

Reviv Manchester Ltd

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

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

Overall summary

This service is rated as Good.

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? – Good

We carried out an announced comprehensive inspection at REVIV as part of our inspection programme.

The walk-in service offers a range of IV therapies to help improve patient's well-being. REVIV provides an individualised approach to preventative medicine through nutritional solutions. Whilst also providing a range of diagnostic blood testing and genetic testing .

We did not speak directly to people who use the service during this inspection due to COVID -19. People attended for appointments and walk-in procedures only. Prior to the inspection we provided the service with details to allow patients to share their experiences directly with the CQC

electronically, however we received no responses.

We saw the following good practice:

- The service had an overarching global governance system in place to effectively manage significant incidents, safeguarding, human resources, education and quality for the service. For example, we saw evidence the registered manager had recently shared learning about incidents using the in-house reflective tool. Clinical staff came together to listen, discuss and share best practice from the provider's other sites USA, Europe and South Africa.
- The service developed a bespoke smartphone application which doubled as a workforce risk assessment tool. Staff inputted their daily symptoms of COVID -19 into the application and were linked directly to an in-house clinician for advice and support by a direct messenger. We were shown and told how this tool had been invaluable throughout the COVID -19 pandemic with the success of this being commissioned to other health care services.
- The provider held 'Time to talk' life coaching sessions for all their staff during the pandemic. This was a 10-week programme presented by a professional clinician to help with coping and living well throughout the pandemic.
- The service had a programme of continuous quality improvement through clinical and internal audits. These were used to monitor quality and to make improvements where needed, whilst providing regularly updated data sets for analysis.
- During the first lockdown of the Covid-19 pandemic the provider launched a support line for their patients. This was a free service where patients could contact the team and speak directly to the registered practitioners for guidance and support in relation to their symptoms.

We saw the following outstanding features:

Overall summary

- The provider held 'Time to talk' life coaching sessions for all their staff during the pandemic. This was a 10-week programme presented by a professional clinician psychologist where all staff explored psychology, psychiatry, nutrition, yoga and mindfulness to help cope with the pandemic.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Reviv Manchester Ltd

REVIV is located on in the heart of Manchester town centre. The building address is 8 Exchange Street, Barton Square, Manchester M2 7HA. With the global headquarters also being based in Manchester town centre.

The service are the first in the UK to provide a complete breakdown of genetics with a personalised treatment plan, preventative solutions to their health care and a personalised book. REVIV is a global company specialising in preventative health care and has a franchise model for their brand. The global head office is based in Manchester with all the REVIV clinics based in the UK being the flagship clinics for the brand. Currently REVIV has eight clinics in the UK and have clinics in 40 countries around the world.

The service is located in a two-storey building in the heart of Manchester with facilities spread over two floors. There was a medicines dispensing room and second patient waiting area located on the first floor which was fully accessible by stairs and an exclusive VIP treatment lounge. The provider does not have a lift on site but will offer home services to patients.

The service does not have any overnight stays.

The service is open 10.00am to 5.00pm every weekday and Saturday, with services closed on Sundays.

How we inspected this 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.

Before visiting, we reviewed a range of information and policies from the service. We carried out an announced visit on 7 September 2021. During our visit we:

Spoke with the clinic's registered provider whilst:

Reviewing the medicine management process.

Reviewing the patient's journey and how patients were cared for.

Reviewing one anonymised sample of patient's records.

Reviewing the governance processes.

Are services safe?

We rated safe as Good because:

The provider prided themselves on being a proactive, safe service. Infection control and decontamination systems were in place. Safe use of medicines audits, external medicines audits and stock checks were taking place. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff within the service.

Safety systems and processes

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

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. Staff demonstrated they understood their responsibilities, and all had received training on safeguarding children and vulnerable adults relevant to their role. The staff had completed children's safeguarding but did not see anyone under the age of 18 years old.
- 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). For example, we observed every staff member had a DBS check clearly documented within their personnel records. The in-house systems had safety assurance in place to highlight any issues.
- The provider conducted multiple high-level safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- There were robust infection control and decontamination systems in place. All staff had received up to date training. We also observed a multitude of in-house audits undertaken around infection prevention and infection control measures.
- With COVID-19 restrictions we observed clutter free areas, correct and appropriate use of Personal Protective Equipment (PPE). Patients were asked on entering the building if they would have their temperature taken and where possible wear a mask when entering the building.
- The service maintained exceptional standards of cleanliness and hygiene throughout. We observed the premises to be extremely clean and tidy. The provider had an external cleaning company attend onsite daily. We observed consultation, clinical and waiting areas were visibly clean and well maintained. Cleaning audits and rotas were in place.
- Clinical waste was disposed of within guidelines and clinical waste bags were stored safely in a locked cupboard until collected on a weekly basis by a specialist waste company.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception waiting area. The service had up to date fire risk assessments. All

Are services safe?

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The environment in which patients received their consultations and treatment procedures were suitably arranged to ensure their safety.
- Staff onsite with the exception of reception staff were all clinically trained and held a professional registration with a medical body. Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention with clear processes in place to follow.
- All staff were employed by the provider. In the case where a locum had to be used and was not directly employed by the provider a fully auditable induction system was used just as a permanent member of staff on induction, each being tailored to their role.
- All professional indemnity arrangements were paid for by the provider.

Information to deliver safe care and treatment

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

- Individual care records were all electronic 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. For example, we observed each step of the patient's journey documented within the comprehensive electronic patient record system.
- Clinicians made appropriate and timely decisions in line with protocols and up to date evidence-based guidance.
- The clinic had a chaperone policy and staff ensured a chaperone was always available to support patients.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. An onsite defibrillator was available.
- All intravenous (IV – the route of administration of any medicine directly into the vein) and intramuscular (IM- directly into the muscle) therapies were prescribed and administered appropriately by the employed clinicians. We saw independent clinical audits were performed regularly by a system of peer review and prescribing audits to ensure safe prescribing was adhered to. The last independent medicines audit was performed in August 2021.
- Aseptic techniques (collection of medical practices and procedures that helps protect patients from dangerous pathogens) were followed and all medicines were prepared onsite by the clinician.
- The service carried out multiple medicines audits across the patient journey to ensure best practice guidelines for safe prescribing. All medicines stored underwent a full stock rotation on arrival of new stock, with all expiry dates and stock codes documented.
- The service used a very small amount of ethanol- a chemical which can be very flammable and used to prepare the skin before and injection. In line with the Health and Safety at work act 1974, the storage of the ethanol was in a small fireproof and lockable container.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues with regular checks and audits in place. The global head office controlled the servers of the clinical IT system to ensure oversight of systems, policies, communication and amendments, whilst also used to update staff of any changes.
- There was a system for receiving and acting on safety alerts, although most of these alerts were out of the scope of services delivered. The service had a clear process for informing relevant staff by internal communication system and documenting and sharing by using their own governance compliance system.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There were 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, as part of the global clinical meetings the registered manager shared the Manchester clinic's significant incidents process and the learnings from those incidents to clinical colleagues in Europe, South Africa, USA the week of the inspection.
- The service were aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. The service had systems and tools 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 were required 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 staff.

Are services effective?

We rated effective as Good because:

The service used electronic consent, which tracked and collected all consent forms in a safe and effective way. We saw an effective programme of continuous clinical external and internal audits. The use of their own bespoke technology helped inform and document the patient's journey which was well established and continually evolving. Staff were supported and encouraged to develop.

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, supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Clinical staff had access to guidelines and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. Any alerts or changes were clearly communicated to all UK staff and this was fully auditable.
- Clinical risk assessments were in place for all patients' immediate and ongoing needs. This included their clinical needs and their mental and physical wellbeing.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, one of the four clinical case studies we reviewed showed after six weeks of the patient receiving preventative IV treatment for high Cholesterol this reading had reduced. There was clear evidence of action to resolve concerns and improve quality. For example, we reviewed the latest infection control and actions logs were completed. We reviewed clinical and non-clinical audits which were clearly documented and undertaken regularly, these audits followed the full patient journey from arriving to leaving the service and available electronically for all staff.
- All consultations were fully auditable and audited on a regular basis with range of inhouse and independent audits taking place. For example, consultation records were regularly sampled by the provider who would provide feedback and support.

Effective staffing

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

- We observed that electronic staff records were comprehensive, up to date, concise and contained necessary documentation such as photographic ID, training records, and professional registration checks.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- All staff had opportunity to be part of the provider's 'Development Programme' which was split into three areas of development for all clinical and non-clinical staff. For example, one member of staff wanted to develop in the area of training to become a trainer in the organisation. The development opportunities for staff were global.

Are services effective?

- Clinical professionals (medical and nursing) were registered with the General Medical Council (GMC) and/or the Nursing and Midwifery Council and records of these were up to date with the date of revalidation recorded. We were told the service pays for the clinical professional's insurance for staff and had external supervision for the staff.
- The provider understood the learning needs of staff and provided protected learning time and training. They had their own bespoke mandatory training platform to ensure up to date records of skills, qualifications and training were maintained for all staff. Staff were encouraged and given opportunities to develop.
- The provider could demonstrate the competence of staff employed in clinical roles by internal and external audits of their clinical decision making, including medical prescribing all of which was electronically recorded, clearly dated and stored for auditable purposes.
- All staff were appropriately qualified. The provider had an in-depth induction programme for all newly appointed staff and maintained employee files for current staff. For example, we witnessed induction learning which was digitally documented and for all staff including any agency staff.
- The service provided staff with ongoing support, this included having, regular one-to-one meetings, internal and external clinical supervisions, appraisals, coaching and mentoring, and support for revalidation.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with. For example, the clinicians discussed conditions or symptoms with patients' consultants or GPs directly to ensure they were aware of the treatment course they were requesting
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The electronic patient flow system was fully auditable, effective with the development of their own digital platform, which is across the UK sites and too all franchise locations to ensure consistency across the sites
- The provider had risk assessed the treatments they offered. If the patient did not give their consent treatment would not be offered.
- In the one patient record we reviewed all consent forms had been fully completed, signed and dated by both the patient and witnesses. The consent form contained detailed information about the procedure, intended benefits, possible complications, and risks.

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. This support was also offered to patients in their own home.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Consent to care and treatment

The service had processes and guidance to obtain consent to care and treatment in line with legislation and guidance.

Are services effective?

- Staff supported patients to make decisions and assessed and recorded patient's mental capacity to make a decision. Staff explained the importance of the consent process, staff we spoke with were able to articulate the process to assess mental capacity.
- The service monitored and audited the process for seeking consent appropriately. For example, all consent forms were witnessed and electronically signed by staff, which were then stored electronically in the patients record.
- All staff we spoke with had an understanding of the requirements of legislation and guidance when considering consent and decision making.

Are services caring?

We rated caring as Good because:

We observed a strong patient-centred and holistic culture. We found multiple positive examples to demonstrate how patients' choices and preferences were valued and acted on throughout the inspection.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received by using various tools such as smart phone applications, social media platforms and face to face discussions. For example, on leaving the service all patients were asked to fill in a feedback sheet on their treatment.
- 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.

- Interpretation services were available for patients who did not have English as a first language, and we were told the system used was effective.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff we spoke with understood and recognised the importance of people's dignity and the need to show patients respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

A Covid-19 support line was in place for their patients and was designed for and enabled direct communications between patients staff and clinicians. The service learned lessons from individual concerns, complaints and from analysis of trends. We reviewed the complaints that had been received by the provider in the last 12 months and found that they were all suitably responded to, were always documented, reviewed and followed-up.

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.

- During the first lockdown of the Covid-19 pandemic, the provider launched a Covid-19 support line for their patients. This was a free service where patients could contact the team and speak directly to the registered practitioners who would signpost them to any additional services they might need. This was a global team effort which the UK was a part of.
- The provider offered pregnant or breastfeeding patients who enquired about the service (treatment is not given to pregnant or breastfeeding women) discounted treatment vouchers for after their pregnancy or breastfeeding stage is complete.
- The service's website had a wealth of resources and signposting that patients could access to inform themselves about fertility treatment and how to best support their health and wellbeing whilst undergoing treatment.

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 which were walk in or appointment, test results and treatments.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends.

Are services well-led?

We rated well-led as Good because:

There was a strong focus on research and development at all levels within the service. The provider was forward thinking and pioneers in the industry of new innovations and technology being the first in to offer their patients a genetic analysis package. The governance and performance management arrangements were proactively reviewed and reflected best practice which supported their delivery of high-quality care.

Leadership capacity and capability;

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

- The registered manager of the service demonstrated they had the experience, capacity and capability to run the service and ensure high-quality care. They told us they prioritised safe, high quality and compassionate care.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- 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 to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- The provider's mission statement was;

'To be the only personalised nutritional health company that offers precision nutrition solutions, using big data coupled with Artificial intelligence (AI), for people that want to actively participate in determining their own wellness.'

- The service had developed its values which read;

'The democratisation of nutrition-based treatments which will reduce disease, extend life and allow people to live better and healthier lives.'

Culture

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

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, complaints were discussed openly, and incidents were immediately reported and investigated.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations all documented in their electronic personal files.
- All staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

Are services well-led?

Governance and performance management arrangements were bespoke to the provider and proactively reviewed and reflected best practice which supported high-quality care. The provider had structures and procedures in place, such as:

- The governance framework supported the delivery of the strategy and an overall holistic approach to care. This included arrangements to monitor and improve quality and identify risk. Governance and performance management arrangements were proactively reviewed and reflected best practice with a culture of learning and sharing.
- There was an overarching global governance system in place to effectively manage significant incidents, safeguarding, human resources, education and quality for the entire service. For example, we saw evidence the registered manager had recently shared learning about incidents using the in-house reflective tool. Clinical staff came together to listen, discuss and share best practice from USA, Europe and South Africa.
- The provider hosted and maintained their own computer servers, training platform and online security systems with a data team managing these systems remotely.
- The provider designed and maintained a mandatory training platform for their staff. With all staff receiving a blended learning approach.
- The service held rolling monthly full team meetings which included discussion of any significant incidents that had occurred, audit results, educational sessions and patient complaints.

There was strong collaboration and support across all staff and a common focus on improving and providing a high quality of care.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. All audits were in electronic format with easy access to all staff.
- Arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions. Any incidents had a clear process of escalation with learning and sharing.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service developed a bespoke application called 'Helix' for smart phones. This was developed to support and risk assess staff symptoms during COVID -19 whilst supporting management to predict any workflow issues. For example, when staff input their daily symptoms of COVID -19 the risk assessment tool links with a second function within the application to support workflow issues by predicting the impact/ loss on staff and future business. We were told this tool had been invaluable throughout the COVID -19 pandemic with the success of this being commissioned to other health care services.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing in practice.
- Leaders had oversight of safety alerts, incidents, and complaints. All opportunities for learning from internal and external incidents were maximised and transparent throughout the whole service. We were provided with evidence of learning that had recently taken place by the registered manager which was presented to clinicians in the wider organisation such as USA, Europe and South Africa.
- Clinical audit had a positive impact on quality of care and outcomes for patients. We reviewed multiple audits that had been performed across the service. With independent audits of the service also taking place.

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.

Are services well-led?

- The provider held 'Time to talk' life coaching sessions for all their staff during the pandemic. This was a 10-week programme presented by a professional clinician psychologist where all staff explored psychology, psychiatry, nutrition, yoga and mindfulness to help cope with the pandemic. Staff were given tips on how to manage home-schooling and work remotely. We observed a tailored programme for all staff to help encourage their wellbeing and coping techniques during a pandemic. Staff told us this was invaluable in their time of need and felt completely supported by the provider throughout the pandemic.
- All staff were provided with two fully paid online 'HIIT' (high-intensity interval training) classes a week. This was originally during the pandemic period but has since been continued.
- Staff monthly newsletters contained a mixture of work and lifestyle information.
- The service had gathered feedback from patients by using various methods such as digital applications, face to face and social media campaigns. We observed marketing incentives and use of online platforms to encourage patients to share their experience.

Continuous improvement and innovation

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

The directors had invested in the latest global innovation, technologies and systems, with their research being bespoke to the service provider. For example:

- The service provided patients with a comprehensive breakdown of their genetic make-up. This bespoke service used a mouth swab to test the patient's DNA (DNA is a long molecule that contains each person's unique genetic code). These results were analysed by the provider's scientists at their accredited laboratory in Austria. Due to the provider having a global governance system in place the patient's journey was fully auditable from Manchester to Austria.

Patient's results were collated into a personalised book which provided a complete breakdown of their full personal genetic make-up. For example, some of the topics included in the 'Health, Weight and Nutrition package was:

- A preventative review of details of the risk to health of developing 20 conditions, including Diabetes and Cancer.
- Details of the patient's predicted tolerance to 900 medicines including those that the body could metabolise and breakdown and those that the body would be unable to. This supported their patients to have an individualised prescribing approach if required.
- Risk of developing food intolerances. For example, lactose.
- Bespoke treatment plans reflective of the patient's genetic analysis.

In 2020/21 the service provided over 50 genetic analysis packages where patients received a personal IV treatment plan. We reviewed 15 patient testimonials who all stated the care and treatment they received was excellent overall and they had seen an improvement to their health. We also reviewed four clinical case studies taken from the above group which were discussed, and outcomes and learning shared with the organisation.

- The provider was currently collecting patient's data (with full patients consent obtained) of clinical conditions and symptoms which were coded and mapped to the ten World Health Organisation (WHO) International Classification of Diseases (ICD) codes. These codes help the WHO to feed resources into population-based chronic disease research.
- The provider had written literature and reviews on preventative health science that had not yet been peer reviewed or formally published. The provider told us that they hoped that this would enable them to input and make meaningful recommends to future research in the discipline of Human Science.