Urgent Care: Case for Change
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1.0 Executive Summary

“To commission and develop a simple, accessible, high quality service, managing patients at the point they present in a sensitive and person-centred approach, yet robust and resilient way. Reducing the need for urgent care with better management of long term conditions with primary and secondary prevention.”

This is the vision for a local urgent care pathway that we at Hartlepool and Stockton-on-Tees Clinical Commissioning Group set out in our Urgent Care Strategy 2013-2018 and in our Clear and Credible Plan Refresh 2014/15-2018/19, the five-year strategy we published in response to the annual planning requirements in ‘Everyone Counts: Planning for Patients 2014/15 to 2018/19’.

Health services in the area must be joined up and make sense if local residents are to have seamless 24/7 urgent care services that meet their needs at the point of first contact.

Stockton-on-Tees residents have told us they are confused about which services to use and where to attend when they have a medical issue that needs attention. Their experiences of those services are disjointed. Some people had been declined treatment, some referred to other services, and some referred back to their usual GP – when they had attended because they could not get an appointment with their usual GP. Patients suggested the Walk in centre should be open longer.

GP walk-in services in Stockton-on-Tees are provided at Stockton NHS Healthcare Centre in Tithebarn House on the Hardwick Estate next to the North Tees Hospital site. Any patient can get an appointment at the centre or walk in and wait to see a doctor or nurse from 8am to 8pm every day including weekends and bank holidays. Out-of-hours GP services (6.30pm-8am daily, and 24 hours at weekends and Bank Holidays) are available by appointment at Crutes House, Stockton-on-Tees and for home visits to patients who cannot travel.

This paper sets out the case for the first phase of the implementation of the urgent care strategy:

- Combining GP walk-in services and GP out-of-hours services at one centre to expand doctor-led urgent care services in Stockton-on-Tees to a 24-hour, every day, accessible service; and
- Locating that service alongside the accident and emergency department at North Tees General Hospital to simplify destination choices for the public.

Contract end dates for current providers present the opportunity to bring this service change into effect in the next twelve months. No services will be lost. Our proposal responds to the feedback patients have given us and will transform the service into a highly responsive, effective and personalised service that is easy to understand and access.

The proposal builds on the national direction for urgent care, taking learning from successful models elsewhere in the region and England; and (where appropriate depending upon the symptoms and condition), providing 24 hour access to urgent care, to the right practitioner, in the right place.
2.0 The National Context

Nationally there were 5.3 million emergency admissions to hospital in 2012/13, there was also a 124% increase in short (less than two days) hospital stays as a result of an emergency admission over the last 15 years which is adding extra pressure on the health care system. (Emergency admissions to hospital: managing the demand, Department of Health, 2013).

In 2011 the GP Centre for Commissioning released ‘Guidance for commissioning integrated urgent and emergency care – A whole system approach’ (Author: Dr Agnelo Fernandes) which included the following diagram to illustrate the potential patient flow in the suggested new system model:

In November 2013, NHS England’s national medical director, Sir Bruce Keogh, published the first stage of his review of urgent and emergency care in England (Transforming Urgent and Emergency Care). This was developed after an extensive engagement exercise and proposed a new blueprint for local services across the country aimed to make services more responsive and personal for patients, as well as deliver even better clinical outcomes and enhanced safety.

The report highlighted the current system is under “intense, growing and unsustainable pressure” which is being driven by rising demand from an ageing population, a confusing and inconsistent array of services outside hospital, and high public trust in the Accident & Emergency (A&E) brand.

Keogh set out key principles for urgent and emergency care in England, outlining a system that:
- Provides consistently high quality and safe care, across all seven days of the week
- Is simple and guides good, informed choices by patients, their carers and clinicians
- Provides access to the right care in the right place, by those with the right skills, the first time
- Is efficient and effective in the delivery of care and services for patients

Only by building the right system, and better supporting patients and the public to use it effectively, will the NHS achieve improved outcomes for urgent and emergency care and truly deliver high quality care for all, and ensure the same for future generations. The review thus advocated a system-wide transformation over the next three to five years.

This national commitment has subsequently been re-iterated by NHS England in the ‘Five Year Forward View’ (October 2014) stating “urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS111, and ambulance services”. NHS commissioners and providers are now tasked (in 15/16) to “prioritise the major strategic and operational task of how they will be implementing the urgent and emergency care review” (“The Forward View into Action: Planning for 2015/16”).
3.0 The Local Context

The urgent care infrastructure in Hartlepool and Stockton-On-Tees is supported by primary care, GP out of hours, healthy living pharmacies, Minor Injuries Unit (Hartlepool), NHS 111 telephone advice and GP-led Health Centres (also referred to as ‘walk in centres’ or ‘Darzi centres’) - of which there are two in the CCG area providing 8.00am to 8.00pm services and improving access to GP’s for acute and self-limiting medical conditions.

Current Model
In Hartlepool and Stockton-on-Tees urgent care is provided in a number of health care settings including A&E, GP surgeries, pharmacies, and a GP led Health Centre. As well as being in a number of different settings, the urgent care services provide different services, and are open for differing hours and days of the week with different accessibility criteria.

<table>
<thead>
<tr>
<th>Urgent Care Service</th>
<th>Service provision</th>
<th>Opening times</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E based at North Tees University Hospital (Hardwick)</td>
<td>Urgent care for trauma and major medical emergencies</td>
<td>24 hours</td>
<td>A&amp;E is well utilised by the public</td>
<td>A&amp;E attendance data shows that North Tees A&amp;E is used by the public for minor injuries and ailments. These can be treated in an alternative setting.</td>
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<tr>
<td>Primary care (26 GP practices in hours, Stockton)</td>
<td>Urgent and non-urgent care</td>
<td>Generally 8.00am-6.00pm weekdays</td>
<td>Offer continuity of care for their registered patients and offer urgent advice and treatment</td>
<td>Not available 24/7, do not have access to urgent investigations i.e. X-Ray, blood tests.</td>
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<tr>
<td>Minor Injuries Unit (only available Hartlepool, One Life)</td>
<td>Urgent care for minor injuries</td>
<td>24 hours</td>
<td>Walk in service for patients who need urgent advice and treatment for minor injuries</td>
<td>Not able to undertake full investigations, normally nurse led run with restricted medical representation.</td>
</tr>
<tr>
<td>GP led Health Centres x 2 Located Tithebarn, Hardwick and One Life, Hartlepool</td>
<td>Urgent care for clinical advice and treatment for minor ailments</td>
<td>8.00am-8.00pm seven days a week</td>
<td>Walk in service for patients</td>
<td>This service is available to walk in patients who need urgent advice and treatment for ailments</td>
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<tr>
<td>GP Out of hours</td>
<td>Urgent care offering face to face appointments, advice over the phone and home visiting service</td>
<td>6.30pm-8.00am weekdays plus 24hours weekends and bank holidays</td>
<td>Offers appointments to patients/public between the hours of 18:30 – 08:00 and 24hrs a day over the weekends and bank holidays.</td>
<td>Patients are not always fully aware of the OOHs service Not possible to attend as a walk in patient</td>
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<tr>
<td>Pharmacy x60</td>
<td>Non- urgent care</td>
<td>Various</td>
<td>Pharmacies can offer advice and treatment on minor conditions and ailments at first point of contact</td>
<td>Not all pharmacies have the same opening times with most open office hours and some offering late night opening (only 11 are open 100 hours per week). Patients are not fully aware of what the pharmacy can treat</td>
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In addition to the above there is also NHS 111 telephone and advice, plus ambulance provision via 999.

The diagram below demonstrates the different access points for currently accessing urgent care services:

![Diagram showing different access points for urgent care services]

Due to these multiple access routes in to the urgent care system, patients have told us that this can become increasingly confusing:
Recent proposals in response to Keogh’s report advocate that to improve urgent and emergency care services in England a model is needed which:
- supports self-care
- helps people with urgent care needs to get the right advice or treatment in the right place, first time
- provides a highly responsive urgent care service outside of hospital

Based on examples of good practice from across the UK (For example Blackpool, Gateshead and Bath as described in Appendix 2), the evidence shows that by co-locating services as part of an integrated urgent and emergency care hub, it would be much more effective for people getting the help they need and have been shown to be very safe and effective as well as significantly improving patient experience. Importantly there is now also an increasing strong evidence base from the research literature to support the integration of primary and secondary care services on acute hospital sites where these are easily accessible for the local community, in order to reduce emergency attendances and demands on the system for urgent care services.
Patient Engagement
Hartlepool & Stockton-on-Tees CCG led the local ‘Call to Action’ consultation for the Boroughs of Stockton-on-Tees and Hartlepool. As part of their engagement plan the CCG commissioned Catalyst Stockton (a voluntary and community sector organisation) to hold conversations with various groups. The purpose of a ‘Call to Action’ was to encourage people to share their opinions, hold healthy debates and feedback on the services provided by the NHS. The consultation was conducted between November 2013 and January 2014.

One of the themes for the ‘Call for Action’ was urgent and emergency care, including A&E, ambulance services, walk-in centres and out of hour’s services provided by GPs.

A general consensus from several of the groups who participated in the consultation felt that A&E was overcrowded and waiting times were too long, with some people unsure of which services to contact e.g. A&E or NHS 111.

There was confusion over what the walk-in centres provide as some people gave scenarios where treatment had either been declined or they had been referred back to their registered GP. This was frustrating for patients when the reason for accessing the walk-in centre was due to difficulty in accessing their registered GP. Patients also felt that the walk-in centres hours of operation would benefit from an extension of evening hours.

The groups suggested that urgent and emergency care could be improved by:
- Increased opening hours for GP services and walk-in centres
- Reduced waiting times in A&E
- Treatment pathways to be clearer and more direct

A further public engagement event was held in Stockton on 10th October 2014 at Baptist Tabernacle, patients reported that the current urgent care services provided across Hartlepool and Stockton-On-Tees are confusing, that the services are not joined up, and that the overall fragmentation of the system means that many patients may not be able to access the most appropriate urgent or emergency care service to suit their needs.

When people have an illness, disability, injury or social circumstance that they feel requires urgent attention, urgent care responses range from: an intervention for a life threatening condition; support or appropriate treatment; or the need for information or signposting.

The initial contact for the patient therefore must be with the right person, in the right place, first time.
5.0 Our Proposal

Our vision is simple, for those people with urgent but non-life threatening needs, we must provide highly responsive, effective and personalised services, outside of a hospital environment when clinically appropriate.

We propose to commission 24/7 seamless and integrated care at the point of first contact.

To achieve this, we will focus on six themes that will help us integrate urgent care service for the population of Hartlepool and Stockton-On-Tees:

1. Build care around the patient not the existing services
2. Simplify an often complicated and fragmented system
3. Ensure the urgent care system works seamlessly
4. Acknowledge prompt care is good care
5. Focus on all the stages for effective commissioning
6. Offer clear leadership across the system

(Breaking the mould without breaking the system, Primary Care Foundation and NHS Alliance, 2011)

In practice, this means bringing together the current urgent care services to ensure our patients are quickly directed to the right care, minimising disruption and frustration, improving efficiency, and reducing extended waiting times.

As the CCG is responsible for commissioning urgent care health services in both Hartlepool and Stockton-on-Tees localities, we understand that both areas will need seamless and integrated urgent care access.

The objectives of our improvements are to ensure:

- Services are joined up, seamless and co-ordinated with no loss of current services
- Delivery of an evidence based approach to commissioning services
- Patients are not confused of what to do, who to call and where to go
- Services are safe, responsive and of a high quality
- Active involvement of patients and public in service improvements
- The effectiveness and outcomes of urgent and emergency care services are monitored
- Urgent care services are delivered 24 hours a day, 7 days a week where appropriate
- NHS 111 will be the initial point of access for advice and triage – ‘talk before you walk’
- Management of patients is undertaken at the point in which they present (first point of contact)
- Better continuity of care
- Increased awareness of early detection of illness and options for self-care
This case for change promotes an enhanced and integrated working between all urgent care services. This is not a substantial change to current services or a withdrawal or reduction in services; we will bring together the current commissioned services to be managed in one place by one provider to ensure it is an improvement to the current model into a more highly responsive, effective and personalised service that is easier to understand and access.

Our overall aim is to improve access at each level of care ensuring that people are seen in the right place at the right time, first time. The new model will therefore integrate the current urgent care provision into a streamlined service that avoids confusion and duplication of services:
6.0 Expected Benefits

Integration of Urgent care has the potential to significantly improve the way urgent care is provided to patients and the public.

The expected benefits of integrating urgent care services are:

- Greater integration between urgent care services delivered in hospitals and services delivered in the community – facilitated by the stronger links that primary care practitioners have with community services – enabling patients to be referred more rapidly and seamlessly to relevant pathways, and improving access to community-wide responses to people’s care needs.

- Integrating provision of urgent and emergency care, based on clinical need, which makes best use of staff skills across the unscheduled care pathway (e.g. increasing access to GPs for patients with primary care needs)

- Increasing the interdependency and mutual support of primary and secondary care practitioners, with a gradual transfer of skills, knowledge and shared competencies creating a more integrated and flexible workforce over time.

- Shorter waiting times for patients and fewer emergency admissions across the urgent care system through more appropriate matching of need, skills and expertise, and stronger integration.

- Alignment of the urgent care services will lead to improved clinical outcomes for patients and provide a better clinical outcome with better patient experience. Clinical opinion indicates that GPs are the most appropriate clinician to handle the vast majority of Primary Care / Urgent Care activity.

- The system will be less confusing to the patient and the public, with obvious access points for urgent care.

- The improved service will offer 24hr a day 7 days a week access to urgent care, delivered by the right person at the right time in the right place.
Patient scenario

Current model

Steven fell and landed on his left hand, he felt a pain in his wrist and called a friend who drove him to a GP led Health Clinic. He was told at reception that they didn’t have an x-ray service and it would be better for him to go to A & E.

Steven went to A & E and was seen by a receptionist, then a triage nurse, then a doctor. He had an x-ray, was seen by the doctor again who advised that the wrist was not broken and could go home with pain killers.

Future model

Steven would be streamed to access the right place, the right practitioner, the right diagnostics and the right treatment without the need to go anywhere else.
Appendix 1 – Public engagement quotes

Public engagement event:
10th October
Stockton Baptist Tabernacle

A common theme that most tables reported there is the need for more education about Urgent Care Services and how to navigate to provision i.e. where to go etc. This seemed to be the main focus of conversation as individual reported the current model was confusing in terms of what services to access and where to go.

Many participants were in agreement that A&E is overused, abused and that something is needed to be done to reduce activity.

Participants were positive about the national agenda of implementing a new Urgent Care model

Some participants put forward the need for a Triage Model at A&E and re-routing patients from A&E.
Appendix 2 – Evidence Base

Blackpool
Blackpool had one of the highest rates for emergency admissions in England. In seeking to reduce A&E attendances, Blackpool set out to develop a model to treat patients more appropriately to their health or social needs, improve quality of care, reduce waiting times, and provide care closer to home.
The development of an Urgent Care Centre came about to support the remodelling of unscheduled care for the Fylde coast health economy. An audit of patients attending A&E suggested that 25% may be more appropriately treated by primary care and that this could be delivered by integrating primary care services on the acute trust site with an existing primary care assessment unit (PCA) to create an urgent care centre. It was recognised that the development could also reduce non-elective admissions to secondary care.
The project entailed radical redesign of unscheduled care services to deliver a service built around and responsive to the needs of patients. The development progressed further to integrate wider services within the community around a whole systems approach to meet urgent health care needs which also improve convenience, appropriateness, quality of care provision and care closer to home.
Following an audit of attendances, a modelling exercise led the PCT to expect to be able to deflect approximately 25% of all A&E activity to primary care.
The Urgent Care Centre opened its doors in June 2010. It provides a service combining the existing accident and emergency department (A&E), GP OOHs, mental health services, social services and other primary care services. The centre operates 24 hours a day, 365 days per year and provides clinical triage and signposting to the appropriate service through a single point of access.
When a patient arrives at the Blackpool Urgent Care Centre/ED, they are assessed by a specially trained triage clerk. Using the NHS Pathways tool, the triage clerk is able to decide where it is most appropriate for the patient to be seen. From this single point of access patients are signposted to the correct place for investigation and treatment. In Blackpool, this initial assessment resulted in an 18% reduction in the number of people who are referred into the ED. This has meant that waiting times have been reduced for seriously ill patients in the ED while those with less serious problems are also dealt with more quickly by referral to the primary care centre, or pharmacist.
An audit after 10 months showed that the actual deflection rate was between 15-17%. After much discussion and debate across the health economy it was agreed that 18% was more realistic target in comparison to the 25% which was initially modelled.
A&E attendances were shown to be falling, and between April 2009 and April 2010 there had been a reduction of 5%. This rate has continued to fall. In comparison other areas of the North West were seeing an increased daily attendance rate of 0.2%.
The overall trend upon introduction of the UCC in Blackpool showed that A&E attendances did fall as a result. These rates now appear to have plateaued.

Gateshead
In response to a review of urgent care services and the national evidence base NHS
SOTW, together with Gateshead CCG, worked to develop an Urgent Care Hub Model. All patients (Children and Adults) who attend the Gateshead Urgent Care Hub will arrive at a single point of access. This will be called the Reception/Gateway and will be delivered as part of an integrated service delivery model consisting of Community, Primary and Secondary Care practitioners.

All patients on arrival will be booked in electronically onto an integrated patient management system. Patients will be assessed by the reception/gateway using clinical protocols and then directed to the most appropriate practitioner for their presenting condition which will be either Emergency Care (which would include Specialist Paediatric Care) or Urgent Care (Minor Injury or Minor Illness).

The evidence base for these changes in Gateshead centred on a review of the current WIC programme. Data analysis showed that the WIC programme had actually increased patient demand for urgent care services:

- Bensham Walk in Centre and Blaydon Primary Care Centre (PCC) in 2010-2011 dealt with 50,573 patient contacts. This is an increase of 64% since Blaydon opened in 2010.
- There has been no reduction in activity at the Queen Elizabeth Hospital A&E Department during this time (the A&E department consistently see and treat 50,000 patient contacts per year) as many patients with minor illnesses and injuries still go to the A&E department for treatment rather than being seen and treated by a more appropriate health professional such as a GP.

The following graph shows the number of patients using urgent care services in Gateshead during the last six years. It clearly shows that the opening of walk-in services at Bensham Hospital and Blaydon PCC did not reduce the number of people accessing A&E as anticipated. Instead the opening of these services actually contributed to an overall increase in the number of monthly attendances from around 4,000 to nearly 10,000.
Whilst it was acknowledged that Blaydon PCC had been very successful in improving access and reducing inequalities to residents living in the west of Gateshead, the MIU based at this site currently see, treat and discharge only 65% of patients who present for urgent care needs. 35% of patients therefore still require onward referral to more appropriate, specialist services such as A&E or fracture clinics; clear evidence of the benefits of having an integrated service model located on the same site.

In addition patients, should the outcome of their visit not be deemed satisfactory, will then also present to other urgent care services including A&E or their own GP in their quest to ensure the treatment they receive matches their perceived needs.

Gateshead CCG is working towards the integration of practice between all Urgent Care services in Gateshead. This will be delivered from the new Emergency Care facility at the Queen Elizabeth Hospital site which is due to open in October 2014.

Phase 1 and 2 of the project has now been completed. This involved the integration of practice between Gateshead WIC staff and the GP OOHs Provider at Bensham Walk in Centre and the re-provision of Gateshead Walk in Centre and GP Out of Hours Provider services delivered from the Queen Elizabeth Hospital site. The GP OOHs provider assists in the triage of all patients presenting at this site. The aim of this phase was to pilot and test integrated service delivery models as part of a multidisciplinary team approach in preparation for the opening of the new Emergency Care Centre mid 2014 where all services will be delivered from the same building.

A review of progress to date clearly indicates that, due to a lack of integration and single triage, the expected benefits have not come to fruition as there has been no impact on activity or demand - patients are still being seen and treated within silo pathways, contradictory to the agreed model.

Despite the significant planning, preparation and agreements reached for the implementation of Phase 2 of this service development, it was apparent that the current commissioning arrangements do not facilitate effective co-ordination across a pathway with more than one
provider as the three providers have yet to develop a culture that is supportive of true collaboration with none of the identified benefits and agreed outcomes being realised to date.

Bath -

**A new integrated Urgent Care Service for Bath and North East Somerset**

A new integrated urgent care service for Bath and North East Somerset, including a new Urgent Care Centre and GP Out of Hours service, launches on Tuesday 1st April 2014.

The NHS commissioned service is delivered by Bath and North East Somerset Doctors Urgent Care (BDUC), part of the Vocare Group. The new service adds another 195,000 people to an organisation which already delivers GP Out of Hours services to 2.2 million people across Staffordshire and the North East of England.

BDUC services include a GP led 24 hour Urgent Care Centre situated next to the Emergency Department at the Royal United Hospital in Bath and GP Out of Hours services including appointments available at the new centre and Paulton Memorial Hospital. BDUC will also be operating the Homeless Healthcare Service at Julian House Hostel, Bath.

Bath-based GP Dr Alan Whitmore is BDUC’s local clinical director. He said:

“We have recruited a team of excellent local GPs and nurse practitioners and we are part of an organisation that has been delivering GP Out of Hours care for almost 20 years. We are confident that we can deliver the very best integrated Urgent Care for the people of Bath and North East Somerset.

“If you think you need Urgent Care in the first instance call your GP. If your GP Practice is closed then call 111 and you will be directed to the most appropriate service for your need. In an emergency always call 999. If you’ve called 111 you will be assessed by a team of highly trained call advisors and clinicians. Depending on your condition you could be directed to an appointment at the Urgent Care Centre, receive a home visit from an Out of Hours GP or one of any number of other outcomes based on your telephone assessment.”

Royal United Hospital Bath NHS Trust Emergency Department Lead Consultant Dr Dominic Williamson said: “This is a very exciting development for the Royal United Hospital Bath NHS Trust and credit must go to all the staff involved for making this happen.

“The Emergency Department will be working very closely with those in the Urgent Care Centre. Emergency, Out of Hours, and Urgent Care are now aligned in a much closer way. When patients walk in they will be assessed by a nurse who will determine how urgently they need to be seen and by whom. If the nurse feels that the Urgent Care Centre can manage the patient they will be offered an appointment. If patients need to be seen in the Emergency Department they will be seen in priority order.

“Having a GP on the Royal United Hospital site will help to ensure that patients are seen by the right person in the right place.”
Dr Ian Orpen, Chair of BaNES Clinical Commissioning Group said “The launch of the new urgent care services will mean joined up care for our patients in Bath and North East Somerset. We are delighted to be working with BaNES Doctors Urgent Care who have spent the last few months recruiting local GPs and nurse practitioners to work in the services.”

John Harrison chief executive of the Vocare Group, of which BDUC is a part, said: “As an organisation we began life 17 years ago, a collective of highly motivated local GPs striving to provide the best possible urgent healthcare provision for the population we serve – that objective will never change.

“We ensure that all our GPs are local to the areas in which they deliver healthcare, meaning they have an excellent understanding of the local health services and provides for strong partnership work.

“They also understand the health trends in the local population for example prevalence of long term conditions, disease and underlying causes. As our organisation grows this is a principal that will continue to be applied to all areas, in this case in Bath and North East Somerset.

“We work in close collaboration with our primary and secondary healthcare partners delivering vital services and ensuring that the patients and their care are always at the centre of everything we do. To achieve this we offer our excellent infrastructure, training, clinical skill and support throughout the population we serve.

“We further support this by engendering a collective support network among our clinicians and providing internal educational processes to ensure our GPs are always aware of the finest healthcare practice out there.”