

Introduction

This is the Statement of Purpose for Clinical Collective Ltd trading as Clinical Partnership. This is a regulatory document for the partnership which includes important organisational information. Typically, the Statement of Purpose is used by the CQC for inspection purposes but other audiences may find the information useful.

Our Vision

Clinical Partnership (**CP**) is a private organisation of higher specialist trained consultants (Completion of certificate of higher specialist training – CCST/CCT) whose specialities can be more appropriately delivered in the community – (at lower tariff in community premises).

The services will be mutually owned by the specialists and delivered in community premises already delivering NHS services such as GP practices, local NHS and private settings across the region.

**CP** will employ a “chambers” model to share administration between specialities so as to keep administrative costs to a minimum and to avoid a corporate body being created which is costly and inefficient to maintain.

As well as providing services directly to patients, **CP** will also offer support to other GPs to include: teaching, training, networking, audit, standard setting, education to GPs, administrative infrastructure and liaison with secondary care colleagues. This will all contribute to enhancing patient experience in Yorkshire, Lincolnshire and Nottinghamshire with significant savings against unnecessary hospital-based activity and patient transport costs.

General practitioners specialise in primary care, but on occasion need a specialist opinion for their patients for diagnosis and management of their patients. Clinical partnership aims to support general practitioners with the earliest specialist opinion to deliver streamlined, high quality specialist accessible services to patients, where it is most convenient to them, with the lowest waiting times, by maximising our operational efficiency and productivity and redesigning service provision to embrace technology including telemedicine.

With **CP** able to deliver an early cost effective specialist opinion for patients, unnecessary costs of 1) using ineffective treatments on the wrong diagnosis, 2) missed serious diagnoses 3) repeated primary care consultations for the same problem and 4) attendances at acute hospital outpatients and even admissions, mean that significant savings for a local health economy are possible.

**Our aims and objectives**

* To deliver a consultant owned and led service in community settings with relationships and care pathways to secondary care available when needed
* To ensure a consistently high standard of care and to provide treatment that is appropriate at all times.
* To deliver a high quality specialist diagnosis at the earliest point in the treatment path to support general practitioners in managing their patients
* To reduce waiting times for patients for a specialist opinion.
* To deliver a teleconsultation for all patients as a first step in the patient pathway to reduce travel time for patients (through our tele-consulting as 1st consultation.)
* To deliver services that meet the needs of the local community and are in line with the vision of commissioners
* To continuously invest in training, technology and facilities which support our aims
* To implement and monitor sound financial methodologies and practices which ensure the long-term success of the business

**Scope of Clinical Services Provided by Clinical Partnership**

Clinical services are restricted to the following four categories:

* Treatment of a disease, disorder and injury
* Diagnostic and screening services
* Surgical procedures

All services provided on an outpatient basis with no inpatient beds and surgical procedures that involve an overnight stay or acute care (patients are typically seen and discharged from clinic premises within 120 minutes maximum)

Triage and Referral Management

Patients are referred to the service by General Practitioners via our telemedicine platform World Health Net or via ERS or through self-referral on the World Health Net. All referrals are screened by specialist clinical team to determine whether they are appropriate for the clinical service.

Where possible the referrals will be diagnosed or diagnosed and treated in primary care where possible.

**Consultations**

Patients are seen for consultations by a member of the clinical team in any of the clinical locations depending on the nature of the problem. Where possible, we try ad select a location that is closest to the patient’s home address and a location that has free appointments. A copy of the letter is also sent to the patient to keep them fully informed of the diagnosis and/or any recommendation investigations or treatment. We will respect patient wishes should they object to such communication being made and this is included on patient registration forms. All practitioners working in the clinic practice under their private privileges registration and comply with professional standards. All practitioners must have professional indemnity insurance, have undergone formal interview prior to appointment and will have undergone thorough vetting and DBS checks.

**Consultations – remote at home requested by patient**

With health services under pressure for general practice appointments Clinical Partnership will offer patient and members of the general public the ability to request a remote consultation directly on the same telemedicine platform provided by The World Health Net.

This will allow a person to register and upload symptoms and images where appropriate (e.g. of a skin complaint) and to pay a transparent fee for a specialist to give an opinion and treatment plan where appropriate and give a prescription to the patient.

**Diagnostic and Screening Tests**

As part of the clinical service, healthcare staff may provide a range of diagnostic tests including blood tests, audiograms, skin scrapings for fungal and mycology/bacteriology, and skin biopsies for histopathological investigation. Cancer diagnoses are discussed by local cancer MDT team.

**Minor Surgery**

A range of minor procedures is carried out in the service that include pain management injections, cryotherapy, curettage and cautery, nasal sinus endoscopies, skin biopsies, ellipse excisions and small flap repairs. All procedures are carried out under topical or local anaesthetic. All patients are fully conscious, and no procedures are performed under a general anaesthetic. The majority of patients are within he clinical environment for a maximum of 90 – 120 minutes, typically 45 – 60 minutes for the local anaesthetic procedure.

Minor procedures are all carried out in minor treatment rooms as a minimum that meet NHS guidelines. All staff members are suitably trained in their field. All procedures are recorded, and consent is obtained prior to all procedures.

**In-Patient arrangements**

All locations are outpatient facilities with no inpatient beds/overnight stay beds. Few patients are expected to be in the clinic environment for longer that 2 hours. Therefore, no formal arrangements need to exist for contact between any inpatients and their families, friends and representatives. Food is not provided to patients or carers.

**Complaints Procedure**

CP takes complaints seriously and is dedicated to providing a high-quality service. The complaint policy is available for all patients on our website. Complaints are manged by the Information Assurance team.

All verbal and written complaints are immediately reported to the responsible Manager(s). They are also discussed by the management team as a whole on a monthly basis. Any learning points or changes in the service are communicated to staff members by email and available in the sharepoint. We aim to identity any potential areas for improvement and provide a written log so such problems for review by any external agencies.

All patients will be encouraged to give their views on the service provided to them, both positive and negative. In the event of a verbal or written complaint being received, we will ensure that all complainants receive a written acknowledgment within two working days of the receipt of their complaint (unless a full reply can be made within five working days). A full response will be made in 20 working days of the receipt of the complaint, or where the investigation is still in process, a letter explaining the reason for the delay will be sent to the complainant and a full response made with five days of a conclusion being made.

At all stages of the complaints procedure we will endeavour to ensure that the complainant receives written confirmation f the stages of investigation and action taken. The complaints procedure will be brought to the attention of all personnel and they will receive training on what constitutes a complaint and the procedures fir receiving and dealing with a complaint.

We also introduced and trained staff in the ‘Duty of Candour’ requirements and our policy.

Privacy and Dignity of Clients

CP aims to provide complete confidentially for any patients undergoing treatments. All patient records will only be accessible to named members of staff and treatments will be carried out in private clinical environment. CP have a Caldicott Guardian and a Serious Risk Information Officer. All computerised systems are username and password protected with medical software purposely designed for use in a clinical environment, Medical records will be strictly protected and destroyed in accordance with recommended guidelines. A log of the access to records is registered on the systems and server.

Consultations and treatments will be provided in purpose designed rooms that ensure confidentiality and privacy. At all times, client confidentiality will be maintained. All healthcare professionals will receive training in these areas and understand the need for such polices. There are internal polices on such issues including patient confidentiality, patient record handling , and data protection. All employees will have confidentiality training built in to their induction programme.

**Useful Contact details:**

Main Website: [www.clinicalpartnership.co.uk](http://www.clinicalpartnership.co.uk)

Complaints:

Information Assurance Director

Clinical Partnership

The Octagon

Hesslewood Hall

Ferriby Road

Hessle

Hull

East Yorkshire

HU13 0LH

## Appendix 1: number, relevant qualifications and experience of employees

CP are led by a single management structure and all administration; clinical admin management teams works across the locations to provide care. All of the organisations are the same operational policies ad procedures. CP deliver care across locations as a seamless service regardless of location seen.

**Medical Practitioners**

Dr James Britton - Consultant Dermatologist – BM BS, MRCP UK

Dr Javed Mohungoo - Consultant Dermatologist – MBChB (Leeds) MRCP (London)

Dr Swaroop Sampu – Pain Management Consultant FIPP 2010, FCARCSI 2005, MD 2001, MBBS 1998

Paul Bibby – Chief Nurse – RN, BA, MA PGC

Valerie Colquhoun – Quality Manager – RN, MSc PGD

Julie Dunstan - Registered Nurse

**Administration Team**

Mrs. Carolyn Kirkham Office Manger

Mrs. Holly Hellstrom Information Assurance Director

Miss Chloe Atkinson Administration Assistant

Mrs. Andrea Hill Medical Sectary

Appendix 2: Provider address, including for service of notices and other documents

**Registered Provider & Company Office Address**

**Clinical Collective Ltd (Trading as Clinical Partnership)**

**The Octagon**

**Hesslewood Hall**

**Ferriby Road**

**Hessle**

**East Yorkshire**

**HU13 0LH**

**Legal Status:**  Registered Company 10288489

**Registered Office**

Clinical Partnership

Manor Farm

Catwick Lane

Long Riston

HU11 5JR

**Telephone**  
01482 908208

**Registered Manager:**

Holly Hellstrom

**Email**  
[holly@clinicalpartnership.co.uk](mailto:holly@clinicalpartnership.co.uk)

Provider Location(s):

Clinical Partnership’s community services are digitally managed from the registered provider and company office address and all services are delivered in community premises already delivering NHS services such as GP practices, local NHS and private settings across the region that are CQC registered. These locations meet the demands of the patient cohorts and their locations.