviewed by the students. Students that took part in this work have presented their summaries at International conferences such as European Pain Federation.

## **Leadership capacity and capability;**

### **Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges associated with treating people with unlicensed medicines. All patients in receipt of CBPMs had to give consent for their data to be used as part of a controlled trial with the aim of evidencing the effectiveness and tolerability of medical cannabis on Chronic pain.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes in place to assess the competencies of all staff they employed in order to plan appropriate training and development.

## **Vision and strategy**

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

- There was a clear vision and set of values. The service had a realistic strategy, which included a social media strategy, and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

## **Culture**

### **The service had a culture of high-quality sustainable care.**

# Are services well-led?

- Staff felt respected, supported and valued. They were proud to work for the service. All staff were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered. Staff told us that the team meetings occurred every month where they could raise concerns and discuss areas of improvement.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

## Governance arrangements

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. We were told the organisation was designed around accountability and governance. The structure was such that they had a Company board, Clinical board, a Management team and a clinical team. all of whom met either bi-monthly, monthly or weekly.
- The clinical board had oversight of the outcome monitoring tool completed by patients and could demonstrate patient improvement in key areas for most patients.
- The provider had recruited staff who had extensive experience in their field. We found all staff we spoke with were clear about their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## 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. The provider had a comprehensive risk matrix that covered all areas. It included clinical risks, technical risks and governance risks.

# Are services well-led?

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Service audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. The provider had a comprehensive audit plan that covered organisation and structure, process of care and outcome of care i.e. measurement of the decrease in pain per patient
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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

### The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- Innovative approaches were used to gather feedback from people who use services and the public, including people in different equality groups. The clinic promoted a culture of co-production with people with lived experience of pain. They had established a support group to understand what a good digitally enabled service looks like. The group includes patients, representatives from the NHS digital transformation team and members of an external pain peer support group.
- Patient Inclusion advisors were also part of their team. They produced a weekly patients perspective blog and a pain management podcast. Each month they shared blog posts, clinical updates, events, new products and interview guest clinicians in the field of pain management.
- They draft and send out their monthly newsletters to over 500 subscribers. These include clinical updates, educational content and community.
- The Self-management digital programme for chronic pain was co-produced with patients, clinicians and international experts.
- The provider had a number of ways for patients and the public to provide direct feedback. In the last three months 15 percent of patients provided feedback of which more than 90 percent was positive. There were some comments in relation to changes to some of their processes and we noted all had been implemented.
- Staff could describe to us the systems in place to give feedback. For example, each staff has a weekly session with their line manager, there were workshops when they were trying to develop a new product or solve a problem and weekly meetings called "All hands" where all staff present their work of the last week to all the other members of staff for feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### There was evidence of systems and processes for learning, continuous improvement and innovation.

## Are services well-led?

- There was a focus on continuous learning and improvement. The clinic's board included multi-disciplinary clinicians from the field of Chronic pain. Further, one of the lead clinicians in the field of CBPMs joins their MDT meetings and acts as an external advisor.
- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The provider was involved in a variety of cross collaborative working projects. For example, the clinic had won a grant as part of the Musculoskeletal (MSK) Adoption Fund and were working with a London CCG and a hospital delivering online pain management services to South East London patients, thus improving access to pain services for NHS patients. The clinic provided 1000 licenses for patients to access their pain management programme. This is the first regulated online pain management service to be made available on this scale in the UK.
- They had also partnered with a University that provided medical training as part of their Year 2 Clinical, Research and Innovation Course. Over 20 students took part in a research collaboration supervised by the clinic's team. The clinic provided access to the pain management programme to over 100 patients through this project. Patient outcomes were reviewed by the students. Students that took part in this work have presented their summaries at International conferences such as European Pain Federation
- The provider had been named as 'one to watch' in the field of digital health by the Department of international trade and had been commended for their work in Diversity & Inclusion in Leading The Way Awards 2021
- Members of Leva Clinic team are advisory board members and actively engaged with two volunteer-led non-profit community interest groups, established to challenge the inequalities in access to CBPMs.
- A systematic approach is taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. The clinic had partnered with a pharmacy chain to provide pain management services for their customers. They described the clinic as offering evidence-based and clinically validated support and education to patients online, providing convenient and easy access to support those living with persistent pain.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.