Exeter Travel Clinic

Exeter Travel Clinic

Inspection report

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Date of inspection visit: 23 November 2017
Date of publication: 22/12/2017

Overall summary

We carried out an announced comprehensive inspection at The Exeter Travel Clinic on 23 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the clinic was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Exeter Travel Clinic is a private travel health clinic located in Exeter city centre. The clinic was set up in 2008 as Travel Health Consultancy. In 2016 the business split into two organisations, The Exeter Travel Clinic (CQC registered) and Travel Health Consultancy (Not registrable with CQC). This report relates to the Exeter Travel Clinic. The clinic provides travel health advice, travel and non-travel vaccinations, medicines related to travel and training to individuals, healthcare professionals, universities, companies and charities. People of all ages intending to travel abroad can seek advice regarding health risks and receive both information and necessary vaccinations and medicines.

The provider is a registered nurse who has a degree in emergency care and post-graduate diplomas in travel medicine and tropical nursing, along with a range of outdoor qualifications. The provider is also currently studying an MSc Global and Remote Healthcare. The provider is a Fellow of the Faculty of Travel Medicine (Royal College of Physicians and Surgeons of Glasgow), a

Summary of findings

Fellow of the Royal Geographical Society (RGS) and a member of the RGS Medical Cell. The provider is also the director of the International Diploma of Expedition and Wilderness Medicine (RCPSG).

The provider employs a team of two registered nurses with travel medicine experience. These nurses work also elsewhere within the NHS. The team of nurses are supported by two part time reception staff and a finance officer.

The provider is the 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.

We received 12 comment cards from patients, healthcare professionals and external stakeholders which were all positive and referred to the person centred, informative, efficient, friendly and professional service. Patients spoke about staff providing simple, informative advice without pushing the services provided. For example, two patients explained how the clinic staff saved them money by referring them to NHS services. Feedback from healthcare professionals referred to the clinic staff as being an effective education resource within the primary care setting. We also saw testimonials provided by patients and healthcare professionals which were also positive.

Our key findings were:

- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Medicines and emergency equipment were safely managed.
- The service was offered on a private, fee paying basis only.
- The practice had facilities and was well equipped to treat patients and meet their needs.
- Assessments of a patient's treatment plan were thorough and followed national guidance.
- Patients received full and detailed explanations of any treatment options.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- There was a leadership structure and staff felt supported by management.
- There were effective governance processes in place.
- There were processes in place to safeguard patients from abuse.
- There was an infection prevention and control policy; and procedures were in place to reduce the risk and spread of infection.
- There were clear systems in place to receive, manage and learn from complaints.
- The service encouraged and valued feedback from patients and staff.
- Feedback from patients, stakeholder and healthcare professionals was consistently positive.
- The provider shared knowledge with the wider community through journals, education and editing and writing books.

We saw one area of outstanding practice:

- The provider shared knowledge with a wider audience and was on the editorial team of the Oxford handbook of expedition and wilderness medicine and expedition Medicine in Auerbach's Wilderness Medicine. The provider had also written many journal articles, and a 15 credit module for the post graduate diploma module about Expedition Emporiatrics (a branch of medicine that deals with the prevention and management of health problems of international travellers). The provider also supported the development of local practice nurses by providing refresher sessions and shadowing opportunities and also lecturers for the diploma of mountain medicine, the diploma of travel medicine and for the MSc global and remote healthcare.

There were areas where the provider could make improvements and should:

- Review the timescale and process for informing patients GP when medicines or vaccines are supplied or administered.
- Review whether a record should be made of a person's consent to treatment when a medicine is unlicensed or used off-label (Unlicensed medicines' refers to both medicines with no UK licence, and those being used outside of the terms of their licence (commonly referred to as 'off-label').

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 this service was providing safe care in accordance with the relevant regulations.

- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- Medicines and emergency equipment were safely managed.
- There were systems and processes in place to safeguard patients from abuse.
- The staffing levels were appropriate for the care and treatment provided by the clinic.
- Risk management processes were in place to manage and prevent harm.
- A fire risk assessment was carried out annually, and fire equipment was appropriately monitored and fit for use.
- The service had an infection control policy and procedures were in place to reduce the risk and spread of infection.
- Emergency medicines and equipment were easily accessible

Are services effective?

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

- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Patient consent and relevant information was sought before their information was shared with other services. The process for informing patients' GP when medicines or vaccines were supplied or administered took place after the full course of treatment had been given.
- A clinical assessment and medical history was undertaken prior to recommending treatments.
- Staff demonstrated they understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Verbal consent was obtained when a medicine used was unlicensed or used off-label. (Unlicensed medicines' refers to both medicines with no UK licence, and those being used outside of the terms of their licence (commonly referred to as 'off-label')
- Staff received training appropriate to their role. We saw copies of training certificates including life support training.

Are services caring?

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

- Patient feedback was positive about the services provided by the clinic. We saw that staff were professional and friendly.
- We also saw that staff treated patients with dignity and respect.
- We were told by staff that patients were involved in decisions about their care and treatment.

Are services responsive to people's needs?

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

- The service was offered on a private, fee paying basis and was accessible to people who chose to use it.
- The clinic staff provided a service at the patient's home or place of work if they had issues using a staircase.

Summary of findings

- The service had a complaints policy in place. We saw one complaint had been received in the preceding two years which had been acted on in an appropriate way. The service discussed complaints with staff and shared learning.
- Patients received an individualised package of advice and treatment.
- The service had access to interpreting services when required.
- Patients were able to book appointments over the telephone, in person or via email.

Are services well-led?

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

- Governance arrangements within the clinic were operated effectively.
- There were a set of policies and procedures accessible to all staff.
- Staff demonstrated their awareness of how to handle safety incidents, and their understanding of the Duty of Candour (DoC). DoC is in place to ensure that providers are open and transparent with people who use services in relation to care and treatment; and provide reasonable support, truthful information and an apology when things go wrong.
- The service encouraged and valued feedback from patients, the public and staff to help drive continuous improvement.
- The provider shared knowledge with the wider community through journals, education and editing and writing books.

Exeter Travel Clinic

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at The Exeter Travel Clinic on Thursday 23 November 2017. The inspection was led by a CQC inspector and CQC pharmacist.

Prior to this inspection we gathered information from the provider from a pre-inspection information request. Whilst on the inspection we listened to a presentation by the provider, spoke with staff and reviewed key documents, policies and procedures in use by the service.

During the inspection we:

- Spoke with the provider, nurse and receptionist.
- Reviewed clinical records of patients to track their progress through the service.
- We looked at 12 CQC comment cards completed by patients using 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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Safety systems and processes

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

- The provider conducted safety risk assessments and had a set of safety policies which were available to staff. The clinic had systems to safeguard children and vulnerable adults from abuse. Policies had been recently reviewed and were accessible to all staff by using a link on the intranet. They outlined clearly who to go to for further guidance.
- The provider employed staff with an interest in travel medicine, evidence of education in travel medicine or willingness to undergo training, an experience of travel and an understanding and acceptance of clinic ethos. All staff had been interviewed by the provider and provided a written CV, application form, form of identification and names of current employer. The provider was in the process of auditing recruitment records to ensure the clinic had maintained records of all pre-employment checks, including references and disclosure and Barring Service (DBS) checks. (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 provider had a policy to perform a DBS on all staff whose primary employment was with the travel clinic. The nurses working at the clinic had other primary employment elsewhere within the NHS and had provided current enhanced DBS certificates, which the provider then checked with the DBS. There was a risk assessment in place to identify and mitigate risks.
- All staff had access to up-to-date safeguarding and safety training appropriate to their role. All staff were training to safeguarding level three and knew how to identify and report concerns.
- There was a system to manage infection prevention and control. There was appropriate guidance and equipment available for the prevention and control of infection.
- The clinic ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

- There were systems to assess, monitor and manage risks to patient safety.
- There were arrangements for planning and monitoring the number of staff needed. There was always a clinical nurse specialist and clinic administrator on duty.
- There was an effective induction system for staff tailored to their role. Staff were previously known in a professional capacity to the provider and invited to attend the clinic to observe and decide whether the specialist field of nursing was what the staff were looking for.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The majority of the nursing team had experience of working within the emergency department and high dependency areas in hospital settings.
- Clinicians were able to respond to patients who might have an adverse reaction to a vaccine. Emergency medicines, including oxygen, were readily available to treat anaphylaxis (a severe and potentially life-threatening reaction to a trigger such as an allergy) in adults and children.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The clinic had systems for sharing information with staff and the patients' GP to enable them to know what treatment and advice had been provided.

Safe and appropriate use of medicines

- Medicines were stored securely in the treatment room. Vaccines were stored in dedicated vaccine fridges which were monitored electronically to ensure they maintained the correct temperature range for safe storage. Emergency medicines, including oxygen, were available and in date.
- Some medicines and vaccines were supplied or administered to patients following a Patient Group

Are services safe?

Direction (PGD). PGDs were in date and signed by the authors, including a doctor who supported the service. Nurses working under the PGDs had signed to show they had read them and we saw during the inspection that these PGDs were referred to closely during consultations with patients. Two nurses at the clinic were independent prescribers and prescribed medicines or vaccines to be supplied through a patient specific direction where appropriate.

- Medicine interactions were routinely checked against formularies including the electronic medicines compendium and British national formulary. The clinic used a range of online and printed resources to ensure that they were following best practice.
- Medicines were supplied to patients in appropriate labelled containers and patient information leaflets were supplied. The clinic had developed a range of information leaflets to provide additional information for example additional precautions to reduce the risk of mosquito bites or guidance for self-treatment of travellers' diarrhoea.
- Vaccination schedules were completed on patient record cards to ensure that patients received all the doses they needed. Pre-vaccination checks were undertaken at each appointment to make sure that it was safe for the patient to receive a dose. Medicines and vaccines were recorded on patient record cards after they had been administered or supplied, with the batch number of the vaccine supplied and nurse signature.

Track record on safety

The clinic had a good safety record. The premises were managed by a landlord. Documents showed the provider had obtained assurances regarding any risks and had written environmental risk assessments in relation to safety issues. These had been updated in the last month and included fire safety, waste management and the management of legionella.

Staff had received training in basic life support and managing emergencies. There was emergency equipment and medicines available which were accessible and within date.

There was a lone working policy. Staff were aware of how to alert colleagues to an emergency. Additional security measures were in place when staff were lone working.

Lessons learned and improvements made

The clinic learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The provider supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The clinic learned and shared lessons, identified themes and took action to improve safety in the clinic. For example, the clinic showed us how they had improved the recording of vaccines administered following an incident which led to the wrong vaccine being given. Some vaccines required administration of more than one dose over a period of several weeks. Nurses now recorded which dose in the schedule they had administered, for example dose one, two or three. This meant it was possible for all staff to see from the patient record what doses were still due to be given.
- There was a system for receiving and acting on safety alerts. The clinic learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The clinic had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, this included guidance on the zika virus, malaria, rabies, Japanese encephalitis, and hepatitis.

- Patients' needs were fully assessed. A pre-travel assessment form was completed for each person prior to administration or supply of any medicines or vaccines. This included information regarding previous medical history, any allergies and whether the patient was taking any medicines. The nurse prescribers used this information to determine the most appropriate course of treatment. We checked 16 patient's records and saw that appropriate assessments were performed and relevent information recorded.
- We saw no evidence of discrimination when making treatment decisions.
- Staff advised patients what to do if they experienced side effects from the medicines and vaccines. Patients were also issued with additional health information when travelling.

The clinicians at the clinic were aware of where to find best practice guidelines including national and international travel websites and National Institute for Health and Care Excellence (NICE) guidelines. For example, the clinic staff used Department of Health green book, Malaria prevention guidelines and other specialist sites including those for travelling with children. Staff had access to the local microbiologist for guidance where they were concerned about patient symptoms.

The clinic also had an extensive in house library for staff and patients to use as a resource. Clinic staff also accessed illness specific resources. These included websites for travellers with epilepsy, hearing impairment, diabetes and asthma.

Staff had access to a national social media (Facebook) page for travel health professionals to share information and seek guidance. The provider was a moderator for this social media site.

Monitoring care and treatment

The clinic was a registered yellow fever centre and had submitted online numbers of yellow fever vaccines given, age groups and any adverse events. There had been no adverse events.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff had received specific training and updates in travel health and could demonstrate how they stayed up to date. Staff told us they had access to the training they required.

- All clinical staff had attended classroom yellow fever training. All staff had completed either the Liverpool School of Tropical Medicine on-line training or had a diploma in Travel Medicine. All staff were up to date with mandatory training and travel specific training set by the clinic.
- The clinic understood the learning needs of staff. Up to date records of skills and qualifications were maintained.
- All staff had completed the Royal College of Nursing (RCN) travel health nursing competence document.
- The provider offered staff ongoing support. This included an induction process, appraisals and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked independently to provide a service but had systems in place to work together with other health and social care professionals where required to deliver effective care and treatment.

- Some travel vaccines are available via the NHS. We saw that the clinic always told people when vaccines may be available to them free of charge and recorded that on their record card. Information about medicines or vaccines administered or supplied was made available for patients to give to their GP following completion of a course of treatment. Evidence from records showed that sometimes this information was not supplied in a timely manner. For example, some vaccinations require a booster dose 12 months after the initial course and the

Are services effective?

(for example, treatment is effective)

clinic would not make information available for the GP until after the booster dose had been given. The provider told us more frequent correspondence would be considered.

- Patients received coordinated and person-centred care.

Supporting patients to live healthier lives

- The clinic stocked a wide range of travel health related items, such as mosquito nets and repellents, water purification tablets and first aid kits. Staff also advised on and supplied more specialist medical kits and supplies for expeditions to remote locations.
- Clinic staff used consultations to provide information on other information that may be required when travelling. For example, sexual health advice, sun protection advice and personal safety.
- The provider invited local practice nurses to attend the clinic for educational updates to ensure current evidence based advice was given to the wider community in support of safer patient care.

Consent to care and treatment

The clinic staff obtained verbal consent to care and treatment.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Consent was obtained from each patient before treatment was commenced and was documented on the patient record. The nurse told us that information about the use of unlicensed or off-label medicines was discussed with patients prior to treatment, but this was not specifically recorded on the patient record, however the fact that a discussion had taken place was ticked and the patient signed the record. (Unlicensed medicines' refers to both medicines with no UK licence, and those being used outside of the terms of their licence (commonly referred to as 'off-label')
- Clinicians supported patients to make informed decisions including not receiving some vaccines where they were not considered necessary.
- The clinic staff monitored the process for seeking consent appropriately. This was verbal and recorded within the patients' electronic record.
- Staff checked the identity of patients using date of birth and address. Children were required to have a parental consent signature using the space on the patient record and also detailed the relationship between the adult and child.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with respect and professionalism.

- Staff understood patients' personal, cultural, social and religious needs.
- The clinic gave patients timely support and information.
- All of the Care Quality Commission comment cards we received were positive about the service experienced. Patients described the service as being excellent, efficient, respectful, and of a high standard. Comments about staff were also positive feedback and remarked on all staff being courteous, professional and helpful.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw examples of where staff had highlighted a high population of Chinese students attending the clinic for HPV vaccines (Human papilloma virus vaccines are vaccines that prevent infection by certain types of human papillomavirus, including cervical cancer). The clinic had responded by devising an information leaflet on the benefits and risks of having this vaccine.
- Staff communicated with patients in a way that they could understand, for example, communication aids including pictures and written literature.

Privacy and Dignity

The clinic staff respected and promoted patients' privacy and dignity and complied with the Data Protection Act 1998. All patient records were kept in secured filing cabinets within an alarmed building. Staff complied with information governance and gave medical information to patients only.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointments.
- Information about the services provided and the skills and expertise of the clinicians was available on the clinic website. Written patient information leaflets about the range of procedures available were provided.
- The service provided care for adults and children as required.
- The clinic was a registered yellow fever centre and complied with the code of practice. All staff had attended training for the administration of Yellow fever.

Tackling inequity and promoting equality

- The service was offered on a private, fee-paying basis only. The provider could refer patients to the NHS for travel vaccines which were provided free of charge such as those for cholera, diphtheria, hepatitis A and typhoid. The clinic offered appointments to anyone and did not discriminate against any client group.
- The premises appeared in a good state of repair.

Patients received an individualised package of care. The service was able to make use of interpreting services if required. For example, the clinic had provided a translated information leaflet in Chinese regarding the HPV vaccine (human papillomavirus- helping to protect against cervical cancer) which had become a popular service with the Chinese community based at the local university.

Access to the service

- The service was open Monday to Friday 9am to 5pm. The clinic also opens on a Thursday evening and Saturday subject to staff availability. The website contained details of current opening times and information stating that the clinic staff also offered visits off site. For example, at schools and other community groups.
- Patients were able to book appointments over the telephone, in person or via email.
- The average wait time from initial contact to first appointment at the clinic was usually on the same day.
- Initial consultations were scheduled with enough time to assess and undertake patient's care and treatment needs.
- The clinic was situated on the first floor of a listed building. Staff offered home consultations and treatment for patients who were unable to use stairs.
- There was no fee for initial consultation. Fees were available on request but were also displayed within the clinic and clearly on the website. Feedback from patients showed that the clinic staff encouraged patients to access vaccines available on the NHS wherever possible.

Concerns & complaints

The service had a complaints policy. One complaint had been received in the preceding two years. This was a clinical issue so managed as a significant event. We saw the patient had been immediately contacted and evidence that staff had operated with duty of candour. We saw that complaints, significant events, staff and patient suggestions were a standing agenda item at staff meetings.

We saw that the complaints policy detailed how the service responded to complaints; and included details of other agencies to contact if a patient was not satisfied with the outcome of the service's investigation into their complaints.

Patient feedback was sought via a suggestion box sited in the patient waiting area. We saw many examples of positive feedback from patients and healthcare professionals.

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

- The provider and nursing team had the experience, capacity and skills to deliver the clinic strategy and address risks to it.
- Staff were knowledgeable about issues and priorities relating to the quality and future of services offered. For example, staff were aware of national vaccine shortages and what action to take regarding this.
- Staff explained that the provider was supportive, visible, approachable and supported staff development.
- The provider had effective processes for planning the future of the clinic.

Vision and strategy

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

- There was a clear vision and set of values. The clinic had a realistic strategy and supporting business plans to achieve priorities.
- The clinic developed its vision, values and strategy following feedback and demand from patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving these.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the clinic and said they received encouragement to develop professionally.
- The clinic focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour and based practice behaviours on guidance issued by the Nursing and Midwifery Council (NMC) and General Medical Council (GMC).
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. The provider had a whistleblowing policy and was in the process of introducing support contact details for staff should they have concerns with the provider.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the clinic team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The clinic actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and provider.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of working arrangements promoted interactive person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The provider was the first point of contact for staff regarding any issues.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including changes to evidence based guidelines and risks to patient safety.
- The provider and staff had oversight of MHRA alerts, incidents, and complaints.

Are services well-led?

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

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example, the provider had worked with a local school and microbiology department at the local acute hospital. The clinic had funded an audit and studied the antibodies of local pupils to ascertain the safety of swimming in a lake in Africa. Results confirmed the lake was safe to swim in and were published in conjunction with hospital staff.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and feedback were encouraged, heard and acted on to shape services and culture. For example, feedback from a traveller with hearing impairment had been used to develop the resources now available at the travel clinic. These included highlighting national websites for deaf travellers.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- Staff knew about improvement methods and had the skills to use them.
- The clinic made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, the clinic used a yellow card local reporting system to report near misses caused by other stakeholders.
- The provider shared knowledge with a wider audience and was on the editorial team of the Oxford handbook of expedition and wilderness medicine and expedition Medicine in Auerbach's Wilderness Medicine. The provider had also written many journal articles, and a 15 credit module for the post graduate diploma module about Expedition Emporiatrics (a branch of medicine that deals with the prevention and management of health problems of international travellers). The provider also supported the development of local practice nurses by providing refresher sessions and shadowing opportunities and also lecturers for the diploma of mountain medicine, the diploma of travel medicine and for the MSc global and remote healthcare.