

FMC Marketing Limited

FMC Marketing Ltd

Inspection report

69 Old Street
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Tel: 020 3176 0021

Websites: www.firstmed.co.uk,

www.prima-med.com, www.myonlinedoctor.co.uk, Date of inspection visit: 30 May 2018

www.pharmadoctor.co.uk

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Overall summary

Letter from the Chief Inspector of General Practice

We inspected FMC Marketing Ltd on 30 May 2018.

We previously inspected FMC Marketing Ltd on 5 December 2017. At that time the service was found not to be meeting some areas of the regulations. The full comprehensive report from the December 2017 inspection can be found on our website at <http://www.cqc.org.uk/location/1-4160491831/reports>.

The purpose of our most recent inspection in May 2018 was to confirm the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified during our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

FMC Marketing Ltd has management offices at 69 Old Street, EC1V 9HX London. It is run by two directors who are based at the management offices, and two GPs who work remotely from the management offices. It operates as an online doctor service via the following four websites: www.firstmed.co.uk, www.prima-med.com, www.myonlinedoctor.co.uk and www.pharmadoctor.co.uk.

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

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

The areas where the provider should make improvements are:

- To continue to monitor and work to increase the numbers of patients who are willing to provide their NHS GP contact details, and who consent to sharing of information with their NHS GPs.

Summary of findings

- Review plans for records retention by a third-party provider that specialises in the safe, secure and confidential storage of healthcare records to ensure effective implementation should this prove necessary.

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 service was providing a safe service in accordance with the relevant regulations. Specifically:

- The service had developed a system to encourage patients to provide their NHS GP contact details.
- Arrangements were in place to safeguard people, including arrangements to check patient identity.
- Further checks had been introduced to prevent people under the age of 18 accessing the service.
- Prescribing was in line with national guidance, and people were told about the risks associated with any medicines used outside of their licence.
- Suitable numbers of staff were employed and appropriately recruited.
- Risks were assessed and action taken to mitigate any risks identified.

Are services effective?

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

- GPs employed by the provider assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards.
- The service used templated questionnaires for consultations to ensure that all relevant information was recorded.
- Quality improvement activity, including clinical audit, took place.
- Staff received the appropriate training to carry out their role.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations. Specifically:

- The provider carried out checks to ensure GP consultations met the expected service standards.
- The provider carried out patient surveys. At the end of every consultation, patients were sent an email asking for their feedback.
- Patient feedback reflected that they found the service treated them with dignity and respect.
- Patients had access to information about the GPs working at the service.

Are services responsive to people's needs?

We found that this service was providing responsive services in accordance with the relevant regulations. Specifically:

- Information about how to access the service was clear and the service was available seven days a week.
- The provider did not discriminate against any client group.
- Information about how to complain was available and complaints were handled appropriately.

Are services well-led?

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

- The service had clear leadership and governance structures.
- A range of information was used to monitor and improve the quality and performance of the service.
- Patient information was held securely.
- There was a policy to protect patient data in the event that the service ceased trading.

Summary of findings

- There were regular peer reviews of prescribing and consultations.
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FMC Marketing Ltd

Detailed findings

Background to this inspection

FMC Marketing Ltd was established in 2003 to provide an online clinic, consultation, treatment and prescribing service for a limited number of medical conditions to patients in the United Kingdom, Germany, Scandinavia and Portugal. It registered at Grand Union Studios 1.21, 332 Ladbroke Grove, London, W10 5AD until August 2017 when it changed location and re-registered at a new location at 69 Old Street, London, EC1V 9HX. When FMC Marketing Ltd changed location it was registered as a new provider although the legal entity remains the same.

A registered manager is in place. A registered manager is a person who is registered with the CQC 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 conditions treated are: weight loss, hair loss, contraception, anti-malaria, period delay, smoking cessation, allergy management, acne and erectile dysfunction. FMC Marketing Ltd comprises four members of staff which includes the registered manager, patient services manager and two GPs. The GPs are employed to undertake remote patient consultations by reviewing patient requests, and completed medical questionnaires when patients apply for medicines on-line. The service's call centre is open between 10am and 3pm Monday to Friday. However, patients are able to submit a request for treatment 24 hours a day, seven days a week on the provider's websites. Requests for treatment received up to 3pm on a weekday are normally dealt with within a three hour timescale. Other requests are dealt with the following working day. This is not an emergency service.

Subscribers to the service pay for their medicines when their on-line application has been assessed and approved. Once approved by the prescriber, prescriptions are issued to one of the pharmacies used by the provider who are contracted to supply the prescribed course of treatment.

FMC Marketing Ltd is operated via four separate websites (www.firstmed.co.uk, www.prima-med.com, www.pharmadoctor.co.uk and www.myonlinedoctor.co.uk).

This inspection was carried out on 30 May 2018, and was led by a CQC lead inspector, accompanied by a second CQC inspector and a GP Specialist Adviser.

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the Registered Manager, patient services manager and both GPs. We also reviewed organisational documents including policies and procedures and patient consultation records.

To get to the heart of patients' experiences of care and treatment, we 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.

When we previously inspected FMC Marketing Ltd on 5 December 2017, we found that the service was not to be meeting some areas of the regulations in relation to

Detailed findings

whether services were safe and well-led. The full comprehensive report from December 2017 inspection can be found on our website at <http://www.cqc.org.uk/location/1-4160491831/reports>.

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 review the progress that FMC Marketing Ltd had made in addressing the areas of regulation that it was not meeting at the time of our last inspection and to check whether the service was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Are services safe?

Our findings

At our previous inspection on 5 December 2017, we found that this service was not providing safe services as the arrangements in respect of: a policy covering retention of patient records should the service cease trading; audit of consultations and prescribing; identifying patients who may be under 18 years of age; requirement to provide patient NHS GP details; and monitoring of ongoing training needs were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 30 May 2018. We found the service was now providing safe care in accordance with the relevant regulations.

Keeping people safe and safeguarded from abuse

Staff employed at the management offices had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies and where to report a safeguarding concern. The safeguarding policy set out contact details for the local safeguarding team, together with a website that would enable the service to identify and contact the appropriate safeguarding team for any patients who did not live locally. It was a requirement for the GPs registering with the service to provide evidence of up to date safeguarding training certification. Both of the GPs had received adult and level 3 child safeguarding training.

The service did not treat children. However, at our last inspection we found that there was no process in place to ensure that the service could not be accessed by someone aged under 18. Following that inspection the service had begun working with a new identity and age checking service to address this issue. In addition, it was considering introducing further identity and age related questions to enhance the checks being made.

Monitoring health & safety and responding to risks

Risks to patients were assessed and managed.

- At our last inspection we found some risks to patients were not being well managed:
 - The provider was unable to explain and provide assurance that patient data would be stored appropriately should the service cease trading.

During this inspection we were shown a records disposal policy that the provider had introduced to ensure that patient data would be appropriately stored should it cease trading. However, the policy did not make adequate arrangements for retention of records should it cease trading or the business be sold to another healthcare provider. The service subsequently provided us with an amended policy that addressed most issues.

- Although patient identity verification checks were in place, with a further photo identity check for those that failed the initial check, there was no process in place to identify patients who may be under the age of 18 and accessing services covertly or by masquerading as someone else.

During this inspection we were shown evidence that the practice had introduced an identity and age checking service to address this issue.

- The provider checked the professional indemnity of their clinical professionals.
- There was a continuity plan for emergencies that could affect the running of the service. This plan was available to staff.
- IT and encryption systems were in place, together with a number of comprehensive policies, these protected the storage and use of all patient information. The service was able to provide a clear audit trail of who had access to records and from where and when.
- The provider was registered with the Information Commissioner's Office and had a procedure in place to govern information governance and data protection.
- The provider had separate business continuity and incident response plans in place to minimise the risk of losing patient data.
- Patient identity was checked upon registering using an external global identification verification company, which checked identity using a range of sources including credit agencies, voting registers and telephone databases. A system was in place to identify and highlight patients with multiple registrations or using more than one of the company's websites by their name, post code and email address details to prevent over prescribing. The GP had access to patients' previous records held by the service.

Monitoring health & safety and responding to risks

Are services safe?

The provider's management offices were located within purpose-built offices which housed the IT system and the two managers of the service. Patients were not treated on the premises as the GPs carried out online consultations remotely. All staff based at the premises had received training in health and safety including fire safety.

The provider expected that all GPs would conduct consultations in private and maintain patient's confidentiality. Each GP used a password secure laptop to log into the operating system, which was a secure programme. GPs were required to complete a home working risk assessment to ensure their working environment was safe.

There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals. 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 the patient at the beginning of the consultation was known, so emergency services could be called.

A range of clinical and non-clinical meetings were held with staff, where standing agenda items covered topics such as significant events, complaints and service issues. Clinical meetings also included case reviews and clinical updates. We saw evidence of meeting minutes to show where some of these topics had been discussed, for example updates to the medical questionnaires and updates and revisions to policies.

Staffing and Recruitment

There were enough staff, including GPs, to meet the demands for the service and there was a rota for the GPs. There was a support team available to the GPs during consultations and a separate IT team.

The provider had a selection and recruitment process in place for all staff. There were a number of checks that were required to be undertaken prior to commencing employment, such as: GPs had to provide confirmation of registration with the GMC and that they held a licence to practice, and all staff had to: supply references and 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.

Potential GP employees had to be registered with the General Medical Council (GMC). They had to provide evidence of having professional indemnity cover (to include cover for online consultations), an up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act.

Newly recruited GPs were supported during their induction period and an induction plan was in place to ensure all processes had been covered.

We reviewed two recruitment files which showed the necessary documentation was available. The GPs could not be registered to start any consultations until these checks and induction training had been completed. The provider kept records for all staff including the GPs and there was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

Prescribing safety

All medicines prescribed to patients from online form requests 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 via a list of nominated pharmacies. The GPs could only prescribe from a set list of medicines which the provider had risk-assessed. There were no controlled drugs on that list.

Once the GP prescribed the medicine, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine and any likely side effects and what they should do if they became unwell.

The IT system used by the provider prevented patients from accessing multiple prescriptions as far as possible by checking for duplicate names, postcodes and email addresses. There were protocols in place for identifying and verifying the patient and General Medical Council guidance, or similar, was followed.

Once approved by the prescriber, prescriptions were issued to one of the pharmacies used by the service who were contracted to supply the prescribed course of treatment. The service 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.

Information to deliver safe care and treatment

Are services safe?

On registering with the service, and at each consultation patient identity was verified. The GPs had access to the patient's previous records held by the service. From the sample of electronic records we viewed, the service ensured that information needed to deliver safe care and treatment was available to relevant staff.

Management and learning from safety incidents and alerts

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. We reviewed two incidents and found that these had been fully investigated, discussed and as a result action taken in the form of a change in processes. For example, a patient reported that they had not received all of the medicines that had been prescribed. The service contacted the supplying pharmacy who confirmed that there had been a dispensing error and sent the remaining medicines to the patient.

Learning from incidents was discussed with staff as and when they happened and more formally at quarterly review meetings. We saw evidence from events which demonstrated the provider was aware of and complied with the requirements of the duty of candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken. All staff had undertaken duty of candour training and we saw evidence of the duty of candour being discussed as an agenda item at review meetings.

There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts. The service 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?

(for example, treatment is effective)

Our findings

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

Assessment and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- We reviewed a number of medical records and were assured that the GPs employed by the provider were assessing patients' needs and delivering care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based practice.
- We were told that where a GP failed to reach a satisfactory conclusion there was a system in place where they could contact the patient again. In addition, we saw evidence of a doctor declining a request to prescribe a weight loss medicine to a patient, who had been prescribed the medicine for a number of years and had reported no weight loss for a period exceeding 12 weeks.

Patients completed an online form which included their past medical history, including: height and weight, medical conditions, allergies, blood pressure, any medicines currently being taken and the reason why the medicine was being purchased. 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 30 anonymised medical records which were complete records. We saw that adequate notes were recorded and 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 service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes.

Quality improvement

The service collected and monitored information on patients' care and treatment outcomes.

- The service used information about patients' outcomes to make improvements.
- The service took part in quality improvement activity, for example audits, reviews of consultations and prescribing trends. For example, the IT system randomly generated a list of five percent of patient online consultations for each doctor. These interactions were then peer reviewed by the other doctor.

Staff training

All staff had proof of their qualifications checked prior to working for the service. All staff completed induction training on the first day of their employment.

The provider had guidance within policies which it required all staff to read and refer to as a condition of their contract of employment. The provider kept a log of when the clinicians' appraisal was due with a view to completing annually. All the GPs had been employed for less than 12 months so were not yet due an appraisal with FMC Marketing Limited.

All the GPs were required to have received their own appraisals before being considered eligible at recruitment stage. The service was in the process of implementing internal performance appraisals for each doctor, which would take place after the doctor reached 12 months in post. This was in addition to the doctor's mandatory annual appraisal which was required for GMC purposes including revalidation.

Coordinating patient care and information sharing

When a patient contacted the service, they were asked if the details of their consultation could be shared with their registered GP. We found that letters were sent to GPs where necessary explaining what medicines had been prescribed, including the quantity and dosage. Correspondence received by the provider was reviewed and recorded on patient notes. We also saw evidence of the service refusing to prescribe medicines where identity and age checks had not been passed.

Are services effective?

(for example, treatment is effective)

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 websites, together with links to advice such as: Patient UK

and NHS websites. Advice available covered the conditions for which the service provided treatment, including: smoking cessation, weight loss, hair loss and erectile dysfunction.

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

The provider carried out patient surveys. At the end of every consultation, patients were sent an email asking for their feedback. Results were discussed and analysed at regular review meetings and a procedure was in place governing monitoring and responding to patient feedback including complaints, significant events, feedback following patient consultation and surveys. We did not speak to patients directly on the day of the inspection, but we did review the last 10 patient survey results. Nine patients indicated their overall impression was good or very good, while the other patient was unhappy with the price they had paid.

Involvement in decisions about care and treatment

Patient information guides about how to use the service and technical issues were available on the websites operated by the provider. A customer support team was available during normal office hours to respond to any enquiries. There was patient information literature which contained information for patients and relatives including treatment information. This included the strengths and limitations of the different types of treatment. Details of the GPs including their GMC numbers were available to patients.

The latest survey information available from the most recent 10 responses indicated that nine patients had a good or very good overall impression of the service. All 10 patients had been asked to provide further information before the GP had agreed to provide them with a prescription.

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's websites were available 24 hours a day, seven days a week, and their call centre was open on Monday to Friday between 10.00am and 3.00pm. Requests for treatment received up to 3pm on a weekday were generally dealt with within a three hour timescale. Other requests were dealt with the following working day. The provider's websites made clear what services were available. This service was not an emergency service, and patients who had a medical emergency were advised to seek immediate medical assistance via their own GP, 999 or the NHS 111 service.

The provider's websites allowed people to contact the service from abroad. The GPs were required to be based within the United Kingdom. Patients signed up to receive this service from a computer, mobile phone or other portable device with internet access.

The provider offered consultations to anyone over the age of 18 who requested and paid the appropriate fee, and did not discriminate against any client group. If a patient could not submit their request through the website due to a disability the provider told us they made arrangements for a member of staff to discuss this over the telephone and input the information for them.

The provider made the limitations of the service clear to patients. For example, there was a list of answers to patient queries that answered questions such as, "What do your prices include?" and "Is your service confidential and secure?".

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 doctor before requesting treatment. The provider employed one female and one male doctor to facilitate patient choice.

Managing complaints

Information about how to make a complaint was available on the service's websites. The provider had a complaints policy and procedure which set out appropriate timescales for dealing with complaints received. A specific form to record complaints had been developed and introduced for use. We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed two complaints out of 42 received in the past 12 months.

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, and where necessary 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 service's websites explaining how the service worked and what costs applied when using the service. The website had a set of terms and conditions and details on how the patient could contact the service with any enquiries. Information about the cost of the medicines supplied via prescriptions was provided in advance and paid for once the consultation was completed.

All GPs 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Are services well-led?

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

Our findings

At our previous inspection on 5 December 2017, we found that this service was not providing a well-led service as the arrangements in respect of: a policy covering retention of patient records should the service cease trading; audit of consultations and prescribing; identifying patients who may be under 18 years of age; requirement to provide patient NHS GP details; and monitoring of ongoing training needs were not adequate.

These arrangements had improved when we undertook a follow up inspection on 30 May 2018. We found this service was now providing a well-led service 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 reviewed the services' business plan which set out the business' activities and risks that had been identified, these included commercial and regulatory issues.

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. The policies we reviewed had been recently implemented or had been updated within the last 12 months.

There were a variety of daily, weekly and monthly checks in place to monitor the performance of the service. These included random spot checks for consultations. The information from these checks was used to produce a clinical weekly team report that was discussed at weekly team 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

The two directors of the company were responsible for the day to day running of the service. One of the directors

acted as registered manager and was responsible for regulatory compliance and clinical matters. The other was responsible for financial matters, and patient and commercial services. The directors told us and we saw evidence that following recruitment of two new GPs the directors involved them in the day to day operation and development of the service including updating the medical questionnaires and developing clinical policies and protocols.

We were told that the directors covered for each other during absences and that as there was a very small staff group, leave was arranged in advance and arrangements were in place to ensure only one member of staff was off at a time whenever possible.

The reporting of concerns and investigation into complaints showed openness and honesty. This indicated the provider paid due diligence to the duty of candour in the way they operated their services. The service had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy.

Safety and Security of Patient Information

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

There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. The service 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

The service encouraged and valued feedback from patients and their families. They acted to improve services based on this feedback.

- Patient feedback was encouraged and sought, after consultations and patients were able to rate the service they had received.
- The service reviewed negative feedback and complaints. A system was in place to assess and analyse complaints and to learn from them if relevant.

Are services well-led?

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

- Patient feedback and identified learning was reviewed and discussed at regular meetings.
- There was evidence that the doctors were able to provide feedback about the quality of the operating system and any change requests were logged, discussed and decisions made for the improvements to be implemented.
- The provider had a whistleblowing policy (a whistleblower is someone who can raise concerns about practice or staff within the organisation).

Continuous Improvement

The service consistently sought ways to improve. 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.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through clinical audit. For example, the service was working on enabling patients to upload an image of their condition, such as hair loss or acne.