

General Practice Inspection (Announced)

Ty Bryn Surgery, Aneurin Bevan
University Health Board

Inspection date: 05 February 2020

Publication date: 07 July 2020

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	7
3.	What we found	9
	Quality of patient experience	10
	Delivery of safe and effective care	15
	Quality of management and leadership	19
4.	What next?	22
5.	How we inspect GP practices.....	23
	Appendix A – Summary of concerns resolved during the inspection	24
	Appendix B – Immediate improvement plan	25
	Appendix C – Improvement plan	27

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

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

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of ty Bryn Surgery at The Bryn, Caerphilly, CF83 8GL, within Aneurin Bevan University Health Board on the 05 February 2020.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), GP and practice manager peer reviewers and a lay reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

We observed positive and friendly interactions between staff and patients. The environment was welcoming to all, and patient's comments were generally positive about the practice.

Communication between staff within the practice was reported as good, and staff told us they felt supported by the management team.

We found areas of concern that could pose an immediate risk to the safety of patients, including processes in place for ensuring staff had appropriate training, and processes for the safe recruitment of staff.

This is what we found the service did well:

- There were appropriate arrangements in place for medicines management
- There was a range of services available to patients including information on health promotion as well as regular clinics for ongoing conditions
- Medical records were kept to a good standard.

This is what we recommend the service could improve:

- Maintain a clear record of staff training and compliance
- The practice should give patients a clear route to providing feedback to the practice

Our concerns regarding staff training and the recruitment process were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the

inspection, requesting that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

What we found

Background of the service

Ty Bryn Surgery currently provides services to approximately 10,500 patients in the Bedwas area. The practice forms part of GP services provided within the area served by Aneurin Bevan University Health Board.

The practice employs a staff team which includes 13 GPs, 2 nurses, 1 healthcare assistant, 3 administrative staff and 2 assistant practice managers and 1 practice manager.

The practice provides a range of services, including:

- Diabetes clinic
- Contraceptive fitting
- Respiratory clinic
- Minor surgery
- Anti-coagulant clinic
- Retinopathy

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients told us they were happy with their care and were treated with respect.

The staff team were clearly focused on the need to create a calm and pleasant environment within the practice. Patients we spoke with felt they were being treated with dignity and respect.

The practice must ensure that there are appropriate policies in place to allow patients to provide feedback on the services received.

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. On the day of the inspection our inspectors also spoke to patients to find out about their experiences at the practice.

In total, we received 40 completed questionnaires. The vast majority of the patients that completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

Patients were asked in the questionnaire to rate the service provided by this GP practice. Responses were positive; the majority of patients rated the service as 'excellent' or 'very good'. Patient comments included:

"I am fairly new to this practice and in comparison to my previous surgery this surgery is way more efficient, caring, understanding and most importantly accessible when appointments are required"

"Always friendly and professional. I am very happy with my health care being provided here"

"When talking with people outside of area. I realise how good you are"

Patients were asked in the questionnaires how the GP practice could improve the service it provides. Comments suggested for improvement included:

“A bit longer to be with a Doctor to ask me, not long enough with a Doctor to much rushing”

“Provide a sexual health screening service on a monthly basis”

“More help, mental health”

“Certain GP's to listen to the patient more - sometimes you feel like you're an inconvenience”

Staying healthy

We saw there was a variety of posters displayed in the practice waiting areas, for patients to read whilst waiting for their appointment. These included eating healthy, weight management and smoking cessation.

Dignified care

All of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice. We observed patients being greeted and welcomed by reception staff in a professional and friendly manner. The reception was located just inside the entrance of the practice, adjacent to the waiting room. We observed on the day that the current arrangements for taking phone calls from the public was away from the reception desk, ensuring patients' privacy was respected.

We noted during the course of the day that one patient with limited mobility struggled with the internal entrance door, which was not automatic. The practice may want to consider how to ensure the entrance is easily accessible for those with mobility difficulties.

We observed that during appointments the doors to the consultation rooms were closed, to help protect patient privacy. The consultation rooms were divided into two areas, with the treatment couch being in a separate area. This meant that patients were able to undress in privacy, when required, prior to any treatment or examination. We saw that the doors could be locked to ensure privacy was maintained.

Around two thirds of patients who completed a questionnaire told us that they could only 'sometimes' get to see their preferred doctor.

There were a number of staff trained to appropriately provide a chaperone service for patients during intimate examinations, however this was not clearly

advertised to patients. The practice should ensure that the option of a chaperone is clearly visible to patients.

Improvement needed

The practice should ensure that the option of a chaperone is clearly advertised to patients.

Patient information

We saw that the practice had notice boards such as a carers' notice board and a community notice board. This provided a range of information to patients about their local community as well as support groups which may be open to them.

The practice had a practice leaflet which contained information for patients about the practice and the services it offered. The majority of the patients who completed a questionnaire told us that they would know how to access the out of hours GP service.

Communicating effectively

Every patient who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language. We were told that there were two Welsh speaking members of staff at the practice. In addition, people could receive a service in a language of their choice, and we saw evidence that the language line would be offered if a patient's first language was not English or Welsh. Whilst written information was available, this was predominantly presented in English. Arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'¹.

All of the patients who completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand.

¹ An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

All but one patient also told us that they are involved as much as they wanted to be in decisions made about their care.

The practice had a hearing loop to aid communication for patients with hearing difficulties, and we saw a poster advertising this in the waiting area.

Timely care

The majority of the patients who completed the questionnaire told us that they were 'very satisfied' with the hours that the practice was open. All but two of the patients who completed a questionnaire also said that it was 'very easy' or 'fairly easy' to get an appointment when they needed one.

We were told that requests for same day appointments were met if patients contacted the surgery prior to 10am. There was also a duty GP who was available for emergency appointments. The practice promoted Choose Pharmacy² for minor ailments. When asked to describe their overall experience of making an appointment almost all of the patients who completed a questionnaire described their experience as 'very good' or 'good'.

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff also described a process for keeping patients informed about any delays to their appointment times, telling us they would verbally update patients.

Individual care

Planning care to promote independence

The practice was accessible to patients using wheelchairs, those with mobility difficulties, and for those with pushchairs, as the patient area was all on ground floor.

2

http://www.choosewellwales.org.uk/sitesplus/documents/994/Minor%20Ailments%20Services_L_eaflet_English.pdf

The practice held clinics for patients with specific healthcare needs, such as asthma and diabetes, to help support them in the management of their conditions.

People's rights

Our findings that are described throughout this section indicate that the practice was aware of its responsibilities around people's rights.

Listening and learning from feedback

The practice did not have a formal process in place for collecting patient feedback themselves. The practice did have an active Patient Participation Group which kept a comments box in the reception area. This feedback was given to the senior managers during the three monthly meetings between the PPG and the practice.

The practice must ensure that it is providing patients with the ability to provide feedback directly to the practice, and reviewing and updating the patients on outcomes of this feedback.

Improvement needed

The practice must ensure that it is providing patients with the ability to provide feedback directly to the practice, and reviewing and updating the patients on outcomes of this feedback.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

The practice had comprehensive policies in place for checking of emergency equipment and medicines.

Staff reported that there was a positive working relationship between both clinical and non-clinical teams, which Empowered staff to raise concerns if they felt necessary.

The practice must ensure that staff are appropriately trained in infection prevention and control.

Safe care

Managing risk and promoting health and safety

All of the patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get into the building that the GP practice is in.

During a tour of the practice, we found that it was clean and well ordered, which reduced the risk of trips and falls to patients and staff. We found an environmental risk assessment was in place

We found that checks of the fire safety equipment had been carried out. We also saw that staff had completed fire safety training.

Infection prevention and control

There were no concerns given by patients over the cleanliness of the GP practice; every patient that completed a questionnaire felt that, in their opinion, the GP practice was 'very clean' or 'fairly clean'.

Staff told us that they had personal protective equipment, such as gloves and disposable plastic aprons, to reduce cross infection. The clinical treatment areas we saw were all clean and tidy.

We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitisers were available in the treatment rooms to

GPs and nurses, and on the walls of the practice there was hand sanitiser available to all.

We noted that the practice did not use disposable curtains within the surgeries, and could not evidence a set cleaning schedule for the cleaning of the curtains within the surgeries. The practice must ensure that appropriate cleaning arrangements are in place and documented to ensure the curtains are kept to an appropriate standard.

We could not be satisfied from a sample of staff records that staff had completed appropriate infection control training. The practice must ensure that all applicable staff regularly receive training in infection prevention and control to protect both staff and patients. Further details on this can be found in the Quality of Leadership and Management section of this report.

We noted that all clinical staff at the practice had been appropriately screened for Hepatitis B immunisation status. There was an additional risk assessment in place for staff who did not have appropriate levels of immunity. This protects staff and patients from possible cross infection.

Improvement needed

The practice must ensure that:

- appropriate arrangements are in place to ensure the curtains are kept to a clinical standard; and
- staff are appropriately trained in infection prevention and control.

Medicines management

We reviewed the arrangements for the storage and handling of drugs and equipment to be used in a patient emergency (such as collapse). The Resuscitation Council UK Quality Standards for Resuscitation³ stipulate, that healthcare organisations/ providers have an obligation to provide a high-quality

³ [Resuscitation Council UK Quality Standards for Resuscitation](#)

resuscitation service. We saw that the emergency kit was of a good standard and included all of the equipment required by the Resuscitation Council UK.

We found that the practice had a process in place for checking and recording the emergency drugs and equipment on a regular basis, to ensure items remained safe and ready to use and within their expiry dates.

We saw that cardiopulmonary resuscitation (CPR) training was carried out on an 18 month basis for staff currently. The Resuscitation Council UK states that all clinical staff within primary care settings should have updated CPR training annually, with a recommendation for all staff to receive annual training. The practice must ensure that all staff receive regular training in line with the Resuscitation Council UK guidelines. Further details on this can be found in the Quality of Leadership and Management section of this report.

Medication and vaccinations were stored in a locked medication fridge. We noted that regular checks had been carried out of the medication fridge temperature. It is important for medicines and vaccination to be stored at the correct temperature to ensure they remain viable and safe to use, and checked on a daily basis.

Improvement needed

The practice must ensure that all staff receive CPR training in line with the Resuscitation Council UK guidelines

Safeguarding children and adults at risk

We saw that the practice had safeguarding policies in place to protect children and vulnerable adults. The safeguarding lead for the practice was identified within the policy. The All Wales safeguarding guidance was available to staff within their policies and procedures file.

Upon reviewing a sample of staff records we found that staff had received appropriate training in safeguarding of children and vulnerable adults. |

Medical devices, equipment and diagnostic systems

We saw that the practice had a process in place to ensure that medical equipment was serviced and calibrated to help make sure they remained safe to use.

Effective care

Safe and clinically effective care

[The practice had arrangements in place to report patient safety incidents and significant events. The sharing of safety alerts received into the practice was appropriately managed by the practice manager and shared with relevant staff. We found that any significant incidents were discussed during team meetings.

We spoke with members of the practice team on the day of our inspection, and were able to confirm that staff were encouraged and empowered to raise any concerns they may have about patients' and/or their own safety.]

Information governance and communications technology

We found that confidential waste was stored appropriately.

Information systems were password protected, and patient records were held securely in offices which were not accessible by the public.

Record keeping

Information held in GP practices use read coding to provide a standardised vocabulary for clinicians to record patient findings and procedures. We found that the practice had appropriate processes in place for the read coding of patient findings. We noted that the practice reviewed these read codes to ensure these were kept at a high standard.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found that practice staff were supported by the practice management team. Management and clinical team meetings were in place to ensure teams were adequately supported.

We found that there were comprehensive arrangements in place for peer reviews between GPs, and saw good examples of close working relationships and clinical governance arrangements.

We identified that improvement was needed to ensure the staff training information was up to date, staff have DBS checks where relevant, and relevant recruitment checks are undertaken.

Governance, leadership and accountability

We found that there was a cohesive practice team, who worked well together and supported each other. There was evidence of good relationships between members of the management team and the practice staff, and we found that staff morale was high during the inspection. Staff told us that communication was good within the practice, and that they felt supported by the management team.

There were eleven GP partners within the practice, with the responsibility of the day-to-day running being managed by a practice manager.

There were a number of meetings held within the practice, to share information between staff. Meeting minutes were taken and a copy was kept by the assistant practice manager. We were advised that if a member of staff was not in attendance, that they would be shown the minutes and asked to agree to any appropriate actions. Staff told us that communication was good within the practice, and felt like they were able to openly discuss any issues that were concerning them.

There were a number of policies and procedures in place, which were available online to staff. We noted that staff had been asked to review these and sign to agree to their content after they had been reviewed in the last year.

Staff and resources

Workforce

There was a well-established staff team in place, with many staff members being employed for a number of years. Staff were able to describe their roles and responsibilities, and demonstrated a good understanding of the practice workings.

We were told that there were robust arrangements in place for monthly Clinical Governance meetings, and these were highly commended. We saw evidence that effective and positive peer review was taking place, and we saw good examples of positive work relationships and positive support networks between the GPs.

We looked at a number of staff training files, however we were unable to receive sufficient reassurances throughout the day that all staff had received appropriate mandatory training. The practice did not keep an overarching staff training matrix. Further information on these training requirements were covered in the Delivery of Safe and Effective Care section of this report.

Our concerns regarding the above were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

We were able to see that a process of staff appraisals was in place and being undertaken on a regular basis.

We found that there were limited processes in place to support the safe recruitment of staff. We found during the course of the inspection that staff had not received appropriate checks, such as a Disclosure and Barring Service (DBS) check to support safe recruitment and ongoing employment.

Our concerns regarding the above were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

In light of the above issues with regards to recruitment, the practice must ensure that they have a robust process in place for any recruitment and

appointment of staff in the future. This must include carrying out the relevant pre and post appointment checks.

Clinical staff are required to register with their professional body, such as the General Medical Council (GMC)⁴ or the Nursing and Midwifery Council (NMC)⁵. They must also revalidate their registration with evidence of practice and training at defined intervals. Whilst it is an individual's responsibility to ensure their registration is maintained, the practice did not hold this information centrally, so could not guarantee staff remained registered with their professional body. We advised that this would be beneficial to ensure all staff are appropriately registered during their employment.

Improvement needed

The practice must:

- Maintain a clear record of staff training, and ensure that staff attend training within appropriate timescales
- Implement a clear and robust recruitment policy to ensure that all pre and post appointment checks are completed, prior to a new member of staff commencing employment.

⁴ <https://www.gmc-uk.org/>

⁵ <https://www.nmc.org.uk/>

3. What next?

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 when and how the findings identified will be addressed, including timescales
- 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.

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.

4. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how GP practices are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within GP practices.

Further detail about how HIW inspects the [GP practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries 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
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Ty Bryn Surgery

Date of inspection: 05 February 2020

The table below includes any immediate 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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p><u>Finding</u></p> <p>The practice did not have Disclosure and Barring Service (DBS) checks completed for all relevant staff.</p> <p><u>Improvement needed</u></p> <p>The practice must ensure all staff (where applicable to their roles), have DBS checks completed, with a record kept on file, to a level appropriate to their roles.</p>	7.1 Workforce	The practice will now undertake a project to ensure all staff are DBS checked. We will start immediately with the GP's and clinical staff and then all other admin staff to follow. We have a total of 36 team members so this will take us at least three months to complete. We have decided to use the service provided by NWSSP and have contacted them today for the relevant forms which need to be completed.	Amanda Samuel	3 months
<p><u>Finding</u></p>	2.4 Infection Prevention	All staff will receive the appropriate level of infection control training via	Margaret	3 months

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice did not have suitable arrangements in place for the completion of mandatory training for staff.</p> <p><u>Improvement needed</u></p> <p>The practice must ensure all appropriate staff have mandatory training including, but not exclusive to, infection prevention and control, cardiopulmonary resuscitation (CPR) and safeguarding of children and vulnerable adults.</p>	<p>and Control (IPC) and Decontamination</p> <p>2.7 Safeguarding children and adults at risk</p> <p>3.1 Safe and Clinically Effective care</p>	<p>our Infection Control Lead Nurse/Partner who together with our other two practices nurses will attend training offered by ABUHB on 9th March. This training will be updated every two years as per ABUHB guidelines</p> <p>All staff have been booked on to CPR training with Lubas Medical dates are 25th February, 24th March and 31st March.</p>	<p>Ballard</p> <p>Alison Soos</p>	<p>2 months</p>

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): Amanda Samuel

Role: Practice Manager

Date: 10th February 2020

Appendix C – Improvement plan

Service: Ty Bryn Surgery

Date of inspection: 05 February 2020

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	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice should ensure that the option of a chaperone is clearly advertised to patients.	4.1 Dignified Care	Chaperone policy is displayed on our notice boards and advice has been added to our TV screens	Done with immediate effect	Dawn Foley Amanda Samuel Alison Soos
The practice must ensure that it is providing patients with the ability to provide feedback directly to the practice, and reviewing and updating the patients on outcomes of this feedback.	6.3 Listening and Learning from feedback	Posters are now displayed on the TV screens and on notice boards, encouraging direct feedback. Any feedback will be responded to directly with the patient concerned. If feedback is for the wider community we will advertise this on our TV information screens, on our facebook page and on our website. Our PPG now have their	Done with immediate effect	Amanda Samuel Dawn Foley Alison Soos

Improvement needed	Standard	Service action	Responsible officer	Timescale
		own notice board and will become proactive once they are able to.		
Delivery of safe and effective care				
<p>The practice must ensure that:</p> <ul style="list-style-type: none"> appropriate arrangements are in place to ensure the curtains are kept to a clinical standard; and staff are appropriately trained in infection prevention and control. 	2.4 Infection Prevention and Control (IPC) and Decontamination	All curtains in nursing treatment rooms and minor surgery rooms have now been replaced with disposable curtains, which will be changed every 6 months. All other curtains within GP clinical rooms will be washed on a rota basis every 6 months or earlier if required.	Amanda Samuel Dawn Foley Alison Soos	Done with immediate effect
The practice must ensure that all staff receive CPR training in line with the Resuscitation Council UK guidelines	2.6 Medicines Management	CPR training booked and paid for all staff for the months of February and March but unfortunately due to covid 19 we were only able to attend in February, all other staff will receive their training once it is safe and practical to do so and will continue with annual training going forward.	Amanda Samuel Alison Soos Dawn Foley	6 months
Quality of management and leadership				

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice must:</p> <ul style="list-style-type: none"> Maintain a clear record of staff training, and ensure that staff attend training within appropriate timescales Implement a clear and robust recruitment policy to ensure that all pre and post appointment checks are completed, prior to a new member of staff commencing employment. 	7.1 Workforce	<p>Infection control training booked for clinical staff with ABUHB in April, unfortunately due to covid 19 this was cancelled all relevant staff will receive their training once it is safe and practical to do so. All training will continue within appropriate timescales and will be noted in their personal staff records and on a practice training matrix.</p> <p>All new and existing staff to have DBS checks (not GP's as this is a requirement of inclusion on performers list), this was arranged to start with NWSSP but because of covid19 this is now delayed and will commence as soon as possible.</p>	<p>Amanda Samuel Dawn Foley Alison Soos</p>	6 months

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): Amanda Samuel

Job role: Practice Manager

Date: 12 June 2020