



## Statement of Purpose

Last reviewed date 4<sup>th</sup> July 2016

### The provider's name, legal status, address and other contact details

Panacea is a trading name of Stereopsis Ltd, 32 West Parade, Worthing, West Sussex, BN2 7AX. Stereopsis Ltd is registered as a private limited company with companies house in England & Wales with registration number 03959025. Stereopsis is registered as a Provider with the CQC, provider reference 1-2162030122.

The location of services and our contract address is:

Panacea  
7A Shelley Road,  
Worthing,  
West Sussex  
BN11 1TT

Telephone: 01903 234 647

Email: [info@panaceamc.co.uk](mailto:info@panaceamc.co.uk)

CQC Location ID: 1-2239318205

Please use the above information in order to contact:

Director	Mr Salwan Rassam
Registered Manager	Mr Graham Beaver

### Service user bands

The whole population

### Service Types Provided at this Location

Acute services (ACS)

### Regulated activity(ies) carried on at this location

Treatment of disease, disorder or injury

Surgical procedures

Diagnostic and screening procedures

## Aims and objectives

To offer a comprehensive consultant led surgical service, clinics and consultations using the facilities at Panacea. This is achieved by offering a professional personal service, integrating the latest proven techniques and surgical protocols.

To provide a patient centred approach to patient care including discussing the treatments and options with all patients and costs issued at or after the first consultation.

Treat patients with honesty and integrity in complete confidence and utmost discretion, in comfortable surroundings.

Ensure we have NHS trained Surgeons and nursing staff in theatre and in clinics performing all tasks and in line with professional and ethical codes of conduct.

Ensure that all other staff providing clinical and support services are suitably qualified and have the necessary experience.

Provide facilities at Panacea including: theatres, recovery area, consulting rooms, reception, waiting areas, toilets and minor treatment area, including access for disabled clients and taking into account individual patients different needs and requirements.

## How we ensure our service is safe

All incidents and near misses are reported using an incident reporting form and action is implemented immediately by RM. A log of incidents is kept and monitored for reoccurrences and similarities.

A patient guide highlighting the complaints procedure is given to every patient with their appointment letter and the complaints summary is also displayed in reception. It highlights that patients can complain to Panacea directly and also provides the CQC helpline, email address and postal address for escalated complaints.

Patients are encouraged to completed patient surveys which are monitored and results compiled by management which are fed back to staff to highlight areas for need of improvement and successes. Changes to procedure are made where feedback is poor.

Inductions are conducted and training provided which highlight internal reporting procedures and other related procedures such as whistleblowing. It also highlights some external guidelines.

Staff meetings are held on a minimum of monthly basis where problems are discussed and lesson learnt shared.

Safeguarding Adults / Children Training is undertaken

All staff qualifications and registration are checked. Consultants working from the practice will also require evidence of their experience i.e. NHS appraisals and will require MAC approval.

DBS is conducted on all staff with contact to patients

Equipment, machinery, drugs and consumables are all from reputable suppliers. Stock takes of equipment and drugs are carried out regularly and expiry dates, recalled batch numbers checked.

Patients require consultations and consent prior to treatment at the centre and require pre-operative assessment prior to procedures.

Registration with MHRA for updates and reacting to changes and problems

Cleaning schedules are monitored and reviewed as part of the infection control process. The schedule includes methods such as colour coding to prevent cross contamination and also planning to ensure time between cleaning and (for example) use of theatres is not excessive.

Items are sent for sterilisation directly from theatre. They are packed immediately and clearly marked. Where possible sterile single use equipment is used which is sealed in sterile packs.

Specific waste contracts are in place for medical waste and sharps.

Rules and policies are in place for drug control and other hazards such as gases and laser safety. Only personnel with appropriate knowledge / training are allowed access to hazardous equipment or products.

Patients records must be systematically kept and remain up to date throughout the patient journey including referral to and from our consultants.

Clinics and surgery is planned along with the staff rota to ensure that the correct types of staff are matched with the level of skills needed.

### How we ensure our service is effective

We are registered for updates from MHRA and undertake a monthly check with NICE guidelines. We also receive the healthcare provider and healthcare professionals newsletter from CQC, in order to keep up to date with changes. Individuals such as nurses and consultants also receive updates from their relevant authorities such as GMC, NMC and RCOPHTH. Any pertinent changes or updates are shared via email and some are also printed for future cross referencing.

Patients' general nutrition and hydration needs are assessed by nurses as part of their treatment but as an outpatient facility we do not provide food.

Pain is measured using a one to ten scales by consultants and nurses during their assessments and treatment.

New technology such as the micro pulse laser and use of istents are identified through industry knowledge and research. Equipment such as the electronic operating chairs and stellaris machine is selected based on their effectiveness. I.T. such as electronic patient records keep the patient journey efficient and aids accuracy. Going forward if we achieve independent CQC registration we will see advice from individual specialties over new technology suit individual disciplines.

MHA code of practice at Panacea centres largely around identifying patients ability to consent and the use of carers where necessary. We use an algorithm to help assess mental capacity and staff receive MHA & DOLS training.

Outcomes are monitored in follow up consultations and also by using Patient Feedback surveys

Staff are required to prove that they are registered with appropriate agency i.e. NMC / GMC etc and are also required to prove references.

Staff are required to demonstrate up to date training. In house training is provided in essential areas and staff training needs are identified in appraisals and following reviewing updates from NMC online, MHRA etc.

Appraisals are carried out a minimum of half yearly or more frequently as needed. They allow staff and management to feedback as two way process. Any findings, training needs or actions are followed up with individual training plans.

Internally patients are directly handed over for things like imaging during their treatment and this is included in patient notes. Any referrals with external organisation are communicated by letter, email or fax.

Patients are given the dates of follow ups and next appointments immediately whilst they are at Panacea and they also receive appointment details via letter. On discharge they are handed over to the appropriate pathways which is monitored by consultant.

Any pathology, histology etc. is dealt with by arrangement with West Sussex NHS Trust at Worthing Hospital.

All patient information is kept on our patient electronic records system which is accessible by relevant internal nurses and consultants. The electronic patient records are backed up on a secure RAID system. Prints are available for external referrals and paper backups are held in stores.

Consent is always requested prior to minor or major procedure and checked at each stage of care. Consent is kept on the patient file.

For Mental Capacity cases staff have access to an Algorithm to Determine Capacity and must follow it when determining mental capacity. This is also covered in our Mental Capacity and Deprivation of Liberty Safeguards training. There is a special consent form for those unable to give consent where treatment is in the patients' best interest.

As a private healthcare provider we would not provide treatment if it required restraint in cases of mental capacity but would refer back to the West Sussex NHS Trust where the correct staff, equipment and facilities are available.

### How we ensure our service is caring

Staff must always ask patients if they have any special requirements including cultural and religious etc.

Staff are encouraged to ask for ongoing feedback and involve the patient in their care.

Patient choice is always sought where appropriate and we believe in putting the patient at the heart of their treatment.

We encourage patients to feedback their thoughts about the care provided in patient surveys.

Staff are informed of and encouraged to use the whistle blowing process where they deem necessary.

Staff are aware, as part of the information security rules and training, to be aware of when others can overhear them, to ensure patient information is stored securely and, computers are locked. Also that doors are closed and staff knock before entering.

Pain is assessed as the patient journey continues by asking patient's to score level of pain. If excessive or unusual it is recorded along with action/medication taken. Post operatively patients are called the morning after the procedure to ensure that there has been no negative effects or pain. Follow-up appointments are used and an emergency telephone number is provided.

Patients are encouraged to bring the helpers, carers etc. with them that they want to assist with their care. They can bring interpreters if they want. All information is available in large print leaflets and we are happy to translate leaflets using google translate if necessary.

All patients and carers/relatives etc. are encouraged to tell us when they have anything to input.

### How we ensure our service is responsive

We are a private establishment and the consultants invited to practice with us will be relevant to the clientele of the area. Area knowledge is through colleagues within West Sussex NHS Trust and from information from Coastal West Sussex CCG and NHS England

We only undertake outpatient procedures and our clinic is set up to facilitate easy patient flow.

Patient feedback surveys are monitored in order to identify areas that require further development and to implement change where needed.

Our services are tailored to the individual patient. All areas are accessible to disabled persons. We can use written translation services to account for different languages. There is no gender discrimination and there are private changing areas but we have no wards and therefore no mixed accommodation constraints. Any other special requirements including age, pregnancy, race, religion etc will be accounted for as part of the initial consultation and the patients care plan will be adapted accordingly with patients input.

Initial consultations are currently booked for less than two weeks after initial enquiry and elective treatments will occur usually a week following consultation. Patients can refer themselves to make the process quicker but if external referrals or notes are needed this may slow down the process slightly. Patients are booked as soon as there is a clinic or surgery that suits the patient's schedule.

All patients are treated the same but in emergency cases our clinics / surgery can be extended ensure immediate treatment.

As a relatively small establishment we have not found the need to postpone patient's treatments. As we deal only with outpatients we could rebook patients for the following day or extend a list if there were to be a delay.

Patients are told how to raise concerns either verbally, or in writing, in the patient guide which is given to everyone who attends. Details of the complaints procedure are also displayed in reception. Investigations are dealt with by the manager after gathering information from the patient and the staff member(s) involved. The patient receives acknowledgement of the complaint in less than 7

days and receives a response in less than 20 days. In practice the whole process is usually a lot quicker. Where a complaint is made the patient will receive a written explanation of the findings and changes that are made as a result. Complaints are compiled in a register and shared with staff to minimise reoccurrence and to ensure everyone is aware of findings.

### How we ensure our service is well-lead

We have implemented robust procedures and policies in order to ensure that we have a tight control. The employment contracts specify that they must work within these rules and non-adherence is dealt with via appraisals and the disciplinary process.

Our commitment to achieve patient centred care is the main emphasis of our services. Our vision and values have been put in place with input from our core medical and administrative staff who have all had an input into the development of our services. For new staff this is highlighted in the interview and induction. Any detraction is accounted for in the staff appraisals and overall adherence is monitored with patient feedback surveys.

The director has over 25 years' experience in medical practice. The Registered Manager has 14 years management experience. Both are the existing personnel responsible for services at Panacea under the current CQC registration. Both the director and manager have regular contact with the patient and the director is also a practicing medical consultant at Panacea.

The Manager works with all staff members at ground level and is hands on in listening to staff concerns and successes on a daily basis. The director also works closely with all levels of staff. Feedback is usually dealt with informally and immediately with the relevant changes in policy communicated as they occur.

Staff appraisals are carried out to ensure that any specific concerns or successes can be shared.

Patients are welcome to speak to the manager whose office is next to reception and it purposefully kept open, when he is available, so that patients can enter and ask questions where they see fit.

Our short management structure allows staff and patient comments to be acted on quickly and allows improvements to be made to patient care.