

# Revel Surgery

## Quality Report

Barr Lane  
Rugby  
Warwickshire  
CV23 0LU  
Tel: 01788 832 994  
Website: [www.revelsurgery.nhs.uk](http://www.revelsurgery.nhs.uk)

Date of inspection visit: 16/08/2016  
Date of publication: 10/03/2017

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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	13
Background to Revel Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Revel Surgery on 16 August 2016. Overall the practice is rated as good.

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

- The system used to report and record significant events was clearly understood by staff and met with current requirements. This ensured that incidents were thoroughly investigated and any patients affected received appropriate information and support.
- A number of risk assessments and processes ensured that patients were kept safe and safeguarded from abuse. Pre-employment checks had been made to help ensure staff were safe to work with the patients.
- The dispensary used clear procedures to ensure medicines were handled and dispensed safely.
- Clinicians assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Staff liaised with other healthcare professionals in the management of patients to meet their needs and improve continuity of care.
- Data from the national GP patient survey showed the practice results were significantly higher than local and national averages, indicating a consistently high level of patient satisfaction with all areas of the service. The high return rate of very positive comment cards and the willingness of patients we approached to tell us about their experiences also indicated that they were satisfied with the standard of care the practice offered.
- The GPs were available on call to make home visits to palliative care patients outside of working hours and during the night.
- The practice developed a set of values to support its vision to provide a high quality, responsive, accessible and caring service. Staff worked in a way that supported these values and promoted better outcomes for patients.

# Summary of findings

- The practice was aware of the requirements of the duty of candour and systems were in place to ensure compliance with this. There was a culture of openness and accountability.
- The practice had a proactive approach to seeking feedback from staff and patients, and we saw evidence that concerns were acted on.
- There was a strong focus on continuous learning and improvement through training and individual development.
- The practice offered patients attending acute or chronic appointments a volunteer driver service which had been running for over 20 years. This was initially organised and funded by the local charity in support of the practice, Friends of The Revel Surgery, before separating into a volunteer group. The practice ensured that volunteers had signed a confidentiality agreement, received a DBS check and had the correct level of insurance for their vehicle.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

We saw one area of outstanding 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 as good for providing safe services.

Good



- The system used to report and record significant events was clearly understood by staff and met with current requirements. This ensured that incidents were thoroughly investigated and any patients affected received appropriate information and support.
- We saw evidence that lessons were learned from incidents, and that learning was shared with staff and reviewed regularly to ensure improvements were implemented.
- A number of risk assessments and processes ensured that patients were kept safe and safeguarded from abuse. Pre-employment checks had been made to help ensure staff were safe to work with the patients.
- The dispensary used clear procedures to ensure medicines were handled and dispensed safely.
- Checks were in place to make sure the premises and equipment used were safe and appropriate standards of cleanliness and hygiene were maintained.
- There were arrangements to respond to major incidents and emergencies and staff knew what action they should take in urgent situations.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above Clinical Commissioning Group (CCG) and national averages.
- Clinicians assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- There was evidence that the practice had improved the quality of care and treatment it provided through clinical audit.
- There was a system in place to ensure that staff had access to appropriate training to meet their learning needs and to cover the scope of their work. There was evidence of appraisals and personal development plans for all staff.
- Staff liaised with other healthcare professionals to in the management of patients to meet their needs and improve continuity of care.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey (July 2016) showed the practice results were significantly higher than local and national averages, indicating a consistently high level of patient satisfaction in all areas of the service.
- The high return rate of very positive comment cards and the willingness of patients we approached to tell us about their experiences also indicated that the standard of care the practice offered patients was high.
- We observed staff to be kind and helpful to patients and to treat them with dignity and respect.
- The patients we interviewed told us they felt included in making decisions about their care and the treatment they received. They also said GPs were good at listening to them and gave them enough time and information during consultations to make decisions they were comfortable with.
- Information for patients about the services available was easy to understand and accessible. The practice website offered comprehensive and informative information about a large number of illnesses and health topics. These pages also provided links to further information on a website with a read aloud function.
- Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone and made a home visit at a time to suit the patient, even if this was outside of practice opening hours.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, patients could access online services such as repeat prescription ordering and all pre-bookable appointments. The practice also offered a text message appointment reminder service.
- The GPs made home visits to palliative care patients outside of working hours and during the night, as they wanted to offer more care to patients nearing the end of their lives in their own homes. Patients were given the GPs' mobile telephone numbers to contact them.
- The practice was aware that its rural location made it difficult for some patients to attend the practice and access other

# Summary of findings

healthcare services. To accommodate patients the practice offered patients attending acute or chronic appointments a volunteer driver service which had been running for over 20 years. This was initially organised and funded by the local charity in support of the practice, Friends of The Revel Surgery, before separating into a volunteer group. The practice ensured that volunteers had signed a confidentiality agreement, received a DBS check and had the correct level of insurance for their vehicle.

- Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was significantly higher than local and national averages.
- Patients we spoke with during the inspection told us they were able to get appointments when they needed them. If all urgent appointment slots were filled, additional patients who required them were advised to come to the practice at the end of morning surgery and a GP saw the patient as soon as possible.
- Information about how to complain was available and easy to understand and evidence showed the practice responded appropriately to issues raised. The practice was pro-active in learning from complaints and improving services as a result.
- We spoke with staff at two local care homes where patients of the practice lived. Each told us they received twice weekly visits from GPs, who were also responsive to requests for urgent visits.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice developed a set of values to support its vision to provide a high quality, responsive, accessible and caring service. Staff worked in a way that supported these values and promoted better outcomes for patients.
- Staff were clear of their roles and responsibilities and knew who clinical and non-clinical leads were.
- The practice held monthly whole practice meetings and weekly clinical meetings. Staff felt that the practice culture was open and friendly, and they were encouraged to raise issues.
- The practice was aware of the requirements of the duty of candour and systems were in place to ensure compliance with this. There was a culture of openness and accountability.
- The practice had a proactive approach to seeking feedback from staff and patients, and we saw evidence that concerns were acted on.

**Good**



# Summary of findings

- There was a strong focus on continuous learning and improvement through training and individual development.

# 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 good for the care of older people.

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered patients attending acute or chronic appointments a volunteer driver service which had been running for over 20 years. The practice ensured that volunteers had signed a confidentiality agreement, received a DBS check and had the correct level of insurance for their vehicle.
- There was an on-site pharmacy convenient to older patients who had difficulty travelling elsewhere. The practice also provided phlebotomy (blood taking) appointments to save older patients travelling to hospital.
- The dispensary provided weekly blister packs for older patients where appropriate to assist them in taking medicines regularly.
- There was a medicines delivery service for house bound patients. All staff members who carried out deliveries had received a Disclosure and Barring Service check.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- GPs gave their mobile telephone numbers to patients nearing their end of life and made home visits to them outside of working hours and during the night, in order to deliver continuity of care.
- The practice had identified that working aged men were less likely to attend for health checks. It had therefore devised an improved system of virtual clinics for patients with high blood pressure to facilitate regular monitoring. There was a blood pressure machine in the waiting room which patients were encouraged to use. Patients initially saw a nurse for checks, the results of which were reviewed by a GP, and monitored on an ongoing basis.
- The practice maintained registers of patients with long-term conditions and used these to monitor their health and ensure they were offered appropriate services.
- The nursing team had lead roles in chronic disease management.



# Summary of findings

- Performance for diabetes related indicators was similar to or higher than CCG and national averages. For example, 84% of the practices patients with diabetes had a blood glucose level within the target range in the preceding 12 months compared with the CCG and national averages of 78%. 95% of patients with diabetes had a record of a foot examination in the preceding 12 months compared with the CCG average of 91% and national average of 88%.
- The practice ran specialist clinics and offered longer appointments for patients with long term conditions. Review appointments were coordinated for those with multiple long term conditions.
- Clinical staff engaged with healthcare professionals to provide a multidisciplinary package of care.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- Same day appointments were available for children. Appointments were also available outside of school hours and the premises were suitable for children and babies.
- The practice provided clinics at a local private school for students requiring primary medical services such as vaccinations.
- Childhood immunisation rates for the vaccinations given were comparable to or higher than CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 99%, which was comparable to the CCG average of 82% to 99% and five year olds from 97% to 100%, which was comparable to the CCG average of 93% to 98%.
- The practice worked with midwives, health visitors and school nurses to coordinate care. One of the GPs was the practice's safeguarding lead who engaged with local health visitors. All staff were trained to the appropriate child safeguarding level.
- Clinical staff demonstrated their understanding of Gillick competence and Fraser guidelines, and why these needed to be considered when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception, sexual health advice and treatment.

Good



# Summary of findings

## Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students).

- Patients could access online services such as repeat prescription ordering and appointment booking. All pre-bookable appointments were available online and the system had a good uptake, with 50% of patients being registered and 25% using it on a regular basis.
- The practice offered a text message appointment reminder service for convenience.
- Telephone consultations were available for patients who did not feel they required a physical consultation or who had difficulty in attending the practice during opening hours.
- A full range of health promotion and screening was available, including NHS health checks for those aged 40 to 74.
- The practice provided outreach clinics twice every week for service personnel families based at a local MOD barracks, many of whom are of Nepalese origin. Clinicians had needed to tailor prescribing for this significant group of patients, as they felt it was important to offer continuity of care and were aware that the same range of medicines may not be available or potentially affordable when the soldiers and their families returned to Nepal.

## People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice provided care to patients travelling through the area on narrowboats who had no fixed abode or were away from home. The practice registered these people as temporary patients. There were no homeless patients registered at the time of the inspection, but it was the practice's policy to register and treat people from this group.
- Longer appointments were offered for patients who required them, including patients with a learning disability. There were ten patients on the practice's learning disability register at the time of the inspection.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- Staff members we spoke with during the inspection knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities. All staff had

# Summary of findings

additionally completed Identification and Referral to Improve Safety (IRIS) training in domestic violence and the practice had made individual arrangements to support patients as necessary.

- The practice's computer system alerted GPs if a patient was also a carer, and linked their record with that of the person they provided care to if they were also a patient. There was a large board in the patient waiting area dedicated to displaying information for carers. The practice directed patients to Guideposts Warwickshire Carers Support Service and encouraged use of the Carers Emergency Card.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 91% of patients diagnosed with dementia had a face to face care review in the past 12 months, compared with an average 82% in the CCG area 84% nationally.
- Performance for mental health related indicators was also similar to or higher than the CCG and national averages. For instance, 94% of patients with a form of psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the CCG average of 84% and the national average of 88%. 94% of the same group had also had their alcohol consumption recorded, again higher than the CCG and national averaged which were both 90%.
- The practice liaised with multi-disciplinary teams in the management of patients experiencing poor mental health and we saw that care plans were in place for those with dementia.
- The practice facilitated an Improving Access to Psychological Therapies (IAPT) counsellor to offer appointments on the premises.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed the practice's performance was significantly above local and national averages. 217 survey forms were distributed and 112 were returned. This represented a 52% completion rate and 2% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by telephone compared to the CCG average of 73% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 99% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 60 comment cards, 56 of which were entirely positive about the standard of care received. Patients said they felt the service offered by the practice was excellent and staff

were kind, caring and professional. Patients also commented that staff listened to them and treated them with respect. Concerns raised by the remaining four related to car parking, the practice being crowded during busy periods, and the lengths of prescription issued for a specific condition.

We spoke with eight members of the patient participation group (PPG). They told us they had found the practice to be caring and inclusive.

We spoke with 15 patients during the inspection. All 15 patients said they were treated with dignity and respect and found staff friendly and caring.

Views of external stakeholders were very positive. For example, staff we spoke with at two local care homes emphasised the high quality of service provided by the practice. The staff members told us that the practice was good at dealing with relatives as well as patients and handled capacity issues and best interest decisions appropriately. Each told us they received twice weekly visits from GPs, who were also responsive to requests for urgent visits. The care home staff also told us that regular audits were carried out by the practice pharmacist for patients prescribed multiple medicines.

## Outstanding practice

We saw one area of outstanding practice:

- The practice offered patients attending acute or chronic appointments a volunteer driver service which had been running for over 20 years. This was initially organised and funded by the local charity in support of

the practice, Friends of The Revel Surgery, before separating into a volunteer group. The practice ensured that volunteers had signed a confidentiality agreement, received a DBS check and had the correct level of insurance for their vehicle.

# Revel Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

### Background to Revel Surgery

Revel Surgery is a rural practice in the village of Brinklow. The practice catchment area covers approximately 40 square miles in between the town of Rugby and the City of Coventry. It operates under a General Medical Services (GMS) contract with NHS England. A GMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities. The practice operates from premises purpose built in 1987 and later extended to accommodate a larger team for growing numbers of patients. The building has accessible facilities for patients with additional needs, such as wheelchair access and disabled parking. Revel Surgery has a patient list size of 6,781 including a small number of patients who live in two local care homes. In addition to the services provided from the premises, the practice provided clinics to students at a local private school, and to service personnel families based at a local MOD barracks. Revel Surgery is a training practice which has qualified junior doctors working under the supervision of its GPs. The practice dispensing service is provided from an integrated pharmacy. Dispensing services are provided to approximately 5,500 patients who lived more than 1.6km from their nearest pharmacy.

Revel Surgery's patient list has lower than average levels of social deprivation, and a slightly higher than average population aged over 40, and a lower than average population aged 10 to 40. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, the practice offers minor surgery, risk profiling, case management, and additional services for patients at risk of or following unplanned admissions. It is also a dispensing practice.

The clinical team three male GP Partners, three female salaried GPs, one male salaried GP, four trainee GPs, one senior nurse, one practice nurse and one healthcare assistant. The team is supported by a practice manager, five reception staff and two administrators. Additionally the practice has a dispensary staffed by five dispensers and one counter assistant.

Revel Surgery is open from 8am to 6.30pm from Monday to Friday. The practice closes between 1pm and 2pm during which time the duty GP is on call for patients with urgent needs. Appointments are available from 8.30am to 1pm and 2pm to 6.30pm. Outside of the practice opening hours there are arrangements in place to direct patients to out-of-hours services provided by NHS 111.

### Why we carried out this inspection

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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before our inspection we reviewed information we held about the practice as well as information shared with us by other organisations. We carried out an announced inspection on 16 August 2016.

During the inspection we:

- Spoke with a range of staff including GPs, the nurse team, the dispensary manager, the practice manager and other non-clinical staff.
- Interviewed patients who used the service.
- Observed how patients were being cared for and spoken to.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked 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
- People experiencing poor mental health (including people with dementia).

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 that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- There was an incident reporting procedure and a significant event recording form available to staff. These were easily accessible to staff electronically and supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Staff we interviewed told us they would inform the practice manager of any incidents.
- We were provided with evidence which showed that when things went wrong with care and treatment patients received relevant information and support. It was the practice policy to make a verbal apology and also offer a formal written apology if appropriate.
- We reviewed the practice's records of significant events over the previous year and saw that a thorough analysis of each event had been carried out.
- Incidents and significant events were discussed at monthly team meetings to share learning. Meeting minutes were circulated to all staff. Significant event meetings were held quarterly throughout the year to review outcomes and ensure that any preventive measures identified had been implemented. For example, after an incident regarding contraception which was due to be reviewed, the patient received an apology and an explanation of the circumstances. The clinician ensured the patient was advised regarding contraception and options were provided. Clinical staff also reviewed the current guidance regarding IUDs to ensure patients could be advised correctly.
- The practice received safety alerts issued by external agencies, for example from MHRA (Medicines and Healthcare products Regulatory Agency). These were received by the practice manager who circulated these to the relevant staff members. The practice manager also identified patients affected by the safety alert for clinical staff to review. Alerts were discussed at clinical meetings to ensure appropriate action was taken as a result. We checked recent alerts and confirmed that the

practice had taken action as a result. For example, we noted the practice had contacted patients using a specific insulin pump system following a recent fault alert to provide a replacement device.

### Overview of safety systems and processes

Clearly defined systems, processes and practices were in place to keep patients safe and safeguarded from abuse.

- The practice used measures in line with relevant legislation and local requirements to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff on the practice's computer system. The policies outlined what action staff should take if they were concerned about a patient's welfare. Staff we spoke with during the inspection were able to demonstrate their understanding of their safeguarding responsibilities. The practice had appointed one of the GPs as their lead member of staff for safeguarding. GPs attended safeguarding meetings with the health visitor when required and provided reports for other agencies where appropriate. All staff had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the nurse team were trained to child protection or child safeguarding level three, and non-clinical staff to level two.
- The practice nurse team and a senior receptionist had received training and a Disclosure and Barring Service (DBS) check to allow them to act as chaperones. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The role of a chaperone is to observe examinations (with patient consent) for the protection of both the clinician and the patient. There was a notice in the waiting room advising patients that chaperones were available.
- We observed the premises to be visibly clean and tidy, and verified that the practice maintained suitable standards of cleanliness and hygiene. The senior nurse had been appointed as the infection control clinical lead, and liaised with the local infection prevention team to follow best current practices. Staff had received up to date training delivered by the clinical lead as well as e-learning, and this included such procedures as hand washing, dealing with spillages of body fluid and accepting samples from patients. Annual infection control audits were undertaken by the clinical lead and



## Are services safe?

the practice manager, and we reviewed the most recent audit dated June 2016. During the inspection we noted that not all chairs in the practice were covered with a wipe clean fabric. The practice decided to replace these with chairs which met with current infection control requirements and these were delivered shortly after the inspection.

- The practice had implemented systems for dealing with repeat prescriptions, and patients were given adequate warning before they were refused a repeat prescription due to the need for a review. Where a patient had reached the maximum number of repeat prescriptions they were referred for an urgent appointment, and if necessary a GP was asked to assess the need for issuing a further prescription in the interim.
- The practice carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice met with the Clinical Commissioning Group (CCG) medicines management team quarterly and the team attended the practice twice a year to review practices. The practice also participated in peer review to ensure best prescribing practice was being followed.
- The practice had a number of patients who were prescribed high risk medicines, such as warfarin (a blood thinning medicine), and disease-modifying anti-rheumatic drugs (also known as DMARDs. These are a group of medicines that decrease pain and inflammation). The practice had shared care agreements in place for these patients, who also received treatment from specialists in their particular illness. The practice received an alert if any patients did not attend for secondary care monitoring, to ensure that they were prescribed medicines safely.
- Clinical rooms were kept locked when they were not in use and staff removed computer access cards when they left rooms unattended during the day. Paper patient records were securely stored in locking cabinets.
- There was a system in place to monitor fridge temperatures and take action if cold storage medicines deviated from the recommended range. Medicine fridges had locks and the two nurses at the practice were responsible for monitoring these and ordering medicines. Cold storage medicines such as vaccines occasionally had to be transferred a short distance to a local private school where clinics were carried out, and we were shown the procedure for maintaining temperatures and security during transportation.

- The senior nurse was a qualified Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The senior nurse attended forums, was a member of several online groups and subscribed to literature which helped her to stay up to date with best practice. She received support from the GPs and attended annual chronic disease management updates. The practice used Patient Group Directions to allow the practice nurse to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice employed a pharmacist, who was an independent prescriber, to manage the dispensary. The pharmacist was supported by a lead GP. Staff involved in the dispensing process were appropriately qualified and their competence was checked annually. There was a system for reporting and recording medicines incidents and near misses, and these were reviewed regularly. Standard procedures were in place which covered all aspects of the dispensing process. We saw that they were reviewed annually and that staff had signed them to confirm their understanding.
- During our inspection we reviewed five personnel files. These contained documentation which evidenced that appropriate recruitment checks had been undertaken prior to employment. For instance, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

### Monitoring risks to patients

The practice assessed and managed risks to patients effectively.

- The practice used a number of procedures to monitor and alleviate risks to patient and staff safety. For example, the most recent fire risk assessment had been made in May 2016 and we saw evidence that the practice carried out weekly fire alarm tests and trained staff in what to do in the event of a fire. Portable appliance testing was carried out annually to ensure the equipment was safe to use. We checked a sample of electrical equipment which verified the last test had been completed in May 2016. Clinical equipment was also calibrated annually to ensure it was working properly and the practice kept a record to track when this was due. Other risk assessments were used to



## Are services safe?

confirm the safety of the premises such as control of substances hazardous to health and infection control. The practice had held a discussion about the risk of Legionella and telephoned an advice line regarding this. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. Although it was clear that staff had considered whether there was a risk of Legionella bacteria at the premises, there was no formalised risk assessment in place to record this at the time of the inspection. We were provided with a copy of an up to date risk assessment the day after the inspection.

- The practice manager had made arrangements to ensure that the number and skill variety of staff on the premises at any given time was sufficient to meet patients' needs. Annual leave for clinical and non-clinical staff was coordinated, rotational working was used and there was a protocol for covering periods of sickness absence.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- Staff told us they would use the emergency alert button on the practices computer system to alert their colleagues in the event of an incident, such as a patient collapsing.
- All staff had received annual basic life support training and knew the location of the practice crash trolley which contained emergency medicines and life support equipment. This included a defibrillator with adults and children's pads and oxygen with adult and children's masks.
- All the medicines we checked were in date and stored securely.
- A first aid kit and accident book were also available.
- The practice had prepared a comprehensive business continuity plan for use in the event of major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utilities companies. It also identified an alternative site where the practice could operate from temporarily.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE on the internet and discussed updates at clinical meetings. Clinical staff followed guidance to ensure they were able to deliver effective care and treatment to patients in line with best practice.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recently published results at the time of the inspection for 2014/15 showed that the practice had achieved 99% of the total number of points available with 7.5% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Although the practices overall exception reporting was lower than the Clinical Commissioning Group (CCG) and national averages, it was significantly higher than average for depression and cardiovascular disease.

For example, 87% of adults diagnosed with depression during the previous year had been reviewed within the target timeframe, compared with the CCG and national averages of 85%. The practices exception reporting for this indicator was 46%, compared with the CCG average of 24% and the national average of 25%. We checked the data for 2015/16 published following the inspection and found that this had reduced to 28%. The practice felt the reasons for excluding patients and decisions to exception report patients had been clinically justified. The practice results for the new QOF year 2015/2016 showed that exception reporting had reduced to 28% for depression, in line with the CCG average of 23% and the national average of 22%.

For cardiovascular disease, the practice's underlying achievement for the use of statins in treating newly diagnosed patients within the target demographic was

100%, compared with the CCG average of 99% and the national average of 97%. The practice had exception reported 50% of these patients which meant that only half were receiving the intervention, compared with the CCG average of 27% and the national average of 30%. The practice explained that they had only one patient who qualified for this indicator in 2014/15. Data from 2015/16 was not yet published for this indicator. In respect of these indicators the GP partners explained to us that they always discussed the rationale for exception reporting patients, and felt that these figures were clinically justified.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to or higher than CCG and national averages. For example, 84% of the practices patients with diabetes had a blood glucose level within the target range in the preceding 12 months compared with the CCG and national averages of 78%. 95% of patients with diabetes had a record of a foot examination in the preceding 12 months compared with the CCG average of 91% and national average of 88%.
- Performance for mental health related indicators was also similar to or higher than the CCG and national averages. For instance, 94% of patients with a form of psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the CCG average of 84% and the national average of 88%. In the same period 94% of the same group had also had their alcohol consumption recorded, again higher than the CCG and national averaged which were both 90%.

There was evidence of quality improvement including clinical audit.

- The practice explained that during a transfer between computer systems its main audit file had been lost. The practice was therefore unsure how many audits had been completed in the last two years, but was able to locate 10 audits carried out in recent years. Two of these were completed cycle audits where the improvements made were implemented and monitored.
- The practice participated in benchmarking to monitor its performance against other practices and identify areas for improvement.
- Findings were used by the practice to improve services. For example, a recent audit was carried out to identify

# Are services effective?

## (for example, treatment is effective)

women with intrauterine devices (IUDs, also known as a contraceptive coils) in place over a certain number of years, following a significant event. The practice was then able to contact all the patients affected and review their contraceptive needs with them. The audit was then run again to confirm that all patients had been reviewed.

### Effective staffing

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

- There was an induction programme for newly appointed staff at the practice. Inductions included health and safety topics such as fire safety, infection control and emergency procedures as well as employment specifics such as role profile and confidentiality.
- Staff underwent role specific training and competency updates as required for their roles. The practice used its training records in conjunction with annual appraisals to ensure all staff members had access to the relevant training and were up to date with that required. For example, those reviewing patients with long-term conditions attended annual chronic disease update courses.
- The practice used the Knowledge and Skills Framework (KSF) and annual staff appraisals to identify training needs. The KSF is a competence structure that supports continuing personal and professional development. This system ensured that staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice supported revalidation for GPs and nurses, and all staff had received an appraisal within the last 12 months.
- Staff received training that included: information governance, equality and diversity, dealing with conflict, basic life support, safeguarding, manual handling, fire safety and health and safety. Training was completed via e-learning modules as well as in-house training.
- Members of staff that administered vaccines and took samples for the cervical screening programme had received specific training in these areas and attended relevant updates. Staff who administered vaccines told us they stayed up to date with changes to the immunisation programmes by accessing online resources and subscribing to related literature.

### Coordinating patient care and information sharing

Staff were able to access the information they required to plan and deliver care in a timely and accessible way using the practice's patient record system. For example test results, care plans, medical records and risk assessments.

The practice attended multidisciplinary team meetings when possible to liaise with the district nurses, Macmillan nurses and palliative care teams. We saw minutes of these meetings to confirm this. Staff also liaised with other healthcare providers to improve patients continuity of care, for example when patients were referred between services and following discharge from hospital. The practice shared relevant information in a timely way, such as when referring patients to other services.

### Consent to care and treatment

Clinical staff obtained consent to care and treatment in line with legislation and guidance, including the Mental Capacity Act 2005.

Clinical staff demonstrated their understanding of Gillick competence and Fraser guidelines, and why these needed to be considered when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

Where a patient's capacity to consent to care or treatment was uncertain the clinician made an assessment of this and recorded the outcome.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example the practice held registers for patients with long term conditions as well as those receiving end of life care, carers, and those at risk of developing a long-term condition. The practice offered advice to patients who could reduce their level of risk by improving their lifestyle. For example, by providing information about diet, smoking and alcohol consumption. Patients were referred or signposted to services that could support them.

- The practice's uptake for the cervical screening programme was 87%, which was higher than the CCG average of 82% and the national average which was also 82%. The practice's exception reporting for this indicator was 4%, lower than the CCG average of 8% and the

# Are services effective?

(for example, treatment is effective)

national average of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There was always a female sample taker available to patients and failsafe systems were in place to verify that results had been received for all samples. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from the National Cancer Intelligence Network published in March 2015 showed that the practice was in line with averages. For example:

- 68% of women aged 50 to 70 had been screened for breast cancer within the target period, similar to the CCG average of 71% and the national average of 72%.
- 63% of patients aged 60 to 69 had been screened for bowel cancer within the target period, compared with the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 99%, which was comparable to the CCG average of 82% to 99%. Rates for five year olds from 97% to 100%, which was slightly higher than the CCG average of 93% to 98%.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

On the day of the inspection staff members were observed to be kind and helpful to patients and treated them with dignity and respect.

- Consultation and treatment room doors were kept closed when patient appointments were taking place and we noted that conversations taking place inside could not be overheard.
- Reception staff told us that if a patient was upset or needed to discuss something personal they offered to take them to a private room. There was also a sign in reception informing patients that a private room was available. Reception staff told us they offered to assist patients who appeared to be struggling, for example, by opening doors or offering a wheelchair.
- All clinical consulting rooms had curtains available to maintain patients' privacy and dignity during examinations, investigations and treatments.

Fifty-six of the 60 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered by the practice was excellent and staff were kind, caring and professional. Patients also commented that staff listened to them and treated them with respect. The four comment cards that provided negative feedback did not relate to caring.

We spoke with eight members of the patient participation group (PPG). They told us they had found the practice to be caring and inclusive.

During the inspection we also spoke with 15 patients in the waiting area. They said they were treated with dignity and respect and found staff friendly and caring.

Views of external stakeholders were very positive and aligned with our findings. For example, staff we spoke with at two local care homes emphasised the high quality of service provided by the practice. The staff members told us that the practice was good at dealing with relatives as well as patients and handled capacity issues and best interest decisions appropriately.

Results from the National GP Patient Survey published in July 2016 showed that patients felt they were treated with

compassion, dignity and respect. The practice was consistently ranked significantly higher than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 100% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) and national averages which were both 89%.
- 99% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 100% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

The patients we interviewed told us they felt included in making decisions about their care and the treatment they received. They also said GPs were good at listening to them and gave them enough time and information during consultations to make decisions they were comfortable with. This was similar to feedback given in patient comment cards. For example, these stated that staff always made time for patients and were knowledgeable and able to give them the information they needed to make choices about their health.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were again higher than local and national averages. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

## Are services caring?

- 99% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 100% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average which was also 85%.

These results reflected the evidence we collected on the day of the inspection and represented approximately 2% of the patient list. The high return rate of very positive comment cards and the willingness of patients we approached to tell us about their experiences also support that the performance of the practice was of a high quality.

The practice provided facilities to help patients be involved in decisions about their care:

- A wide range of information leaflets were available for patients to aid their understanding of illnesses and explain what support they could access.
- Information was displayed on the walls in the patient waiting areas to raise awareness of various health issues.
- GPs signposted and referred patients to guidance relevant to their conditions.
- Translation services were available for patients where English was not their first language and staff we spoke with knew how to arrange this.
- The practice website offered comprehensive and informative information about a large number of illnesses and health topics. These pages also provided links to further information on a website with a read

aloud function. There was also a sliding information window displaying adverts which encouraged engagement with health services, a health news feed to direct patients to articles of interest, and a link to a symptom checker on another website.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer, and linked their record with that of the person they provided care to if they were also a patient. The practice had identified 72 patients as carers (1.1% of the patient list). There was a large board in the patient waiting area dedicated to displaying information for carers. This asked them to notify the practice if they were a carer as well as providing information to direct carers to various avenues of support. For example, the practice directed patients to Guideposts Warwickshire Carers Support Service, and advised carers of the dates when Guideposts would be available at the practice to encourage them to access this. There was also information on display about the Carers Emergency Card which encouraged patients to carry this.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone and made a home visit at a time to suit the patient, even if this was outside of practice opening hours. The practice also directed patients to access support service such as talking therapy.





# 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 NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Patients could access online services such as repeat prescription ordering and appointment booking. All pre-bookable appointments were available online and the system had a good uptake, with 50% of patients being registered and 25% using it on a regular basis. The practice also offered a text message appointment reminder service.
- Telephone consultations were available for patients who did not feel they required a physical consultation or who had difficulty in attending the practice. Home visits were available for older patients and those with enhanced clinical needs.
- The GPs made home visits to palliative care patients outside of working hours and during the night, as they wanted to offer more personal and continuous care to patients nearing the end of their lives and to allow them to remain in their own homes. Patients were given the GPs mobile phone numbers to contact them. We saw a large number of thank you letters and cards from patients and family members regarding this service.
- Children and patients who required immediate medical attention could access appointments on the same day.
- The practice was aware that its rural location made it difficult for some patients to attend the practice and access other healthcare services. To accommodate patients the practice offered patients attending acute or chronic appointments a volunteer driver service which had been running for over 20 years. This was initially organised and funded by the local charity in support of the practice, Friends of The Revel Surgery, before separating into a volunteer group. The practice ensured that volunteers had signed a confidentiality agreement, received a DBS check and had the correct level of insurance for their vehicle.
- The practice provided phlebotomy (blood taking) appointments to save patients travelling to hospital, and there was an Improving Access to Psychological Therapies (IAPT) counsellor available on the premises.
- The premises were equipped with disabled facilities and a hearing loop. Translation services were available to patients who required them.
- Longer appointments were offered for patients who required them, including learning disability patients. There were ten patients on the practices learning disability register at the time of the inspection.
- The practice ran specialist clinics for patients with long term conditions, and coordinated review appointments for those with multiple long term conditions.
- The practice held identified that working aged men were less likely to attend for health checks. It had therefore devised an improved system of virtual clinics for patients with high blood pressure to facilitate regular monitoring. There was a blood pressure machine in the waiting room which patients were encouraged to use. Patients initially saw a nurse for checks, the results of which were reviewed by a GP, and monitored on an ongoing basis.
- The practice provided clinics at a local private school for students requiring primary medical services such as vaccinations.
- We spoke with staff at two local care homes which patients of the practice resided at. Each told us they received twice weekly visits from GPs, who were also responsive to requests for urgent visits. The care home staff also told us that they had regular audits carried out by the practice pharmacist for patients with multiple prescriptions.

### Access to the service

The practice opening hours were 8am to 6.30pm from Monday to Friday. The practice closed between 1pm and 2pm during which time the duty GP was on call for patients with urgent needs. Appointments were available from 8.30am to 1pm and from 2pm to 6.30pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly higher than local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average which was also 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried, compared with the CCG average of 83% and the national average of 85%.
- 74% of patients were usually able to see or speak to their preferred GP, significantly higher than the CCG average of 57% and the national average of 59%.
- 97% of patients described their experience of making an appointment as good, again significantly higher than the CCG average of 72% and the national average of 73%.
- 90% of patients usually waited 15 minutes or less after their appointment time to be seen, which was remarkably higher than the CCG average of 61% and the national average of 65%.

Patients we spoke with during the inspection told us they were able to get appointments when they needed them. Reception staff explained that if all urgent appointment slots had been filled and a patient required an urgent appointment, they were advised to come to the practice at the end of morning surgery and a GP then saw the patient as soon as possible. There was a screen in the patient waiting area that informed patients if appointments were running late.

Requests for home visits were triaged to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Where the need for medical attention was so urgent that a home visit was not appropriate the practice advised patients to contact emergency services, and where the situation required offered to telephone on their behalf. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns effectively.

- The complaints policy and procedures in place were in line with the recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person for handling all complaints in the practice.
- Information was available to help patients understand the complaints system, including a poster displayed in the waiting area and a leaflet which was available from reception. The practice website also allowed patients to submit complaints online.
- The practice was proactive in responding to complaints raised indirectly, for instance via the NHS Choices website, and responded to these even where the complaint was anonymous.

We looked at seven complaints received in the last 12 months and found these had been dealt with in a timely and satisfactory manner. Lessons were learned from individual concerns and complaints as well as from an analysis of trends. Actions were taken to improve the quality of care as a result. For example, two of the complaints over the previous year concerned repeat prescriptions not being available within the advised timeframe. As a result the practice created an action plan to prevent delays in future, which involved emphasising the practice protocols and timeframe with clinical and non-clinical staff, encouraging patients to use online repeat prescription ordering, and implementing careful checks for staff taking requests over the telephone. The practice also stopped taking requests by email as a result, as this was identified as an area that had caused delays.



# 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 developed a set of values to support its vision to provide a high quality, responsive, accessible and caring service. Staff worked in a way that supported these values and promoted better outcomes for patients. The practice recognised the challenges it faced of an expanding population with changing needs. The leadership team planned to recruit new GPs to offer more clinical time and to train for succession to the roles of the current partners, who were approaching retirement. They also hoped to further develop their use of technology to enhance communication with patients, and to encourage a greater variety of patients to join the patient participation group (PPG) by creating a virtual forum.

### Governance arrangements

The practice had governance arrangements which supported the delivery of its future plans and inspired good quality care.

- Staff were clear of their roles and responsibilities and knew who clinical and non-clinical leads were.
- A set of practice specific policies were in place and all staff were able to access these. We were shown examples to demonstrate how these policies were used, for example, significant events.
- The practice monitored its performance and used this information to foster improvement.
- Clinical and internal audit was used to monitor quality and to implement positive changes.
- The processes in place for managing risks were used safely and effectively to protect staff and patients.

### Leadership and culture

The GP partners and practice manager showed us that they had the knowledge and experience they needed to run the practice to a high standard. They also ensured that their supporting teams had the capacity and capability to meet their expectations. The leadership team prioritised high quality, responsive, accessible and compassionate care. Staff told us they were on first name terms with the partners and practice manager, and found them approachable and helpful.

The practice had systems in place to ensure compliance with the requirements of the duty of candour. The duty of

candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. There was a culture of openness and accountability, and there were systems in place to ensure that when things went wrong with care and treatment affected patients received reasonable support and sufficient information to help them understand. It was the practice policy to make a verbal apology and also offer a formal written apology if appropriate.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held monthly whole practice meetings and weekly clinical meetings.
- Staff felt that the practice culture was open and friendly, and they were encouraged to raise issues.
- There was a clear investment in team working and staff had good professional relationships. Staff were willing to contribute outside of their working hours, for example, the practice had recently participated in a dragon boat race as a team, to raise money for charity.
- Staff told us they felt valued and respected for their contribution to the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice clearly displayed simple, large print feedback forms in the waiting area for patients to complete. There were separate forms for complaints, praise, moans and suggestions. There was a suggestions box where patients could deposit these if they wished to remain anonymous.
- The practice shared feedback it received with the PPG and listened to their views to identify and discuss areas where improvements were needed. For example, it had been identified that there was patient dissatisfaction around the availability of parking. Although the practice was unable to extend the car park, they improved availability by directing staff to park in a nearby residential area, thus leaving more spaces free for patients who needed them. The practice was additionally considering installing a bicycle shed to encourage the use of alternative means of transport.

# Are services well-led?

Good 

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

- Staff provided feedback to the practice in a variety of ways, including informally by discussion, through appraisal meetings and at monthly staff meetings. Staff we spoke with during the inspection told us they felt able to give feedback and discuss any concerns or ideas for improvements with colleagues and management.

## Continuous improvement

As a training practice Revel Surgery had four qualified junior doctors working under the supervision of its senior GPs at the time of our inspection. There was also a strong focus on continuous learning and improvement at all levels within the practice. For example, the senior nurse had been supported by the practice to qualify as an independent prescriber and advanced practitioner and was the local

nurse forum lead. Due to the shortage of guidance for practice nurses she had created an A to Z Handbook for Nurses in General Practice to share her expertise. The handbook had been published for general sale and was accredited by the Royal College of General Practitioners.

One of the GP partners and the senior nurse had been working with the University of Birmingham to contribute to its Primary Care Nursing symposium and GP Training the Trainers programmes as part of the Chinese healthcare development strategy. This had involved spending time in China during June 2016. The university had further plans for activities which it had invited both clinicians to be involved with.