

Forward Clinical Limited

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services well-led?		Good	

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of this service commencing on 13 April 2022. It was a focused inspection, following up on our inspection of August 2021, looking at the key questions Safe, Effective and Well-led. The report of our previous inspection can be accessed at the following page of our website - <https://www.cqc.org.uk/location/1-10364931827/reports>

We have rated this service as Good overall.

The key questions are rated as:

- Are services safe? – Good
- Are services effective? – Good
- Are services well-led? – Good

We did not review the ratings for the key questions Caring and Responsive which were rated Good at our previous inspection.

Forward Clinical Ltd (the provider) was registered by CQC on 20 May 2021. It operates an online consultation service called *Pando Access*, whereby people can engage in a web-based secure instant text message exchange using their iPhones, Android Smartphones or desktop devices with a clinician to discuss and receive advice on women's health and maternity / midwifery healthcare issues. The service is provided under contractual arrangements with third party organisations. It does not include providing treatment, prescribing drugs or medications, or referral to secondary healthcare providers.

At our previous inspection in August 2021 the service was being provided using a proprietary application (app) called *Juno*. That was replaced by the *Pando Access* web-based system in February 2022. We had identified some issues relating to the Juno system, which limited the provider's ability to fully monitor and audit the service or to ensure that complete records were maintained and be accessible to clinical staff. Some governance policy documents had not been sufficiently reviewed and amended to be appropriate and specific to the service. Some contained discrepancies and errors. We rated the service as requires improvement for the key questions Safe, Effective and Well-led and we served a requirement notice citing a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to Good governance.

At this inspection we found the provider had taken action to address the matters we had identified previously. The new Pando system allowed for the maintenance of complete records of the provider's contacts with service users and enabled full monitoring, review and auditing by senior clinicians. We noted the new system did not currently require service users to submit a full medical history, or link new contacts with past ones, for review by clinicians. However, we saw evidence this would be addressed in a planned system update to be implemented shortly after our inspection.

We saw that the provider's governance and policy documents had been reviewed and revised, with new ones introduced and there were arrangements in place to ensure their regular review moving forward.

The area where the provider **should** make improvements is:

- Proceed with the planned service system update so that full medical histories of users will be recorded, and clinicians will have access to past consultation exchanges for review when providing healthcare advice.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was made up of a CQC lead inspector and a GP specialist adviser.

Background to Forward Clinical Limited

The provider was registered by CQC on 20 May 2021 in respect of the regulated activities *Treatment of disease, disorder or injury* and *Maternity and midwifery services*.

At the time of registration, the provider operated from offices at 300 St. John Street, London EC1V 4PA. However, it has now moved to a fully remote working model for all staff – clinicians, management and administrative officers and technicians. The location remains the provider's registered office address and it retains access to meeting facilities there.

The provider operates an online consultation and advice service (the service) known as Pando Access. Using the system, people can engage in a secure text exchange with a clinician to discuss and receive advice relating to women's healthcare and maternity / midwifery support throughout a pregnancy and up to six weeks postnatally. The service had previously included providing advice on health issues relating to children aged under-16 years, but at the date of this inspection the paediatric element of the service was suspended temporarily, due to commercial reasons. The provider told us this would be reinstated in due course and there were further plans to extend the scope of service to include teledermatology and men's health.

The service operates between 9:00 am and 5:00 pm Monday to Friday. Access to the service is available to people who reside in and are located in England and Wales at the time of the consultation. The service does not currently involve prescribing drugs or medications, but clinicians may recommend some that are available over the counter without prescription. The service does not make referrals to non-urgent secondary care provision. Nor is it intended to provide emergency care or ongoing advice for long term health conditions. People contacting the provider in those circumstances are referred to emergency providers such as 999 or the local Accident and Emergency (A&E) department, or NHS 111.

People register to use the service via arrangements with third party organisations. To register, they must be over-18 years of age. They can then set up secure instant text message exchanges with duty doctors and midwives to discuss issues relating to women's health and maternity / midwifery. When necessary to assist diagnosis, service users can attach photographs, videos or other files for clinicians to access and advise on. Although the services do not include arranging tests, results from tests arranged elsewhere can be discussed with clinicians.

The clinicians are registered with the relevant professional bodies. They are employed by the provider as independent practitioners and when not engaged with the service they work for the NHS in England. At the time of the inspection there were two doctors specialising in women's healthcare and eight midwives contracted to the provider, operating various duty shifts. It is a condition of their contracts that they do not work Pando service shifts whilst on duty with the NHS.

In addition, there were nine paediatric-specialist doctors available for when that element of the service was reinstated. The provider had 17 managerial, administrative and technical staff working in the service, being either directly employed or contractors.

Information regarding the service can be found on the provider's website –

<https://access.hellopando.com/>

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. We conducted the inspection by online interviews with the provider's the registered manager, the clinical lead and the deputy clinical lead. We reviewed a range of the provider's policies and procedures and service user consultation records.

The inspection focused on the key questions Safe, Effective and Well-led.

Are services safe?

At our previous inspection in August 2021 we had rated the service as requires improvement for the key question Safe. We found the Juno system data security measures restricted senior clinicians' access to service users' records limiting full clinical oversight. Information relating to clinical discussions was recorded outside the service app, meaning the service users' records were not always complete. Safeguarding governance policies required review, amendment and implementation.

At this inspection, we were shown that the service was now provided using a different clinical system / platform, called Pando Access, which was introduced in February 2022. The new system allowed senior full access to all records of service users' interactions with clinicians. We saw evidence that all the chat interactions using the new Pando system had been reviewed by the clinical lead.

However, we noted the new system did not currently require service users to provide a full medical history when registering. We discussed this with the provider and were shown evidence that system changes were planned and would be implemented shortly requiring users to input a medical history before proceeding to access the service. As an interim measure, the clinicians' service handbook had been revised to ensure they obtained the service users' relevant medical history, current medications, allergies, previous treatments, etc. and that they reviewed any previous chat interactions with the service user before providing any healthcare advice.

Keeping people safe and safeguarded from abuse

At our previous inspection, we saw the provider had safeguarding policies which all staff could access, together with various other guidance documents such as a service manual. We discussed some issues regarding the safeguarding policies and the provider agreed to review them and include references to identify the safeguarding lead and a deputy. We noted that some references were made in various other governance documents to provide staff with guidance on safeguarding issues. The provider told us that all governance documents would be reviewed, consolidated and simplified for easier reference.

At this inspection, we reviewed the provider's adult and child safeguarding policies, both of which had been revised in January 2022, together with a new policy document relating to Midwifery aspects of safeguarding. We noted that named leads and deputies were now identified in the policies. We were shown separate documents, setting out the process flowchart and the procedure for contacting local authority safeguarding teams in the service users' locations, which were subsequently incorporated in the policies.

Monitoring health & safety and responding to risks

The provider demonstrated the new Pando system to us. Service users logged into the service system using an app / sub-site link, accessed via the websites of third-party organisations. Users must set up a four-digit pass code and provide evidence of photographic ID, such as their passport or driving licence. They are then required to submit a *selfie* photograph for comparison with the photographic ID and confirm their identity.

The process was conducted at the commencement of each service user chat engagement and if any discrepancy was identified the chat consultation would not proceed. The provider told us it had identified an established user ID verification system for use with the service and this would be implemented shortly.

We were shown evidence of other improvements that were in progress, such as service users being able to set up accounts, to include a user profile, their medical history, a facility for them to update general information and allowing access to past chat consultations.

Are services safe?

At the end of a chat exchange, a *Discharge Summary* was created, shared with the service user and saved within the service system. The chat exchanges could also be *flagged* if there were any safeguarding concerns; if the exchange had prompted a shared learning opportunity or any issues for potential future development of the system; or if it highlighted any element of good practice.

Information to deliver safe care and treatment

At our previous inspection, when the service used the Juno system, we were told that as a data security measure only clinicians currently assigned to an ongoing chat consultation could access the relevant archived record for that particular service user. The exception to this was when a particular exchange had been flagged in the system by the clinician conducting it, as described. This limited senior clinicians' ability to undertake full monitoring and audit.

In addition, in cases when clinicians might need to escalate a concern and seek advice from the on-duty service consultant, the interaction was conducted using another secure app, also developed by the provider, but outside the Juno system. This meant in those circumstances the service users' Juno records might not be considered complete. During the course of the previous inspection, the provider introduced some interim measures to consolidate the two strands in one record.

At this inspection, the provider showed us the new Pando system could be accessed fully by senior clinical staff for monitoring and review. We saw evidence that confirmed monitoring activity was undertaken. The provider also demonstrated the new Pando system allowed clinicians to refer issues to duty consultants, for review or advice, with the exchange being saved in the system as a full contemporaneous record of that chat activity. However, there was currently no automatic linkage to any past chat engagements between the service user and the provider, which clinicians could review. Later in the inspection we were shown evidence that this was to be remedied by a system update shortly and given a demonstration of the revised process.

With the previous Juno system, it was necessary for service users to submit a full medical history for review by clinicians. The requirement was not yet included in the new Pando process, but the provider showed us evidence it would be reinstated by the same system update in the near future. As an interim measure, the clinicians' service handbook was revised to ensure they obtained the service users' relevant medical history, current medications, allergies, previous treatments, etc. and that they reviewed any previous chat interactions with the service user before providing any healthcare advice.

Are services effective?

At our previous inspection in August 2021 we had rated the service as requires improvement for the key question Effective. The Juno system used at the time was subject to data security measures which restricted senior clinicians' access to service users' records limiting full clinical oversight. Information relating to clinical discussions was recorded outside the service app, meaning the service users' records were not always complete. Some documentation such as policies relating to clinical governance, audit and quality assurance, and staff training required review, amendment and implementation.

At this inspection, we were shown the new Pando system addressed the issues of senior clinicians not having full clinical oversight of the service and clinical discussions not being recorded within the one service user record.

Assessment and treatment

At our previous inspection, we saw that with the Juno system it was necessary for service users to submit a full medical history for review by clinicians. The requirement was not yet included in the new Pando methodology, but the provider showed us evidence it would be reinstated shortly in a system update.

Users contacting the service were advised it was not a substitute for their primary care provider, and that they should contact their GP immediately if health conditions change, or symptoms worsen. They were further advised not to use the service in a medical emergency, but instead call 999 or visit their local Accident and Emergency (A&E) department. Service users were directed to contact NHS 111 outside the service's operating hours.

Clinicians working in 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 service users. They worked to maximise the benefits and minimise the risks for patients. If a physical examination was necessary, service users were directed to their GPs or local A&E. The service did not include prescribing, but clinicians were able to advise service users of any suitable over-the-counter medications.

With the provider's senior clinicians, we reviewed the records of all the chat exchanges using the Pando system introduced in February 2022. We saw the discussion and advice provided to service users was generally appropriate. However, we noted the absence of a full medical history being recorded might hinder the provision of effective care. In two cases, only limited notes regarding the service users' medical history and current medication use were made by the attending clinician, prior to recommending an over-the-counter medication. This might potentially lead to adverse medication interactions. In one case we noted that a service user's past chat exchange was not automatically linked with a later one, for review by the attending clinician. We discussed these with the provider and were shown evidence that the three issues were due to be corrected in a system update that would be implemented shortly after our inspection. In the interim, the provider included additional process guidance in its clinicians' handbook.

Quality improvement

At our previous inspection, we saw some evidence of quality improvement activity from minutes of meetings, and recordings and notes of knowledge sharing sessions, which included case discussions, reviews of new clinical guidance, etc. and patient feedback. However, monitoring and review was hampered by senior clinicians having limited access to service user records.

At this inspection we were shown that system improvements had been made allowing senior staff full clinical oversight. We saw evidence of clinical audit activity, including routine reviews of samples of Juno chat exchanges with service users, and reviews of all exchanges since the new Pando system was introduced. In addition, we were shown ongoing audits reviewing advice given in cases of paediatric eczema and *Midwifery Safety-Netting*.

Are services effective?

The provider's policies on clinical governance, audit and quality assurance had been reviewed and updated since our previous inspection, when there had been some uncertainty over how they were put into practice.

Staff training

At our previous inspection, we saw staff training was mentioned in the clinical governance policy and the risk assurance policy but were told the provider had not yet devised a formal training policy.

At this inspection, we saw a policy on staff training and development had been introduced, which set out the mandatory training needs and clarifying the senior staff roles with responsibility for monitoring training provision. We were shown the provider's staff training records.

Are services well-led?

At our previous inspection in August 2021, we had rated the service as requires improvement for the key question Well-led. The Juno system used at the time was subject to data security measures which restricted senior clinicians' access to service users' records limiting full clinical oversight. Information relating to clinical discussions was recorded outside the service app, meaning the service users' records were not always complete. Some governance documentation required review and amendment.

At this inspection, we were shown the new Pando system addressed the issues of senior clinicians not having full clinical oversight of the service and clinical discussions not being recorded within the one service user record. Governance policies had been reviewed and revised and new ones introduced.

Business Strategy and Governance arrangements

At our previous inspection, we noted some discrepancies, contradictions and errors in the provider's governance policy documents. For example, in most of the policies the registered manager was responsible for monitoring training, but in the business plan this was stated to be the clinical lead. The safeguarding policies needed updating to record the respective leads; there were a number of the policies mentioning and cross-referencing other governance papers, which could not be located or did not exist, such as the recruitment, training and clinical audit policies; some policy documents referred to legislation which was of no relevance to the service. Staff told us a set of draft governance and policy documents had been obtained commercially, in preparation for registration with CQC. However, they had not been fully reviewed and amended to be appropriate and specific to the service. Although most of the important governance provisions were covered to some extent within the existing documents and clinician's service guidance handbook, it was agreed that more work was required to review, amend and consolidate the policies for them to be wholly effective.

At this inspection, we reviewed a number of the provider's new and revised governance and policy documents. We saw the safeguarding policies had been revised to include named leads and deputies; a training policy which clarified the responsibility for monitoring, and a policy relating to clinician recruitment had been introduced, with the business plan corrected. We were shown reviewed policies relating to general, service and clinical auditing and saw evidence of auditing being conducted. The provider had introduced a formal governance policy management procedure, which set out the staff responsible for regularly reviewing and updating the policies relating to clinical, corporate and information and data governance.

Leadership, values and culture

Since our previous inspection, the provider had made changes to its leadership and clinical structure, with roles and responsibilities set out in the various revised governance policies.

Continuous Improvement

From our discussions we found the provider to be receptive and willing to improve in all aspects of the service. We were shown evidence that it routinely monitored the quality of the service and was proactive in developing and introducing system changes to bring about improvement. System updates were due to be implemented shortly to further improve the safety and effectiveness of the service provided.