SAFAR Primary Care Ltd

COLBEA

Inspection report

Office 4, The North Colchester Business Centre
340 The Crescent
Colchester
Essex
CO4 9AD
Tel: 07782129378
Website: www.getsafar.com

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 27 September 2018 to ask the service the following key questions: are services safe, effective, caring, responsive and well-led?

SAFAR Primary Care Ltd at COLBEA was registered with the Care Quality Commission on 20 November 2017 to carry out the regulated activity the treatment of disease, disorder or injury. At the time of the inspection the service was not fully operational and as such has not registered any patients. Therefore, this inspection looked at the systems and processes they had in place in order to assure ourselves that effective care and treatment would be received by patients in the future. Once the provider is actually providing the services for patients we will need to carry out a further inspection.

The service will offer online GP video consultations to patients, through a web-based portal or mobile phone application. The service was developed to deliver UK quality healthcare to patients at living in the UK or whilst travelling abroad. An appointment is selected by the patient and a GP then joins the video call with the patient through a secure connection. If appropriate, a prescription is issued and sent via secure fax to the pharmacy closest to the patient to be fulfilled. The services are delivered by the provider through a website; www.getsafar.com and a mobile phone application called 'Get Safar'.

Findings from our inspection on 27 September 2018 in relation to the key questions were as follows:

Are services safe? – we found the service had effective systems in place for providing a safe service in accordance with the relevant regulations. Specifically:

- The provider had ensured all staff had an understanding of safeguarding relevant to their role and arrangements were in place to safeguard people, this included arrangements to check patient identity.
- Once operational, we were told prescribing would be audited regularly to ensure it was in line with national guidance.

Are services effective? - we found the service had effective systems in place for providing an effective service in accordance with the relevant regulations. Specifically:

- The provider saw the continued update of the single record of care through engaging with registered GPs, as critical in the continued safe treatment of patients and to ensure effective prescribing and decision making.

Summary of findings

- There was oversight of staff training and systems were in place to monitor training once additional staff had been recruited.

Are services caring? – we found the service had effective systems in place for providing a caring service in accordance with the relevant regulations. Specifically:

- Once a prescription was issued a follow up would be in place to ensure the prescription was fulfilled and the patient's condition had improved.
- There was a GP profile for each GP so patients had access to information about GPs working at the service. This was available once registered to help patients when choosing the GP for the appointment.

Are services responsive? - we found the service had effective systems in place for providing a responsive service in accordance with the relevant regulations. Specifically:

- The website provided Information about how to access the service and stated that the service was available seven days a week.
- The complaint process was clear on the website and the provider would also take complaints verbally.
- The service would provide assistance to all population groups as long as it was appropriate and they were over 18.

Are services well-led? - we found the service had effective systems in place for providing a well-led service in accordance with the relevant regulations. Specifically:

- There was a clear leadership and governance structure. Both GPs worked closely with the IT consultancy who undertook work on the software to further develop and improve.
- The record system was designed to be searchable and therefore used to monitor and improve the quality and performance of the service.
- Systems were in place to ensure that all patient information was stored safely and kept confidential.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

COLBEA

Detailed findings

Background to this inspection

Background

COLBEA was registered with the Care Quality Commission on 20 November 2017**.** At the time of the inspection the service was not fully operational and as such has not registered a patient.

The service offers direct access to GP video consultations to patients living in the UK or whilst travelling abroad in Europe. once the patient has registered with the service. As such Colbea is registered with the Care Quality Commission to carry out the regulated activity the treatment of disease, disorder or injury. The services are delivered by the provider via a website; www.getsafar.com or a mobile phone application.

At the time of our inspection the only employees of the service were the two founding GPs. Both are UK-based GMC registered doctors. One of the GPs was the registered manager.

A registered manager was 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.

During our inspection, we spoke with the registered manager, who was also the clinical lead and the other GP partner. We looked at policies and protocols, other documentation and the computer system through which patient's access care.

How we inspected this service

This inspection was carried out on the 27 September 2018 by a CQC inspector, a GP specialist adviser and a second CQC inspector.

Before the inspection, we gathered and reviewed information from the provider. During our inspection, we spoke with the registered manager and clinical lead. We looked at policies and protocols, medical questionnaires, other documentation.

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.

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

As the provider was not delivering a service at the time of our inspection we were therefore not able to make a judgement on whether the service is meeting the regulations.

Keeping people safe and safeguarded from abuse

The two founding GPs had received training in safeguarding to the appropriate level, in both adult and child safeguarding, and knew the signs of abuse. There was access to the safeguarding policies and staff knew where to report a safeguarding concern. The safeguarding lead had an application installed on their phones which had the latest contact details for local authorities in England so they would be able to complete the referral correctly dependant on where the patient resided. For all other areas of the United Kingdom, a list was kept on the shared drive and links to websites embedded to aid in searches.

The service would not treat children. There were safeguards in place at registration, which would place all patients through an identity verification process, and this would be used to ensure the patient was over 18 and who they were who they said they were.

Monitoring health & safety and responding to risks

We were told that the clinical lead planned to have oversight of all ongoing consultations on a daily basis to respond to any issues which arose for patients and GPs. There would be a peer review process in place of the consultations and subsequent outcomes to ensure there was a consistent approach to prescribing, in line with best practice guidelines.

Feedback would be shared with GPs in a weekly telephone conference or individually, and performance reviewed at quarterly meetings. Any areas specific to individual clinicians could be reviewed on a one to one basis if required.

Once GPs were employed to meet the demand they would be employed by clinical activity rather than per prescription.

Monitoring health & safety and responding to risks

The provider headquarters was located within modern offices where the administration, IT and management staff were based. The IT server was located off site and backed up locally. Patients would not visit the office for treatment as GP consultations would be conducted remotely, usually from an office or other suitable location. All staff based in the premises had received training in health and safety, including fire safety.

We were told that the provider insisted all GPs would conduct consultations in private and maintain the patient's confidentiality. Each GP used an encrypted, password-secure device to log into the operating system, which was a secure programme. GPs were required to complete a homeworking 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 as an emergency service. In the event an emergency did occur, the provider had systems in place to continue to communicate with the patient whilst emergency services were called to the patient's location. The application would log the patient's location at the beginning of the call which could be used to direct emergency services if required.

Clinical consultations, where a GP was concerned of a risk, would be sent to the clinical lead and registered manager to be assessed as appropriate. There were protocols in place to notify Public Health England of any patients who had notifiable infectious diseases.

The two GPs had both formal and regular informal meetings as the business model was being developed. We were told that this would be complemented with formal team meetings with all staff once recruitment had taken place, once operational, to review significant events and complaints.

Staffing and Recruitment

Although as yet, no additional staff had been recruited, the provider had a selection and recruitment process in place. There were a number of checks that were required to be undertaken prior to commencing employment, such as 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.)

Are services safe?

As the service was not currently treating patients, the two GPs were able to manage the development of the service in collaboration with IT consultancy managing the application and website development.

Once patients were registered, the intention was to employ additional GPs to meet demand. The service had a list of GPs who would like to be involved in the service and once required would apply formally. There was an induction and mentorship process in place for new GPs to ease their introduction to online consultations and the technology involved.

The founding GPs were currently working in the NHS as a GP and registered with the General Medical Council (GMC) and the GP register. They had to provide an up-to-date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act. All GPs were covered by the provider's Medical Indemnity.

Prescribing safety

If the patients were using the service whilst travelling, all GPs would work and prescribe medicines to a UK formulary and regulations, based on guidance local to the service, for example the BNF (British National Formulary).

When emergency supplies of medicines were prescribed in the future, we were told that there would be a clear record of the decisions made and the service would contact the patient's regular GP to advise them. If a patient did not consent to their GP being informed then the service would not be able to register the patient as an open dialogue with the patient's GP and a copy of their summary care record were required at the point of registration.

The service had protocols in place for identifying and verifying patients once they began to register. We saw the process to confirm identity was in line with the latest guidance and was in two parts. The initial identity was confirmed through an automated system delivered by a third party. In addition to this there was a request for photographic proof of identity, such as passport or driving licence at registration, so the service could assure themselves they were communicating with the correct patient. If identity could not be verified the account would not be activated.

Once the GP prescribed the medicine and dosage of choice, 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 service did not intend to prescribe unlicensed medicines or medicines for unlicensed indications, for example for the treatment of jet lag. Medicines are given licences after trials have shown they are safe and effective for treating a particular condition. Use of a medicine for a different medical condition to what is listed on their licence is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks.

Prescriptions would be sent to the patient's chosen pharmacy, depending on the location of the patient, through a secure fax system. Currently prescriptions could only be issued to patients within the European Union.

Information to deliver safe care and treatment

On registering with the service, and following subsequent treatments, patient identity would be verified. The GPs would have access to the patient's previous records held by the service, as well as an initial summary of their full medical record gained at registration, so they could build up a medical history and ensure safe prescribing. The service would not register a patient without access to their summary care record.

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. There had not been any logged in the previous 12 months. The system would allow for monitoring the progress of the investigation as well as monitoring for trends and the effect of changes once implemented.

The provider was aware of the requirements of the duty of candour and intended to explain to the patient what went wrong, offer them an apology and advise them of any action taken, once they logged an incident.

Are services effective?

(for example, treatment is effective)

Our findings

As the provider was not delivering a service at the time of our inspection we were therefore not able to make a judgement on whether the service is meeting the regulations.

Assessment and treatment

We reviewed the system which was to be used by GPs to record and update medical records. We saw there was adequate space for notes and the GPs had access to all previous notes.

Once the system went live a patient would first have to register with the service to access a consultation. This had to be completed ahead of the consultation, as there was a requirement for identity checking and for a summary of their current medical record to be sent from the patient's registered GP, without these an account would not be activated.

After registration the patient would either go online through the website or on an application on their mobile phone and book an appointment. When booking the appointment, the patient could see the slots available and which GP had availability. As the service was to be delivered to patients traveling abroad as well as those resident in the UK, there was coverage for all hours of the day and night.

Once the appointment was booked the patient would log into the application and the video consultation would begin. This happened across a secure connection and both the patient and GP had a PIN issued, which was needed to enter the booking, which was unique to the appointment.

The appointment was booked for 15 minutes, however there was the option to extend the appointment if there was need to reach a satisfactory conclusion.

The GPs, who were going to provide 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 intended to work carefully to maximise the benefits and minimise the risks for patients.

If a patient needed further examination, they would be directed to an appropriate agency. If this was in a foreign country the service would do its best to find an appropriate pathway and a record kept of the decision.

Quality improvement

The service would collect and monitor information on patients' care and treatment outcomes.

- The service would use information about patients' outcomes to make improvements.
- The service intended to audit prescribing and treatment advice to ensure there was quality improvement activity.

Staff training

Once there was a requirement to employ additional staff, all new staff would have to complete induction training, which consisted of topics such as information governance, and safeguarding. These would be entered onto a matrix and overseen by the registered manager. We saw evidence that the two lead GPs had up-to-date training relevant to their role.

Coordinating patient care and information sharing

When a patient registered with the service they would be informed they could not book a consultation until registration was completed. This process required consent to share information with their registered GP as well as forwarding a copy of their summary care record to ensure there was a medical and prescribing history for each patient.

The service wanted to proactively work with the registered GP in line with GMC guidance, to ensure they were informed about any prescribing or conditions which had been treated. This would be through telephone contact, letters or secure faxes; depending on the most appropriate means at the time.

Supporting patients to live healthier lives

The service was able to identify patients who may be in need of extra support and had a range of information available through links to NHS websites. This could be sent after the consultation to reinforce the advice or treatment given, or referred to during the consultation.

Are services caring?

Our findings

As the provider was not delivering a service at the time of our inspection we were therefore not able to make a judgement on whether the service is meeting the regulations.

Compassion, dignity and respect

It was intended that all GPs working remotely undertook online consultations in a private room and were not to be disturbed at any time during their working time. In the first instance the two founding GPs would run the video consultations from the office. In the future, when there was a need for additional GPs was required, the provider would carry out annual health and safety reviews of working environments to ensure GPs were complying with expected service standards.

As no patients had registered with the service we were unable to speak to patients on the day of the inspection.

Involvement in decisions about care and treatment

Patient information guides about how to use the service and technical issues were available. Any enquiries about how to use the service would be received by the lead GPs and referred to the IT contractor if appropriate. Patients could contact the service by email, or phone.

Patients would have access to information about the GPs working for the service and could book a consultation with a GP of their choice for example, whether they wanted to be consulted by a male or female GP.

Should the patient request access to their notes the provider would supply a copy of the clinical record if a request was made in writing.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service had effective systems in place for providing a responsive service in accordance with the relevant regulations.

Responding to and meeting patients' needs

After completing an online registration form, patients accessed the service through the website or mobile phone application, which was available all day every day. Once registered patients would be able to book an appointment which were available 24 hours a day, seven days a week.

The provider made it clear to patients, on the website and during the registration process, what the limitations of the service were. The 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.

- A telephone line was open 24 hours a day for assistance with the website or issues arising from consultations.
- Prescriptions were sent to the local pharmacy depending on the patients location at the time, this included any EU country.

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 a female GP and a translation service was available.

Managing complaints

Information about how to make a complaint was available on the service'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 had been developed and was accessible to all staff.

We reviewed the complaint system and although there had not been any complaints noted there was a system to manage and review both verbal and written complaints to ensure a complaint would be handled appropriately.

Consent to care and treatment

There was clear information on the service'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.

Costs were transparent at the outset and the appointment fee was paid up front or as part of a package depending on the patient's preference. Medicines would be paid for at the pharmacy when the patient picked up the medicines.

All GPs employed at the time of our inspection had received training about the Mental Capacity Act 2005. Staff understood and would seek 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 would assess the patient's capacity and, record 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

As the provider was not delivering a service at the time of our inspection we were therefore not able to make a judgement on whether the service is meeting the regulations.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to provide compassionate assistance for non-emergency medical conditions wherever the patient was.

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 staff. These had been reviewed annually or when development had led to change.

Once operational there would be a variety of checks in place to monitor the performance of the service. These included random spot checks for consultations conducted daily to ensure care was delivered in line with the provider's guidance to weekly reviews of prescribing by the clinical lead and monthly audits of performance. It was hoped that this, in conjunction with regular meetings, would ensure an understanding of the performance of the service was maintained.

There were arrangements for identifying, recording and managing risks. The lead GPs intended to embrace feedback and complaints so they could develop the service and ensure effective change was implemented.

Leadership, values and culture

The registered manager had overall responsibility of the day to day operation of the service, however they worked in partnership with the other GP. They were in daily contact with each other through phone and emails and had a face-to-face meeting every month to review all areas of the service in person. Once demand dictated the need to employ additional GPs there would be resilience within the availability rota of GPs to cover any absence and the partners would continue to work flexibly to fill any vacancy.

The values of the service were to reassure patients they had access to health guidance and support through consultation and information whether at home or away.

Safety and Security of Patient Information

Systems were in place to ensure that all patient information was stored safely 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 accessed records, which area of the record they had viewed and from where and when. The service was registered with the Information Commissioner's Office.

There were business contingency plans and precautions in place to minimise the risk of losing patient data. This included the retention of clinical records should the service cease trading, in line with Department of Health and Social Care (DHSC) guidance.

Seeking and acting on feedback from patients and staff

The provider intended to seek feedback following each consultation, so both the clinician and systems would benefit from the comments. Patients could also rate the provider on external websites which the leads monitored closely to drive improvement.

The provider had a whistleblowing policy in place. (A whistle-blower is someone who can raise concerns about practice or staff within the organisation.) The registered manager was the named person for dealing with any issues raised under whistleblowing.

Continuous Improvement

The service was consistently reviewing and testing the system and processes to ensure, once launched, patients would receive care through an effective and safe system.

The service was in development with local Clinical Commissioning Groups (CCGs) and GP surgeries to increase the capacity of local practices, by using the remote video consultation platform with NHS GPs. The provider felt there was potential for the platform to be used by GP practices, especially those who managed care homes and if appropriate would increase availability and consistency without taking the clinicians out of the surgery.