

Blossoms Healthcare LLP

Blossoms Healthcare LLP - Garlick Hill

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 14 February 2018 to ask the provider the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that the location was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out an announced comprehensive inspection of Blossoms Healthcare, Garlick Hill on 14 February 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, to confirm that legal requirements and regulations associated with the Health and Social Care Act 2008 were being met. We had previously inspected the location in March 2013, using our old methodology, when we found it was compliant with the regulations applicable at the time. The provider also operates at two other locations in Central London, which we inspected on 20 February 2018.

Before the inspection we reviewed notifications received from and about the service and location, and a standard information questionnaire completed by the provider. During our visit we spoke with the location's registered manager and doctors, the senior nurse, the location practice manager and administrative staff. We also met some of the provider's corporate management team. We observed practice and reviewed documents.

Our key findings were:

- The provider had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the provider learned from them and improved.

Summary of findings

- The provider reviewed the effectiveness and appropriateness of the care. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that the location was providing safe care in accordance with the relevant regulations.

- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The provider had embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding relevant to their role.
- The provider had arrangements to respond to emergencies and major incidents.

Are services effective?

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

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.
- The provider had systems in place to engage with patients and seek feedback using a survey forms emailed to all patients after their consultation.
- Systems were in place to ensure that patients' privacy and dignity were respected.

Are services responsive to people's needs?

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

- The provider understood its patient profile and had used this understanding to meet the needs of service users.
- For patients whose costs were not being paid by their employer, treatment costs were clearly laid out and explained in detail before treatment commenced.
- Patient feedback indicated they found it easy to make an appointment, with most appointments the same day.
- The location had good facilities and was well equipped to treat patients and meet their needs.
- Patient feedback was encouraged and used to make improvements. Information about how to complain was available and complaints were acted upon, in line with the provider policy.

Are services well-led?

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

- The provider had a clear vision and strategy and there was evidence of good leadership within the service.
- There were good systems and processes in place to govern activities.

Summary of findings

- Risks were well assessed and managed.
 - There was a culture which was open and fostered improvement.
 - The provider took steps to engage with their patient population and adapted the service in response to feedback.
 - Staff provided feedback and were able to suggest ways to improve the service.
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Blossoms Healthcare LLP - Garlick Hill

Detailed findings

Background to this inspection

Blossoms Healthcare, Garlick Hill operates at 21 Garlick Hill London EC4V 2AU. The service is provided by Blossoms Healthcare LLP (the provider), which operates two other locations in London. The provider is part of HCA Healthcare UK.

The provider is registered with the CQC to carry out the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury. The Garlick Hill location provides private GP and nurse-led appointments, health screening, occupational health and exercise physiology advice and travel health vaccinations. There is an onsite dispensing pharmacy. In 2017, the location provided approximately 5,000 GP appointments, 3,300 health screens, 2700 occupational health appointments and 900 travel health appointments. Most of the service is provided under corporate healthcare and employment arrangements or medical insurance, although there are patients who pay for their own private healthcare. Patients can be referred by the provider to other services for diagnostic imaging and specialist care.

The provider's administrative team of 19 staff covers all three locations and is based at Garlick Hill. There is a Registered Manager, responsible for Garlick Hill and one of the other locations. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider's clinical team also works across all three locations and includes 13 doctors and three nurses who regularly work at Garlick Hill. Up to seven doctors are on site at any particular time. Patients can request to see their preferred doctor at the other two locations, if it is more convenient to them. A contact number is provided to patients needing medical advice outside normal operating hours.

The service operates from the basement of an office block, accessible by two lifts. There are seven consultation / treatment rooms. The administrative team's offices are elsewhere in the building.

Are services safe?

Our findings

Safety systems and processes

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

- The provider had a range of up-to-date policies which had been communicated to staff and were available for reference on the shared corporate computer system. Staff received safety information as part of their induction and during refresher training. The policies and guidance outlined clearly who to go to escalate any concerns. One of the doctors, who was trained to safeguarding level 4, was the named lead for safeguarding and we saw evidence that all staff had received up-to-date training appropriate to their role. Although no children were treated – children's travel vaccinations are provided at another location - we saw that training in safeguarding children as well as and protecting vulnerable adults was included in the provider's list of mandatory training requirements. Staff we spoke with knew how to identify and report concerns. We saw that the provider's clinical records system had appropriate facilities for safeguarding concerns to be recorded and flagged. Incidents were recorded on the provider's corporate computer system. There had been no safeguarding issues at the location in the last 12 months. However, we saw that any incidents occurring at other locations were reviewed at corporate meetings and any learning points passed on to staff.
- The provider carried out staff checks, including checks of professional registration where relevant, at recruitment and on an ongoing basis. 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.
- We saw evidence that staff who acted as chaperones were trained for the role and had undergone a DBS check. Their attendance at consultations, or if the patients declined, was recorded in patients' records.
- There was an effective system to manage infection prevention and control (IPC). A named member of the nurses' team was the lead for IPC issues and worked with counterparts at the other provider's locations to share information and learning. The IPC policy was up to date and accessible to all staff on the shared computer system. An IPC audit had been carried out in December 2017. At the same time, a risk assessment in respect of legionella, a bacterium which can infect water systems in buildings, had been repeated – legislation requires that a risk assessment be done every two years. We saw evidence of water temperature monitoring being carried out monthly during 2017. All staff received appropriate IPC training upon induction and thereafter as part of their mandatory refresher training.
- The premises were clean and tidy. Cleaning was done by a contractor in accordance with written schedules and was appropriately logged. A communications book was used to pass messages to the cleaners, who worked at night when the provider's staff were not present. There was a contract in place for the removal of clinical waste. Sharps bins were available and guidance on sharps injuries and hand washing technique was accessible. Spillage kits and an adequate supply of personal protective equipment were available and staff had received training in their use. Instruments were single use; we found none that was past its expiry date. Privacy curtains were dated when hung, and all were changed at least every six months. There were supplies of sanitising hand gel throughout the premises. The provider maintained a register of staff members' Hepatitis B immunisation status.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw that medical equipment had been inspected and re-calibrated in July 2017 and was visually checked on an ongoing basis by staff.

Risks to patients

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

- The provider had sufficient staffing resources, both clinical and administrative, to meet the service requirements. There was an effective induction system for staff tailored to their role - one week for clinicians and three days for non-clinical staff, in addition to a four-day corporate induction. All staff served a three-month probation period. Clinical staff were afforded seven days study time per year.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise when people were in need of urgent medical attention. We saw evidence that all staff had been trained in basic life support, with doctors to intermediate level, including cardiopulmonary resuscitation (CPR). There was an emergency oxygen supply, a defibrillator and emergency drugs. Records showed that these were monitored daily. Staff knew how to identify and manage patients with severe infections; staff told us that sepsis management had been discussed and reviewed at a clinical meeting, following an incident at another of the provider's locations.

Information to deliver safe care and treatment

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

- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the provider's computerised patient record system and its intranet system. Patients' medical records were held securely, with the electronic system being backed up off site. Computers were fitted with security screens, preventing the display being visible to unauthorised persons.
- The provider had systems for sharing information both internally and with other agencies to enable them to deliver safe care and treatment. We saw the provider's protocol relating to the management of test results. This stated that the doctors operated a nominated buddy system, so that results received from the laboratory throughout the day would be reviewed and followed up, should the referring doctor not be on duty. If the member of staff was planning to be absent they were required to notify another clinician of any urgent results pending. The diagnostic laboratories contacted the location practice manager to make them aware of any abnormal results.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

- The systems for managing emergency medicines, medical gases, and equipment minimised risks. Medicines were appropriately stored, with supplies being monitored and logged. The provider kept prescription stationery securely and monitored its use.

Staff, including nurse prescribers, prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The provider's clinical computer system flagged any adverse interactions between prescribed medicines and gave online access to the British National Formulary for reference and guidance. All prescriptions were checked and monitored by the onsite pharmacist. No controlled drugs were kept at the premises. Vaccines were stored appropriately, with the fridge temperatures being monitored, using the built in thermometer and recorded. We discussed the good practice guidelines, set out in the Protocol for ordering, storing and handling vaccines, published by Public Health England, 2014, which recommends that a second external thermometer be used to check and calibrate fridge temperatures. After our inspection, the provider told us that a second thermometer had been obtained and that regular checks and calibration would be implemented. Annual training in administering vaccines and dealing with anaphylactic reactions was provided to relevant staff.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.

Track record on safety

The provider had a good safety record.

- A health and safety risk assessment of the premises had been carried out in January 2018 and a risk register was maintained to ensure ongoing monitoring. All staff received fire safety training during their induction and appropriate refresher training was provided annually. Three staff members were trained as fire marshals and arrangements ensured that one was always on site during working hours.
- Fire fighting equipment was inspected and certified in September 2017 and a fire risk assessment had been carried out in February 2018. The emergency lighting had been inspected in January 2018. The fire alarm was checked weekly and logs were maintained to confirm this. Records showed that fire drills were carried out annually. The premises' electrical services and wiring had been inspected and certified in December 2016 and electrical appliances had been PAT tested in July 2017.

Are services safe?

The provider had a business continuity plan, last reviewed in October 2017, which made provision for the service to be provided at the other locations, should the Garlick Hill premises be unusable due to an emergency.

- The provider had systems for dealing with safety alerts, for example being registered with the Medicines and Healthcare products Regulatory Agency regarding medicines and medical devices and those issued by Public Health England. Alerts were received centrally and passed on the relevant leads. We were shown an example of this, an MHRA recall alert relating to Sodium Chromoglicate eye drops.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong.

- We saw that the provider had a system for recording and acting on significant events and incidents, with guidance available to all staff on the shared corporate computer system. Staff understood their duty to raise concerns and report incidents and near misses and they

were supported in doing so. Those we spoke with described how to record incidents on the system and told us those reporting the incident were involved in any investigation and were informed of the outcome. There had been no significant events at Garlick Hill in the past 12 months. However, we saw from minutes of the provider's corporate Clinical Governance and Risk Meeting that incidents at other locations were reviewed and learning points passed on. Incidents and learning were also discussed at monthly educational meetings and at quarterly business and strategy location meetings.

- The provider's staff were aware of and complied with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents, people affected received reasonable support, truthful information and a verbal and/or written apology.
- The provider encouraged a culture of openness and honesty and had systems in place for knowing about notifiable safety incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice. Guidelines issued by the National Institute for Health and Care Excellence (NICE) and other agencies were received centrally, reviewed for relevance and recorded on the corporate computer system. They were then passed on to the appropriate lead staff. We saw an example of the process in relation to NICE Quality Standard 124, regarding suspected cancer, updated in December 2017. The guidance had been discussed at a location governance meeting and a formal risk assessment produced.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

We saw that the provider had carried out eight clinical audits in the last two years, together with various non-clinical audits relating to the service. We looked at two examples of completed-cycle clinical audits relating to antibiotic prescribing and spirometry. A spirometer is a device for measuring lung capacity. The results of the antibiotic audit showed that although roughly the same number of patients presenting with relevant healthcare conditions had been seen over the two year period, prescribing had reduced from 20% to 15%. The audit also showed a general reduction in prescribing by individual clinicians, together with less prescribing for particular health conditions such as gastroenteritis, which is not generally recommended by good practice guidelines. The first stage of the spirometry audit had led to a training manual being produced and the repeat audit showed the quality of the tracings (test results) and their review and interpretation had improved.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Clinical staff were given seven days study time per year. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. There was a detailed protocol setting out staff's mandatory training requirements. This was monitored by the provider's corporate computer system, which alerted managers to when training was due.
- The provider gave staff ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Doctors underwent annual external appraisals with independent organisations. Other staff had internal appraisals and the practice was in the process of implementing this for the doctors.
- The provider ensured the competence of clinicians auditing their record keeping.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

The provider's staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- Most patients also had an NHS GP, and the practice communicated with the NHS GP with the patient's consent. For example, when a change of medication had been prescribed or if the patient requested follow-up treatment via the NHS.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The provider offered a range of medical assessments which included pathology tests and patients could be referred for diagnostic screening such as X-ray, ultrasound, CT scanning and MRI.
- Health screening packages were available to all patients and included an assessment of lifestyle factors.
- Patients were encouraged to undergo regular health screening such as mammograms and smear tests.

Are services effective?

(for example, treatment is effective)

- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Consent to care and treatment

The provider obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. We saw evidence that clinicians had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Patients were supported to make decisions. The practice monitored the process for seeking consent appropriately by means of regular records audits.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Staff understood patients' personal, cultural, social and religious needs.

- The provider gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Five patients completed out feedback cards and we spoke with three patients attending for appointments. They were all positive about the service experienced, stating that staff were kind and compassionate.

The provider sought patient feedback via email after every consultation. We saw the results for the period January to December 2017 which was predominantly positive. For example, 1,138 patients attending Garlick Hill (93.5% of those who responded) would recommend the service; and 1,204 patients (96.6%) rated the service standards as good or outstanding.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care. An interpreter service was available for telephone consultations for patients who did not have English as a first language, and could be requested by patients during their initial call for an appointment. This service was also advertised on the screen in the patients' waiting area. Service and healthcare literature was available in Braille. Staff told us that an induction loop to assist patients with a hearing impairment was on order. The price list for the various types of consultation, tests, treatment options and vaccinations was posted in the waiting area and information was available on the provider's website.

Privacy and dignity

The Provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The consultation rooms were private and conversations inside could not be overheard. Privacy screens were used during examinations.
- The provider placed significant emphasis on data protection. It complied with the Data Protection Act 1998 and we saw that all staff had completed information governance training.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences. For example –

- It had drawn up bespoke health screening packages in relation to cardiac concerns and breast screening.
- The facilities and premises were appropriate for the services delivered.
- Information about the services offered was given on the practice website and on a screen in the waiting area.

Staff told us the provider worked closely with corporate clients, to help them identify and understand the most prevalent health needs in their business with the aim of keeping the work force healthy, and improving wellbeing.

Timely access to the service

Patient feedback was positive regarding access to services.

- Patients had timely access to care initial assessment, test results, diagnosis and treatment. Same day appointments were usually available.
- The provider had a good relationship with the GP liaison team at a nearby hospital and with a number of local consultants. This enabled it to arrange early or rapid appointments for patients who needed to be seen.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. Patients were supported from their first contact with the provider's

reception and bookings team. The provider's client support team offered a "concierge service" for managing patients' health assessments and screening tests.

Listening and learning from concerns and complaints

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

- There was a policy and procedures in place for handling complaints and concerns. The procedures allowed for corporate reviews of complaints and the set out provision for complaints to be referred to an independent adjudicator for resolution. However, this was not stated in the complaints outcome letters. There had been 14 complaints regarding Garlick Hill received in the last year and we saw they had been dealt with in a timely manner.
- Information about how to make a complaint or raise concerns was available on the provider's website and in the waiting area. The process was simple and easy to use. Staff treated patients who made complaints compassionately.
- We saw that complaints from all locations were discussed at corporate clinical governance and risk meetings. Learning was passed on via a staff newsletter.
- The provider learned lessons from individual concerns and complaints and acted as a result to improve the quality of care. For example, in response to concerns from Garlick Hill patients, antiseptic hand gel dispensers had been installed in waiting areas and the work had been carried out on the premises toilets.

Are services well-led?

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

Our findings

Leadership capacity and capability;

The provider's leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Leaders were easily contactable and approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership.
- They were knowledgeable about issues and priorities relating to the quality and future of services.

Vision and strategy

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

- There was a clear vision and set of values. The provider had a realistic strategy and plans for future development.
- The provider's strategy was focused on satisfying the needs of their corporate clientele working in Central London. The practice catered to a number of individual private patients and there were plans in place to expand their service offering to a broader market in the future.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

- The provider had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.
- Leaders and managers told us that they would act on behaviour and performance inconsistent with the vision and values.
- Staff were supported to meet the requirements of professional revalidation through the provision of seven continuing professional development days per year.
- There was evidence of internal evaluation of the work, with performance, incidents and complaint across the three locations being monitored and reviewed.
- The provider actively promoted equality and diversity.
- There were positive relationships between staff.

Governance arrangements

There were governance systems in place, together with lines of accountability and leadership.

- There were effective governance arrangements. There was a range of corporate and local protocols governing clinical and non-clinical issues related to the service. These were reviewed on a regular basis and available to all staff on the shared computer system.
- There was a detailed operational structure, allowing for oversight and effective governance, involving corporate and local staff meetings of clinical and non-clinical staff teams.

Managing risks, issues and performance

Most risks were managed effectively.

- The provider had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions. Local managers had oversight of incidents, significant events and complaints and these were also monitored and reviewed corporately to ensure that learning was widely shared.
- Clinical audit was used to monitor care and outcomes for patients.
- We saw evidence of regular staff meetings, supervision and appraisals. Training needs were monitored and highlighted using the provider's human resources computer system. There was a set range of mandatory training areas staff were required to undertake.
- The systems used to for identify, understand, monitor and address current and future risks were generally effective. Where risks had been identified, the provider was taking remedial action. The provider was in the process of upgrading its clinical and administrative computer systems to better use information technology to monitor and improve the quality of care provided.
- The provider had plans in place to deal with major incidents.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Accurate quality and operational information was used to ensure and improve performance. For example through audits of patient consultation notes.

Are services well-led?

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

- Quality and sustainability of care were priorities for the provider.
- The provider submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Minutes of staff meetings were accessible on the provider's shared computer system. A monthly staff newsletter provided information on issues relevant to all the provider's locations.

Engagement with patients and staff

The provider sought and acted on the views of patients and staff, and used feedback to improve the quality of services.

- Patients' feedback about the service was requested after each consultation, by completing an online comments form. Staff told us that an additional medical secretary had been recruited to help address a patient's comments regarding perceived delays with correspondence.

- Staff told us that they were encouraged to raise any issues and make suggestions for improvements at their regular meetings, supervision and appraisals.
- We were told there was a low turnover of both clinical and administrative staff.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. For example, the provider had achieved accreditation from an independent occupational health accreditation scheme. The provider had worked with their corporate clients to improve their cardiac screening service. All senior executives had a CT Angiogram incorporated into their existing medicals. This resulted in both a reduction in cardiac insurance claims and the client had not reported any serious cardiac incidents among this patient group since the programme's introduction. Due to the benefits of the initiative the provider's client was intending to extend this service to others within their organisation.

The provider was shortly to be introducing a mobile app, allowing patients to book appointments and access their records online.