Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

The Independent General Practice, Cardiff

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do. We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an announced inspection of The Independent General Practice, Cardiff 27 February 2024.

The Independent General Practice is a private practice providing individuals, families and businesses with direct access to private medicals, vaccinations, testing, occupational health, physiotherapy, cardiology, counselling and private GP services in Cardiff, Newport, Swansea or online across the UK.

Our team for the inspection comprised of one HIW Healthcare Inspector, a GP clinical peer reviewer, practice nurse reviewer and a practice manager reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 27 questionnaires were completed by patients or their carers. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We found that staff at the service were committed to providing a positive experience for patients.

Staff greeted patients in a polite and friendly manner both in person and on the telephone.

All the patients who completed a HIW questionnaire rated the service provided by the practice as very good or good.

We found there were systems and processes in place to ensure patients were treated with dignity and professionalism.

This is what we recommend the service can improve

- Ensure that posters advising patients of their right to request a chaperone are made more prominent and that the chaperone records their attendance in the patient notes.

This is what the service did well:

- Patient centred service
- Well-presented and welcoming environment
- Accessibility of service
- Maintenance of privacy and dignity
- Patient information and costs of services provided.

Delivery of Safe and Effective Care

Overall summary:
The staff team were very patient centred and committed to delivering a quality service.

The practice appeared to be well maintained and equipped to provide the services they deliver.

All areas were clean and free from any visible hazards.

The sample of patient records we reviewed were of good standard.

This is what we recommend the service can improve

- Some aspects of infection prevention and control
- Produce a policy on the management of safety alerts and significant events
- Ensure that medication is stored securely and that items prescribed to named patients are not used as stock items
- Re-locate the resuscitation trolley away from the communal area or purchase a lockable trolley to reduce the risk of tampering and harm
- Arrange for administrative staff to receive Level 1 safeguarding training from an external provider
- Consider introducing Read Coding as a means of monitoring patients' presenting medical conditions
- Conduct regular patient medication reviews
- Consider drawing up a policy and procedure for information sharing with the NHS GP out of hours service.

This is what the service did well:

- Comprehensive risk assessments in place supported by written policies and procedures
- Well organised and legible patient care notes.

Quality of Management and Leadership

Overall summary:
We found the service to have very good leadership and clear lines of accountability.

The practice appeared to be well managed by the Operations Manager who was also the registered manager.

The staff team were patient centred and competent in carrying out their duties and responsibilities. The staff team were very well supported by the leadership team.

We observed staff supporting each other and working very well together as a team.

Staff had access to appropriate training opportunities in order to fulfil their roles.

The clinical team were very knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

This is what the service did well:

- Good management oversight of the service
- Robust auditing and reporting process.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 27 completed questionnaires.

Overall, the respondents' comments were positive with respondents rating the service as either 'very good' (24/27) or 'good' (3/27).

Patients made the following comments about the setting:

> *"Good access & location. Good facilities. Comfortable relaxing environment."*

> *"The service the IGP provides is excellent. The staff are extremely friendly and helpful. The doctors are very good, always have the time to listen and it's always possible to get a same day appointment."*

Person centred

Health Promotion
No Smoking signs were displayed confirming that the practice adhered to the smoke free premises legislation.

Patients were encouraged to take responsibility for managing their own health, through the provision of health promotion advice available in the form of pamphlets and leaflets within the waiting area.

The practice offered a range of services to include private medicals, vaccinations, testing, occupational health, physiotherapy, cardiology, counselling and private GP services.

Patients with internet access can find information about the range of services available on the practice's website.

Information relating to practice opening times was available on the practice website and in the patient leaflet. The practice did not offer out of hours services.

Dignified and respectful care
All 27 patients who completed the questionnaire felt they were treated with dignity and respect and that their questions were answered, and they felt listened too.

All respondents agreed that measures were taken to protect their privacy and that staff explained what they were doing throughout.

We saw staff greeting patients in a professional manner, both face to face and over the telephone.

There were posters in the waiting room advising patients of their right to request a chaperone. However, we recommended that the posters be made more prominent.

The registered provider should ensure that posters advising patients of their right to request a chaperone are made more prominent.

An up-to-date written policy was in place in relation to the use of chaperones and staff had received training. The manager told us that they were sometimes called upon to act as a chaperone. However, they had not completed formal chaperone training. To remedy this, the manager undertook on-line chaperone training during the course of the inspection.

The offer of a chaperone was recorded on patients' notes. However, the chaperone does not routinely enter a record in patients' notes to confirm that they attended.

The registered provider must ensure that the chaperone records their attendance in the patient notes.

The reception desk was in the waiting room and there was potential for conversations to be overheard. However, we were told that a consulting room would be made available should patients need to discuss anything confidential.

There were satisfactory arrangements in place to promote patients' privacy and dignity.

Doors to consulting rooms were closed when patients were being seen by GPs or other healthcare staff, promoting their privacy and dignity. Consulting rooms did not have privacy curtains that could be used to provide additional privacy when patients were being examined. However, we were told that a mobile privacy

screen was available if needed. Consulting rooms were located away from the reception and waiting room, which helped to ensure that conversations were not overheard by people in the waiting room.

Patient information and consent
There was an up-to-date written policy on obtaining valid patient consent.

Examination of a sample of patient notes confirmed that clinicians were recording in medical notes when patients gave verbal consent to examination or treatment.

Communicating effectively
Of those respondents who underwent a procedure/treatment (10/26) all said they had received enough information to understand the treatment options and the risks and benefits.

We received the following comment on patient care:

> *"Always an excellent service - delivered by a team who genuinely care about their patients - 10/10."*

A patient information leaflet, which is available both electronically and in hard copy, provides useful information for patients, such as the practice contact details and opening times, the services provided, how patients could register, appointment options, prescriptions, an overview of the practice team and service charges.

Information was also displayed within the waiting room. Most of the information was displayed bilingually. One of the doctors working at the practice is a Welsh speaker.

Staff told us they could access a translation service to help communicate with patients whose first language is not English. The practice had a hearing loop to help staff communicate with patients who are hard of hearing and wear hearing aids.

Care planning and provision
Arrangements were described for the assessment of patients by healthcare professionals to identify patients' individual care and treatment needs.

Patients who contact the service by telephone are provided with options to select so they can decide which service they require.

As the practice is private, they do not triage or routinely care navigate to other services.

Treatment information was recorded within individual patient files.

Equality, diversity and human rights
The Statement of Purpose, patient information leaflet/patient guide and information posted on the practice's website, clearly sets out that services are provided having due regard to patients' rights.

There was parking available directly outside of the practice and good access to the main entrance. All facilities, including the reception desk, waiting room, patients' toilet and consulting rooms were located on the ground floor.

Citizen engagement and feedback
We discussed the mechanism for actively seeking patient feedback, which is done by issuing questionnaires to patients annually. Patients are also able to give feedback via social media. The results of the patients feedback were published in the patient information leaflet.

Delivery of Safe and Effective Care

Managing risk and health and safety
Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The premises were well maintained both internally and externally. All areas were free from obvious hazards.

The premises were fit for purpose, and we saw ample documentation confirming that risks, both internally and externally, to staff, visitors and patients had been considered

We saw a general risk assessment was in place, covering fire, environmental and health and safety which was current and regularly reviewed.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months.

Emergency exits were visible, and a Health and Safety poster was displayed.

We were told that safety alerts and significant event notifications are shared with staff through face to face discussions or through Microsoft Teams/WhatsApp messaging. However, that there was no policy in place on the management of safety alerts and significant events and that such incidents were not routinely reviewed after six months.

The registered provider must draw up a policy on the management of safety alerts and significant events and ensure that such incidents are routinely reviewed after six months.

We discussed the need for an emergency call system in consulting / treatment rooms. The registered manager actioned this during the inspection by downloading a computer programme which will enable staff to summon assistance by pressing a button on their computer keyboard.

Infection prevention and control (IPC) and decontamination
There was detailed infection control policy in place and one of the nurses employed at the practice had lead responsibility for overseeing IPC, conducting relevant audits and facilitating staff training.

A private company was responsible for the cleaning of the practice and the areas of the practice that we viewed were visibly clean.

Respondents replied generally positively regarding the cleanliness of the setting, agreeing the setting was either ‘very clean’ (26/27) or ‘fairy clean’ (1/27).

The majority of respondents agreed that infection and prevention control measures were being followed either fully (22/26) or partially (2/26) whilst the remaining respondents had not noticed.

Staff had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection.

Hand sanitizers were readily available around the practice. Hand washing and drying facilities were provided in clinical areas and toilet facilities.

The training information provided showed infection control training formed part of the practice’s mandatory training programme. We saw that all the clinical staff and non-clinical staff had completed IPC training at a level appropriate to their role.

The practice had appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff. This meant that appropriate measures were being taken to ensure that patients and clinical staff were protected from blood borne viruses. However, we recommended that administrative staff also be offered Hepatitis B vaccination.

The registered provider should offer administrative staff Hepatitis B vaccination.

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal. However, the external clinical waste bin was not locked or secured to the wall of the practice.

The registered provider must ensure that the external clinical waste bin is secured to the wall and locked when not in use.

We saw that open trolleys containing clinical equipment were stored in the staff kitchen. This increases the risk of cross infection.

The registered person must ensure that clinical equipment is stored appropriately to reduce the risk of cross infection.

Medicines Management
There were policies and procedures in place for the safe storage and administration of medication.

There was a locked cupboard for the safe storage of medication. However, we found some medication such as Lidocaine and Nexplanon stored on an open trolley in the staff kitchen area. In addition, we found a box of saline solution, prescribed to a named patient, being used as a stock item on other patients.

The registered person must ensure that medication is stored securely and that items prescribed to named patients are not used as stock items.

Medication requiring refrigeration was stored within a floor standing refrigerator. The temperature of the refrigerator was being monitored and recorded on a daily basis using a minimum maximum thermometer. However, some medication was being stored on the floor of the refrigerator. This was not in line with Patient Safety Notice 015, which stipulates that medication stored in refrigerators should not come into contact with the sides of the appliance. This was brought to the attention of the registered manager who took immediate steps to rectify the situation.

Safeguarding children and safeguarding vulnerable adults
There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

All clinical staff had received safeguarding training at Level 3 whilst administrative staff had received internal training at Level 1.

The registered provider must arrange for administrative staff to receive Level 1 safeguarding training from an external provider.

Medical devices, equipment and diagnostic systems
We found that portable electrical appliances were being tested on a regular basis.

It was confirmed that only single use medical equipment is used.

There were procedures in place showing how to respond to patient medical emergencies. However, we found that the unlocked resuscitation trolley was kept

in a communal area making it accessible to patients. The trolley contained emergency drugs and a sharp pair of scissors.

The registered provider should consider re-locating the resuscitation trolley away from the communal area or purchase a lockable trolley to reduce the risk of tampering and harm.

There was a system in place to check the emergency drugs and equipment on a weekly basis to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

Safe and clinically effective care
From our discussions with staff, and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

A range of written policies and procedures were available to support the operation of the practice and we were told that these were being reviewed and updated on a regular basis.

We reviewed a sample of patient medical records, which were maintained electronically, and found that they were well organised. The records viewed contained details of the clinician making the record together with sufficient details of the clinical findings and the care/treatment given to each patient. However, we found that clinical Read Coding was not used as a system for recording common medical conditions that patients presented with, and we found no evidence that medication prescribing reviews were taking place.

The registered provider should consider introducing Read Coding as a means of monitoring patients' presenting medical conditions and conduct regular patient medication reviews.

There was no formal arrangement in place for the sharing of information with the NHS GP out of hours service. Although this may not be required in respect of the majority of patients seen at the practice, it would be advantageous to have a written policy statement and procedure in place if, on the odd occasion, they needed to share information with the out of hours service.

The registered provider should consider drawing up a policy and procedure for information sharing with the NHS GP out of hours service.

Participating in quality improvement activities
There were suitable systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered provider regularly seeks the views of patients as a way of informing care, conducts audits and assesses risks in relation to health and safety.

Records management
There was a robust information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintaining confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

We reviewed the care records of 11 patients and saw that an effective records management system was in place. Records were securely stored to prevent unauthorised access.

The records we reviewed were clear, legible and of good quality. From the records, it was clear who was entering the notes of each contact, the date each contact was made and the type, such as a surgery consultation or a telephone consultation. Records were completed contemporaneously. They also showed evidence of valid consent being obtained, where appropriate.

The records reflected the care or treatment provided and the relevant findings. Patients' known allergies and adverse reactions to medications were highlighted.

Quality of Management and Leadership

Leadership

Governance and accountability framework
We were satisfied with the level of oversight of the service by the management team.

There was a robust management structure in place and clear lines of reporting were described. Both the registered manager and responsible individual work in the practice and actively monitor the quality of the service provided on a daily basis.

We found that there were well defined systems and processes in place to ensure that the focus is on continuously improving the services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

Staff members were respectful and courteous. We found a patient-centred staff team who were very committed to providing the best services they could.

Staff had access to policies and procedures to guide them in their day-to-day work.

The management team and clinical staff held regular, informal day to day discussions and de-briefs and attended regular, more formal meetings which were recorded.

Dealing with concerns and managing incidents
We observed staff working and communicating well together during the inspection.

Staff were positive about the working environment and told us that they felt well respected and supported by their colleagues.

There was a written complaints procedure in place. Details were also included within the patient information leaflet and practice website.

Staff told us that they felt able to raise any issues with the practice manager and that issues would be addressed in a comprehensive and thorough manner.

Workforce planning, training and organisational development

Information contained within the staff files inspected demonstrated that the vast majority of staff had completed all mandatory training and other training relevant to their roles. Gaps in individual staff mandatory training were being actively chased up by the registered manager.

Workforce recruitment and employment practices
Medical/consulting services were provided, in the main, by visiting healthcare professionals under formal, sessional contract arrangements.

We found that all staff had received an appraisal of their work performance. There were arrangements in place between the practice and health boards to share information relating to the performance, supervision and appraisals of medical practitioners.

We looked at staff records and found that the registered person had followed the appropriate procedures and undertaken relevant recruitment checks prior to staff commencing work at the practice. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks on staff appropriate to the work they undertake.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The registered manager told us that they were sometimes called upon to act as a chaperone. However, they had not completed formal chaperone training.	Patients could not be assured that they are being cared for by staff who are competent and trained to do so.	The registered manager was informed of the need for them to complete chaperone training.	The manager undertook on-line chaperone training during the course of the inspection.
Some medication was being stored on the floor of the refrigerator.	This was not in line with Patient Safety Notice 015, which stipulates that medication stored in refrigerators should not come into contact with the sides of the appliance.	This was brought to the attention of the registered manager.	The medication was relocated from the floor of the refrigerator on to shelving.

Appendix B - Immediate improvement plan

Service: The Independent General Practice

Date of inspection: 27 February 2024

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were highlighted during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: The Independent General Practice

Date of inspection: 27 February 2024

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider should ensure that posters advising patients of their right to request a chaperone are made more prominent.	Independent Health Care (Wales) Regulations 2011 Regulation 16 and 18 Standard 10. Dignity and respect Standard 11. Safeguarding Children and Safeguarding Vulnerable Adults	The chaperone poster in reception will be redesigned making the information regard requesting a chaperone clearer for patients. The poster will then replace the existing chaperone poster.	Kieran Reynolds / Practice Manager.	Completed. New poster now on wall.

The registered provider must ensure that the chaperone records their attendance in the patient notes.	Independent Health Care (Wales) Regulations 2011 Regulation 15 (1) (b) Standard 8. Care Planning and Provision	The chaperone policy is to be updated to include; a)the clinician must ensure "the full name and role of the chaperone is recorded in the patient notes." b) the chaperone must leave a note themselves on the patient file recording their attendance.	Kieran Reynolds / Practice Manager.	Completed. Amended policy signed off and live on system. A notification has been sent to all staff informing of this also.
The registered provider must draw up a policy on the management of safety alerts and significant events and ensure that such incidents are routinely reviewed after six months.	Independent Health Care (Wales) Regulations 2011 Regulation 15 (10) Standard 7. Safe and Clinically Effective care	Safety Alert and Significant Event policies are to be created ensuring that routine 6 month reviews are included.	Kieran Reynolds / Practice Manager.	4 weeks
The registered provider should offer administrative staff Hepatitis B vaccination.	Independent Health Care	Hepatitis B vaccinations to be offered to all administration staff and added to the induction	Kieran Reynolds / Practice Manager.	Completed. Administration staff all informed of

	(Wales) Regulations 2011 Regulation 15 (8)	checklist to offer to new administration staff.		change. All offered vaccination and induction checklist now updated for new starters.
The registered provider must ensure that the external clinical waste bin is secured to the wall and locked when not in use.	Standard 13. Infection Prevention and Control (IPC) and Decontamination	Eye plate to be fitted to external wall and clinical waste bin to be chained and padlocked to wall.	Kieran Reynolds / Practice Manager.	Eye plate, chain and lock purchased. Due to be fitted by the builders when the upstairs building work starts. Expected to be completed in the next 4 – 6 weeks
The registered person must ensure that clinical equipment is stored appropriately to reduce the risk of cross infection.		Clinical trolleys are to be moved from being stored in the kitchen.	Kieran Reynolds / Practice Manager.	Completed. Clinical trolleys have been distributed for storage amongst the clinical rooms.
The registered person must ensure that medication is stored securely and that items prescribed to named patients are not used as stock items.	Independent Health Care (Wales) Regulations 2011 Regulation 15 (5)	Ensure that no medication prescribed to a patient is stored in practice.	Kieran Reynolds / Practice Manager.	Completed. The issue with a named stock item in the medication safe was identified as an error in the order process of

	Standard 15. Medication Management			that specific medication. It was resolved on the day of inspection. Named items are no longer used or stored in clinic.
The registered provider must arrange for administrative staff to receive Level 1 safeguarding training from an external provider.	Independent Health Care (Wales) Regulations 2011 Regulation 16 (1) Standard 11. Safeguarding Children and Safeguarding Vulnerable Adults	All administrative staff to receive safeguarding level 1 training from an external provider.	Kieran Reynolds / Practice Manager.	Completed. All administration staff have been signed up with ACI training to complete Adult and Child safeguarding level 2. Physiotherapy and Occupational Health admin staff have been signed up to just adult safeguarding level 2.
The registered provider should consider re-locating the resuscitation trolley away from the communal area or purchase a lockable trolley to reduce the risk of tampering and harm.	Independent Health Care (Wales) Regulations 2011	Relocating the resuscitation trolley has been considered and decided against. The current location has been deemed the most effective for quick access	Kieran Reynolds / Practice Manager.	Completed.

	Regulation 19 (1) (b) Standard 22. Managing Risk and Health and Safety	to the trolley from any of the clinical rooms. We have decided to purchase a simple lift off dust cover for the resuscitation trolley to disable easy access to items on the trolley for passing visitors.		
The registered provider should consider introducing Read Coding as a means of monitoring patients' presenting medical conditions and conduct regular patient medication reviews.	Independent Health Care (Wales) Regulations 2011 Regulation 15 (1) Standard 8. Care Planning and Provision	Introducing read coding has been considered and decided against. We use an electronic patient record system with its own internal coding structure for patient monitoring. It has been scheduled to discuss this coding system and possible improvements at the next clinical management meeting.	Kieran Reynolds / Practice Manager.	Completed.
The registered provider should consider drawing up a policy and procedure for information sharing with the NHS GP out of hours service.		Information sharing with out of hours and NHS more broadly is not straight forward. We are actively trying to improve links with NHS partners and are working with the NHS E-prescribing working group and other stakeholders to improve	Kieran Reynolds / Practice Manager.	4 Weeks

		information sharing between private and NHS organisations. A policy will be created to manage and formalise this process with specific reference to NHS GP out of hours services.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Kieran Reynolds

Job role: Practice Manager

Date: 02/05/2024