

PrivateDoc Limited

PrivateDoc Limited

Inspection report

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Date of inspection visit: 25 January 2018
Date of publication: 09/03/2018

Overall summary

We carried out an announced comprehensive inspection of PrivateDoc Limited on 10 May 2017 and found that the provider was not providing safe, effective and well led care in accordance with the requirements of the Health and Social Care Act 2008. We issued Requirement Notices and a Warning Notice to the provider to drive improvement. The full comprehensive report on the 10 May 2017 inspection can be found by selecting the 'all reports' link for PrivateDoc Limited on our website at www.cqc.org.uk.

The areas where the provider had to make improvements following the 10 May 2017 inspection were:

- Ensure that effective age verification processes are in place.
- Ensure that care and treatment is delivered in line with evidence based guidelines. For example, ensure that dosage instructions for patients are clearly highlighted on prescriptions and that health questionnaires follow national guidance.
- Consent was electronically recorded and required to access further services from PrivateDoc. However there were no risk assessments in place on declining treatment if the patient didn't consent to informing their GP.
- Ensure effective safeguarding processes are in place, including appropriate training for lead individuals.

- Ensure there is an effective programme in place for monitoring and supporting quality improvement.

We undertook a desk based review on 3 August 2017 to check that the provider had followed their action plan and to confirm that the requirements of the Health and Social Care Act 2008 had been met following our Warning Notice. Following the review on 3 August 2017 we found that the provider had responded appropriately to our findings and had met the requirements set out in our enforcement action.

We carried out an announced comprehensive inspection on 25 January 2018 to check the improvements were embedded and to ask the provider the following key questions: are services safe, effective, caring, responsive and well-led?

This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our findings in relation to the key questions are as follows:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations. For example:

Summary of findings

- Staff employed at the provider had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them.
- Systems were in place to ensure that all patient information was stored and kept confidential.
- The provider had a system in place to assure themselves of the quality of the dispensing process. There were systems in place to ensure that the correct person received the correct medicine.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. For example:

- The service collected and monitored information on people's care and treatment outcomes.
- The service monitored consultations, and carried out prescribing audits and reviews of patient records to improve patient outcomes.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations. For example,

- Patient information guides about how to use the service and technical issues were available. There was a dedicated team to respond to any enquiries.
- The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations. For example:

- The provider identified patients who may be in need of extra support and had a range of information available on the website.

- The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response.
- Staff understood and sought patients' consent to care and treatment in line with legislation and taking into account guidance. The process for seeking consent was monitored through audits of patient records.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations. For example:

- There was a clear organisational structure and staff were aware of their own roles and responsibilities. There was a range of service specific policies which were available to all staff. These were reviewed annually and updated when necessary.
- Patients had the opportunity to rate the service on an online system called "Trustpilot" which was an open system provided by a third party supplier. At the end of every consultation, patients were sent an email asking for their feedback. We noted that the service provided feedback on online forum comments.

The areas where the provider should make improvements are:

- Review consultation processes for genital herpes prescribing, including the consideration to request details of a sexual health check from new patients.
- Review the safeguarding policy to include considerations around the safeguarding of children.
- Review processes to inform patients of requirements for informing their NHS GP.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the provider was providing a safe service in accordance with the relevant regulations.

Are services effective?

We found the provider was providing an effective service in accordance with the relevant regulations.

Are services caring?

We found the provider was providing a caring service in accordance with the relevant regulations.

Are services responsive to people's needs?

We found the provider was providing a responsive service in accordance with the relevant regulations.

Are services well-led?

We found the provider was providing a well led service in accordance with the relevant regulations.

PrivateDoc Limited

Detailed findings

Background to this inspection

PrivateDoc Limited offers a digital service providing patients with prescriptions for medicines that they can obtain from the affiliated registered pharmacy. We inspected the digital service at the following address: Unit 7, Wharfside House, Prentice Road, Stowmarket, Suffolk, IP14 1RD.

PrivateDoc Limited was originally established in 2012 to provide an online service that allows patients to request prescriptions through a website. Patients are able to register with the website, select a condition they would like treatment for and complete a consultation form. This form is then reviewed by a GP and a prescription is issued if appropriate. The GPs were sub-contracted. Once the consultation form has been reviewed and approved, a private prescription for the appropriate medicine is issued. This is sent to the affiliated pharmacy (which we do not regulate) for the medicines to be supplied.

The service can be accessed through their website, www.privatedoc.com, where patients can place orders for medicines seven days a week. The service is available for patients in the UK only. Patients can access the service by phone or e-mail from 9am to 5pm, Monday to Friday. This is not an emergency service. Subscribers to the service pay for their consultation and medicines when making their on-line application.

A registered manager is in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was in the process of changing the registered manager status to the pharmaceutical lead in the service.

How we inspected this service

Our inspection team was led by a CQC Lead Inspector accompanied by a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew.

During our visits we:

- Spoke with a range of staff
- Reviewed organisational documents.
- Reviewed patient records.

We did not speak with any patients as part of the inspection but reviewed feedback collected by the provider.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore, formed the framework for the areas we looked at during the inspection.

Why we inspected this service

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Are services safe?

Our findings

The areas where the provider had to make improvements following the 10 May 2017 inspection were:

- Ensure that effective age verification processes are in place.
- Ensure that care and treatment is delivered in line with evidence based guidelines. For example, ensure that dosage instructions for patients are clearly highlighted on prescriptions and that health questionnaires follow national guidance.
- Consent was electronically recorded and required to access further services from PrivateDoc. However there were no risk assessments in place on declining treatment if the patient didn't consent to informing their GP.
- Ensure effective safeguarding processes are in place, including appropriate training for lead individuals.

At our inspection on 25 January 2018 we found that this service was providing safe care in accordance with the relevant regulations.

Keeping people safe and safeguarded from abuse

Staff employed at the provider had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them. All the GPs had received level three child safeguarding training and adult safeguarding training. It was a requirement for the GPs registering with the provider to provide safeguarding training certification. All staff had access to safeguarding policies and could access information about who to report a safeguarding concern to. The provider's pharmaceutical lead was the safeguarding lead, and was trained to safeguarding level three.

The provider did not treat children. Identity check arrangements in place provided some assurance that the service considered the needs of children. The safeguarding policy outlined who to contact for further guidance if staff had concerns about a patient's welfare, although this policy was designed with adult safeguarding in mind.

The provider understood that it could be problematic if there were safeguarding concerns when they did not have the patient's GP details. A referral flowchart of who to contact and what actions to take was available if the

clinician felt that this was needed. The details of patients' GPs were requested in the consultation and registration processes but provision of it was not mandatory. If GPs had concerns prescriptions would not be issued.

The provider's risk register included a separate assessment for each treatment that the service prescribed for and each risk assessment included the risk of GPs prescribing in the absence of consent to share this information with the patient's GP.

We saw minutes of meetings that contained information on prescriptions that had been issued, including the number of prescriptions and flags for concerns. Safeguarding concerns were also discussed.

Monitoring health & safety and responding to risks

All clinical consultations were assessed by the GPs for risk; for example, if the GP thought there may be serious mental or physical issues that required further attention. Consultation records included all required information and we were told prescriptions would not be issued if the GP had any concerns. We saw evidence that GPs had refused to prescribe medicines in the past.

The provider maintained a corporate risk register which was discussed at quarterly clinical meetings. Discussions included the risk of a GP having insufficient information to complete a consultation; actions were documented and the risk register highlighted the need for GPs to request further information if required.

The provider's head office was located within modern purpose built offices, housing the IT system, management and administration staff. Patients were not treated on the premises and GPs carried out the online consultations remotely usually from their home. The provider expected that all GPs would conduct consultations in private and maintain the patient's confidentiality. Each GP used their computer to log into the operating system, which was a secure programme. Staff had received training in health and safety including fire safety.

The provider made it clear to patients what the limitations of the service were. The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place to ensure the location of

Are services safe?

the patient at the beginning of the consultation was known, so emergency services could be called. Where required, the provider would re-direct patients to other services as required.

The provider's medical lead reviewed electronic and verbal correspondence and consultations with patients; there was a system for the clinical reviewer to carry out checks on approved consultations and prescriptions to ensure they were appropriate. This took place on a monthly basis and any relevant feedback would be passed to the clinicians.

Systems were in place to ensure that all patient information was stored and kept confidential. There were procedures in place for the IT systems to protect the storage and use of all patient information and to instruct staff working off site how to access patient information safely. The provider could provide a clear audit trail of who had access to records and from where and when.

Staffing and Recruitment

At the time of our inspection, there were enough staff, including clinicians, to meet the demands for the service.

The provider had a selection process in place for the recruitment of all staff. Required recruitment checks were carried out for all staff prior to commencing employment. There was a system to check on a monthly basis whether GPs, who were all sub-contracted, were registered with the General Medical Council (GMC). All candidates were on the GMC register and were up to date with their appraisal. GPs had provided evidence of their medical indemnity insurance.

We reviewed two recruitment files of GPs who were subcontracted to the provider since our last inspection in August 2017, which showed the necessary documentation was available. The provider kept records for all staff including the doctors. Appraisal documentation for GPs included reference to working in digital services.

The provider had a process for Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). This detailed that DBS checks were undertaken on a reoccurring basis and we saw evidence of records being kept of these checks.

Prescribing safety

All medicines prescribed to patients from online forms and consultations were monitored by the provider to ensure prescribing was evidence based. If a medicine was deemed necessary following a consultation, the GPs were able to issue a private prescription to patients. The GPs could only prescribe from a set list of medicines which the provider had risk-assessed. There were no controlled drugs on this list. Medicines prescribed to patients were monitored by the provider through monthly reviews to ensure prescribing was evidence based. Since our last inspection we noted the process for following up these reviews had been fully embedded following the appointment of a medical lead who reviewed at least 10% of consultations on a weekly and monthly basis. When clinicians were new to the service the medical lead would review an increased amount of consultations and prescriptions, up to 30%.

The provider's website advertised medicines available for 11 conditions and there were systems in place to prevent the misuse of these medicines.

During our May 2017 inspection the provider removed asthma treatment from their website and service provision while they reviewed the prescribing protocol. At our January 2018 inspection the provider told us, and we saw that, they had continued with their decision to not provide asthma treatment, as well as indigestion treatment. Following an internal review and our previous feedback on inspections the provider had considered the risks associated with this prescribing and decided to discontinue provision of asthma medication until further review in the future. The provider ensured us they would inform CQC of any upcoming changes or reintroductions of certain treatments. They informed us they would also ensure GP details would be obtained for those scenarios.

The provider did not prescribe medicines for use in an emergency or antibiotic medicines.

Once the doctor prescribed the medicine, information was given to patients on the purpose of the medicine and any likely side effects and what they should do if they became unwell. All medicines information was pre-populated with correct dosage guidance. The prescribing clinician retained overall control and had the facility to change dosages if they felt this was appropriate. General information on medicines was also available on the provider's website.

The provider offered Avodart capsules as a treatment for hair loss. Avodart is not licensed for this use. There was

Are services safe?

clear information on the website to explain that this medicine was being prescribed outside of their licenced use. (Medicines are given licences after trials have shown that they are safe and effective for treating a particular condition. Use for a different medical condition is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks).

The service offered treatment for genital herpes, we saw that in the consultation forms new patients were not questioned regarding a sexual health check. The provider explained that no patient had yet been treated for this condition. The provider also informed us they would include this immediately after the inspection.

The patient record system allowed the prescriber to view the complete patient history and consultations with the provider, allowing them to monitor prescribing and identify patients who may be requesting excessive quantities of medicines.

Certain medicines were allowed to be repeatedly prescribed based on an assessment of risk. If patients wished to receive repeat medicines they had to confirm whether anything had changed. They also had to complete a new questionnaire every six months.

Information to deliver safe care and treatment

On registering with the provider, and at each consultation, patient identity was verified through debit/credit card checks in combination with an electoral roll and/or driving license check to ensure that the person was over the age of 18 and their stated home address was correct. In addition, delivery addresses were checked across all accounts to ensure that multiple persons were not utilising the same delivery address. If information for identity checks did not satisfy the provider's requirements they would not process any prescriptions. We saw evidence that the provider had refused prescriptions on these grounds in the past.

The provider had an active risk assessment in place highlighting their awareness on risks associated with the identity verification processes.

The doctors had access to the patient's previous orders held by the provider and we saw that verbal conversations with patients were recorded in the patient records.

Management and learning from safety incidents and alerts

There was a policy in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The provider had implemented an electronic recording system for incidents or significant events which analysed for trends. The provider informed us that to date no safety incidents had occurred. We did see evidence that the provider had considered certain incidents and made changes in accordance with them but these were logged under different processes. This included postage issues which were logged as complaints, feedback from patients and system changes. There was assurance that significant events would have been highlighted due to the systems in place to seek continuous improvement.

The provider held quarterly meetings where incidents and complaints were communicated and discussed with all staff. We saw minutes to demonstrate that these had been discussed and changes implemented had been communicated with all staff.

The provider had a system in place to assure themselves of the quality of the dispensing process (for onsite pharmacies). There were systems in place to ensure that the correct person received the correct medicine.

We asked how patient safety alerts were dealt with such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA), and were told that these were reviewed by the medical lead and passed to GPs if applicable. When we spoke with a GP they informed us they had not received any information on alerts or updates from the provider but none had applied to the service provided. GPs did inform us they monitored these alerts and updates individually. The provider maintained records on alerts and updates including actions taken as a result.

Are services effective?

(for example, treatment is effective)

Our findings

The areas where the provider had to make improvements following the 10 May 2017 inspection were:

- Ensure there is an effective programme in place for monitoring and supporting quality improvement.

At our inspection on 25 January 2018 we found that this service was providing effective care in accordance with the relevant regulations.

Assessment and treatment

We reviewed 14 examples of medical records that demonstrated that each GP assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based practice.

If, following consultation, the GP had not reached a satisfactory conclusion there was a system in place whereby they could contact the patient again.

Patients completed an online form about their general health and about the specific condition they were requesting treatment for, which included their past medical history, symptoms and any medicines they were currently taking. There was a set template to complete for the consultation that included the reasons for the consultation and the outcome to be manually recorded, along with any notes about past medical history and diagnosis. We reviewed 14 anonymised medical records which were complete records and adequate notes were recorded. The GPs had access to all previous notes.

The GPs providing the service were aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients. They worked carefully to maximise the benefits and minimise the risks for patients. If a patient needed further examination they were directed to an appropriate agency. If the provider could not deal with the patient's request, this was explained to the patient and a record kept of the decision.

The provider monitored consultations, and carried out prescribing audits and reviews of patient records to improve patient outcomes. This was done on a monthly basis. There was a formal programme in place for these

reviews for quality improvement to assess the service provision. We saw minutes of meetings that contained information on prescriptions that had been issued, including the number of prescriptions and flags for concerns.

Quality improvement

The provider collected and monitored information on people's care and treatment outcomes.

- The provider used information about patients' outcomes to make improvements.
- The provider took part in quality improvement activity, for example monthly clinical reviews of consultation records and continuous monitoring of prescriptions issued and patient feedback.

Staff training

Staff had completed an induction process, which amongst other topics, included fire safety. Administration staff received annual performance reviews. All the GPs had to have received their own appraisals and have up to date registrations with the General Medical Council (GMC) before being considered eligible at recruitment stage. We saw evidence of revalidation processes which included the consideration of providing online services. The GPs told us they received good support if there were any technical issues or clinical queries and could access policies for which they had signed to acknowledge they had read them.

There were systems in place to monitor when staff were due to have their appraisal. GMC status of clinicians was checked on a monthly basis and we saw records to evidence this.

Coordinating patient care and information sharing

Every patient who registered with the service was automatically asked whether or not the provider may pass details of any treatment provided to the patient's GP. Should the patient agree, the patient had to provide the name and address of their GP. The provider would then provide details of any treatment to the patient's GP in line with GMC guidance, in writing within 4 weeks of the treatment.

GPs entered any referral information onto the computer system including where the patient wanted to attend. The head office used this information to generate a referral letter to the patient's NHS GP which was sent to the patient.

Are services effective?

(for example, treatment is effective)

If a patient refused consent to advise their GP, the patient was advised of the potential clinical risks of the course of action and was encouraged to advise their GP themselves. The provider's risk register included an assessment for each treatment that they prescribed for, each risk assessment included the risk of GPs prescribing in the absence of consent to share this information with the patient's GP. The provider informed us they also intended to put an additional clause in the online registration process that included a statement referring to GMC guidance, including reasons why it was important to share patient information with the patient's own GP.

Although information was available, improvement was needed for the recording means in which patients declined treatment, where currently it could be interpreted that patients simply did not agree with sharing as opposed to actually declining the sharing of their information.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and had a range of information available on the website. For example, the provider had information and frequently asked questions on their website for a range of advice relating to the range of conditions they prescribed for, such as smoking cessation, sexual health and weight management. The provider also had an advice system set up on their website that enabled patients to obtain advice anonymously for sensitive issues. This included seeking advice from the affiliated pharmacist if the patients so wished.

The time taken for patients to complete a questionnaire was recorded and if this was undertaken in a time frame the provider considered too quick a box was shown querying "Are you sure you have read all the questions?".

Are services caring?

Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

Compassion, dignity and respect

Systems were in place to ensure that all patient information was stored and kept confidential. The provider undertook random spot checks to ensure the GPs were complying with the expected service standards and communicating appropriately with patients. We saw that the manager of the service provided regular communication with patients and actively sought feedback on the service they provided.

We did not speak to patients directly as part of the inspection but we did review survey information that the provider had undertaken themselves in July 2016. Ten patients responded and information showed, amongst other elements, that: 90% of patients were confident in the care provided by PrivateDoc and 70% 'agreed' or 'strongly agreed' that PrivateDoc kept them up to date with the progress of their prescription.

We saw that patients had the opportunity to rate the service on an online system called "Trustpilot"; which is an open system provided by a third party supplier. Out of 302 reviews 93% of patients had rated the service five out of five stars, 5% had rated the service four stars, 1% rated the service two out of five stars and a further 1% rated the service one out of five stars.

Involvement in decisions about care and treatment

Patient information guides about how to use the service and technical issues were available. There was a dedicated team to respond to any enquiries.

Patients had access to information about the clinicians/ GPs working for the service and could book a consultation with a GP of their choice. For example, whether they wanted to see a male or female GP.

The provider's 2016 survey information indicated that 70% of respondents 'agreed' or 'strongly agreed' that there was sufficient information on the website regarding conditions and treatment options. 20% was neutral and 10% disagreed.

The practice had planned to do a further patient survey in 2017 but this had not taken place. They did monitor online feedback on a continuous basis.

Patients could have a copy of their consultation if they made a written request for a copy of the recording to the provider. The provider's website stated that this was subject to a small administration charge. There were various pieces of guidance available on the provider's website that provided guidance to patients on medicines, frequently asked questions and complaints processes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing a responsive service in accordance with the relevant regulations.

Responding to and meeting patients' needs

The service could be accessed through the provider's website, www.privatedoc.com, where patients could place orders for medicines seven days a week. The service was available for patients in the UK only. Patients could also access the service by phone or e-mail from 9am to 5pm, Monday to Friday.

This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if appropriate to contact their own GP or NHS 111.

Patients selected the condition they required treatment for, filled in a consultation form and paid for the cost of the medicines and the consultation. The consultation form was then reviewed by a GP, and once approved, a prescription was issued to the affiliated pharmacy. We were informed that when required, the clinician would contact patients for further information before approving the consultation form. These contacts were recorded in the patient's notes.

Any medicines were delivered within the UK to an address of the patient's choice.

The provider made it clear to patients what the limitations of the service were. GPs were able to contact the patient back if they had not been able to make an adequate assessment or give treatment.

Tackling inequity and promoting equality

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

Patients could access a brief description of the GPs available. Patients could choose either a male or female GP.

Translation services were not available for patients who did not have English as a first language. The provider's website only had information and application forms in English.

Managing complaints

Information about how to make a complaint was available on the provider's website. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for the recording of complaints has been developed and introduced for use.

The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following complaints, and had been communicated to staff.

Consent to care and treatment

There was clear information on the provider's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries.

Information about the cost of the consultation and medicines was known in advance and paid for before the consultation commenced.

Staff understood and sought patients' consent to care and treatment in line with legislation and taking into account guidance. The process for seeking consent was monitored through audits of patient records.

All GPs/staff had received training about the Mental Capacity Act 2005. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

The areas where the provider had to make improvements following the 10 May 2017 inspection were:

- The provider must ensure that governance processes, including prescribing reviews and consent processes, are effective and monitored.
- The provider must ensure that consent is recorded consistently and information shared with patients' GPs if required.

At our inspection on 25 January 2018 we found that this service was providing well led care in accordance with the relevant regulations.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. We discussed business plans that covered the next several years. The provider explained that they were keen on ensuring their systems and processes were safe and effective before considering further expansion. The provider also had a continuous improvement plan in place which highlighted intended improvements to the service. For example, in the event of not prescribing the contraceptive pill, the provider was implementing the option for GPs to do a radius search so that information could be provided to patients on their nearest clinic. The improvement plan was supported by risk registers for each condition that the provider prescribed for.

There was a business continuity plan to consider how the service would continue if there were any adverse events, such as IT failure. The provider had ensured arrangements were in place to store patient information for the appropriate timescale should the business cease to operate. In the case of patient data being compromised due to a business continuity related incident the provider had an effective system in place to ensure patient data would not be compromised longer than 15 minutes.

There was a clear organisational structure and staff were aware of their own roles and responsibilities. There was a range of service specific policies which were available to all staff. These were reviewed annually and updated when necessary.

There were a variety of monthly checks in place to monitor the performance of the service. These included random spot checks and reviews for consultations. The information from these checks was used to produce a quarterly weekly team report that was discussed at board meetings. This ensured a comprehensive understanding of the performance of the service was maintained.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Care and treatment records were complete, accurate, and securely kept.

Leadership, values and culture

During the inspection the provider of the service could demonstrate they had the experience, capacity and capability to run the service and ensure high quality. Following our previous inspections in May and August 2017 we found the provider to be extremely responsive to our previous findings. The provider's leadership team had rectified the issues and concerns we raised previously. For example, when we raised concerns about the prescribing processes for asthma medication the provider immediately withdrew the service from its provision and website until they could be confident that they were prescribing safely and in line with national guidance. At the time of our January 2018 inspection this was still withdrawn and would not be available until they felt confident this medicine could be prescribed safely via online resources.

The provider had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the provider would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy.

Some of the management team and IT teams worked together at the office supporting ongoing discussions at all times about service provision. Clinical leaders worked remotely but visited the office on a regular basis and attended quarterly meetings.

Safety and Security of Patient Information

Systems were in place to ensure that all patient information was stored and kept confidential.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

There were policies and IT systems in place to protect the storage and use of all patient information. The provider could provide a clear audit trail of who had access to records and from where and when, and was registered with the Information Commissioner's Office. There were business contingency plans in place to minimise the risk of losing patient data.

Seeking and acting on feedback from patients and staff

Patients had the opportunity to rate the service on an online system called "Trustpilot" which was an open system provided by a third party supplier. At the end of every consultation, patients were sent an email asking for their feedback. We noted that the provider provided feedback on online forum comments.

Patients could also contact the provider directly to ask questions or raise a concern and the contact details was clearly displayed on the website. Live chat was also available on the website.

Feedback was monitored and if fell below the provider's standards, this would trigger a review of the consultation to address any shortfalls. Patient feedback was published via the provider's website.

There was evidence that the GPs were able to provide feedback about the quality of the operating system and any improvements to be implemented. GPs we spoke with confirmed that the provider provided them with all the information they required.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation.

Continuous Improvement

The provider was actively seeking ways to improve from complaints and day to day operations. All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered. We saw from minutes of staff meetings where previous interactions and consultations were discussed.

The provider was in the process of developing a response to the falsified medicine directive, which aimed to filter out the use of falsified medicines (medicines that are disguised as authentic medicines but may contain ingredients of bad or toxic quality, or in the wrong dosage. As they have not been properly checked for quality, safety and efficacy, as required by strict EU authorisation, they can pose a real risk to health) that were in circulation nationally. Implementing full barcode tracking and the awareness that IT requirements were changing in the industry were part of this development. The provider indicated their awareness and preparedness of this directive during the inspection.

There was a quality improvement plan in place to drive further improvements to the service delivery. Comprehensive risk assessments on every condition the provider prescribed for were in place and these were amended responsively if new regulation, changes to processes or further improvements were implemented.