

Medefer

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 caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

Letter from the Chief Inspector of Primary Medical Services and Integrated Care

We rated this service as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Medefer on 27 August 2019 as part of our inspection programme.

At this inspection we found:

- The service had arrangements in place to keep people safe and safeguarded from abuse, they had appropriate systems and processes in place to recruit clinicians and non-clinical staff, they had access to appropriate information to deliver safe care and treatment, and they had systems in place to manage and learn from significant events.
- They had appropriate arrangements in place to assess and treat patients, reflecting on published guidance.

The service had arrangements for quality improvement and had established a learning culture. Patient care coordination and information sharing arrangements were in place.

- They treated patients with compassion, dignity and respect. Patients were supported to be involved their care and treatment decisions.
- The service responded to and met patients' needs, they promoted equality and managed and learned from complaints.
- They had a sustainable business strategy and supporting governance arrangements, they had an open culture and learned from significant events, they had systems in place for safe and secure patient information, and they valued continuous improvement.

The areas where the provider **should** make improvements are:

- Review and update their Statement of Purpose to remove references to private patients, as the service does not currently offer services to this group.

Dr Rosie Benneyworth BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a second CQC inspector and a member of the CQC medicines team (who was off site but available to provide remote support).

Background to Medefer

The registered provider, Medefer Limited, was established in 2013. Medefer Limited provides independent consulting doctors and remote clinical advice services from its head office location, Medefer, at 89-93, Fonthill Road. London. N4 3JH. The provider website address is .

Medefer's head office is in London, but does not see or treat patients in person at its premises. All consultations and management plans are provided remotely by Medefer's clinicians via Medefer's secure online portal, telephone, Voice-Over-Internet-Protocol (VOIP), and online video.

The clinical team comprises specialist consultants, specialist registrars (working under supervision of specialist consultants) who can securely access patient records at a time convenient to both patient and doctor. All clinicians are granted practising privileges.

The service is registered with the CQC for the following regulated activities: *Transport services, triage and medical advice provided remotely and Treatment of disease, disorder or injury.*

Medefer provides clinical services to Clinical Commissioning Groups (CCGs) and NHS Trusts where the NHS referral targets will or are being breached. Service contracts are in place with these CCGs and NHS Trusts.

Patients are referred to Medefer by their NHS GP. A Medefer consultant initially reviews the patient referral information. Then a registrar holds a telephone consultation with the patient to obtain a more detailed clinical history. The consultant then further reviews the patient's clinical information and agree a further

management plan based on any additional information that may have arisen from the clinical history. Medefer then organises investigations at appropriate diagnostic units for the patient. The investigations results are reviewed by the Medefer consultant and further management arrangements made. Any further patient reviews and follow-ups will be arranged and undertaken by the Medefer clinicians as required. Through the patient journey the registrar is the clinician who has direct contact (via telephone) with the patient concerned.

Medefer does not provide services to private patients contacting them directly.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the Registered Manager and members of the management and administration team.

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.

Are services safe?

We rated safe as Good because:

The service had

- **arrangements in place to keep people safe and safeguarded from abuse**
- **appropriate systems and processes in place to recruit clinicians and non-clinical staff**
- **access to appropriate information to deliver safe care and treatment**
- **systems in place to manage and learn from significant events.**

Keeping people safe and safeguarded from abuse

Staff employed at the headquarters 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. Staff had access to the service's safeguarding adults alert report form which was available electronically, the named safeguarding lead's mobile contact details and links to the local authorities' websites dependant on which CCG or NHS trust patient the patient was referred from. All the clinicians had received adult and level three child safeguarding training. It was a requirement for the clinicians registering with the service to provide evidence of up to date safeguarding training certification.

The service did not treat children. It was part of the service's contractual arrangements with the CCGs and NHS trusts they worked with, that patients were not referred if there were under the age of 18.

Monitoring health & safety and responding to risks

The supporting team carried out a variety of checks either daily or weekly. These were recorded and formed part of a clinical team weekly report which was discussed at clinical meetings.

The provider headquarters was located within modern offices which housed the IT system and a range of administration staff. Patients were not treated on the premises as consultants carried out the online consultations remotely; usually from their home. All staff based in the premises had received training in health and safety including fire safety.

The provider expected that all consultants would conduct consultations in private and maintain patient confidentiality. Each clinician and registrar used an encrypted, password secure laptop to log into the operating system, which was a secure programme.

Patients of CCGs or NHS Trusts that had contracts in place with Medefer were referred to the service by their GP. At the time of our inspection the specialties that patients were referred to Medefer for were gastroenterology and cardiology. There were processes in place to manage any emerging medical issues during consultant reviews and for managing test results and referrals. The service was not intended for use by patients with acute conditions or as an emergency service. In the event a patient review indicated the case needed to be escalated for more urgent treatment, the provider had systems in place to ensure the patient could be referred to appropriate onward treatment. For example, they followed the two week wait referral pathway if they suspected a case could be cancer.

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 improvements to the consent policy, a significant incident and clinical pathways in line with national guidance.

The service had a business continuity and recovery policy, which covered their technical and clinical operations. The policy outlined their plans to recover from business disruptions and disaster situations, with clear team responsibilities.

Staffing and Recruitment

There were enough staff, including consultants and junior doctors, to meet the demands for the service and the consultants and doctors were allocated cases according to their availability and commitments with the service. There was a support team available to the consultants for their reviews and a separate IT team. The consultants were paid by the provider on a sessional basis/per consultation.

The provider had a selection and recruitment process in place for all staff. There were several checks that were required to be undertaken prior to commencing employment, such as references and Disclosure and

Are services safe?

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.)

The service's staff recruitment policy set out the principles, responsibilities and procedure for clinical and non-clinical staff recruitment. The policy included pre-employment checklists for both groups of staff. Among the check completed for potential doctors and consultants who could be awarded practising privileges to work with Medefer included that they were currently working in the NHS and were registered with the General Medical Council (GMC) with a license to practice. They had to provide evidence of having professional indemnity cover (to include cover for remote consultations), an up to date appraisal and certificates relating to their qualification and relevant training. The service's Human Resources policy specified the company's policy to communicate aims to create a positive work environment, and the associated commitments to help them deliver these aims, such as ongoing monitoring of their employment practices and practices to promote fairness and legal compliance, and effective leadership.

The service also had a clinical onboarding and document compliance policy which sets out the key processes and steps interested clinicians must successfully complete prior to gaining practising privileges in the organisation.

Newly recruited clinicians (consultants and registrars) were supported during their induction period and tailored induction packs were in place to ensure all processes had been covered.

We reviewed a sample of the recruitment files which showed the necessary documentation was available. The clinicians 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 consultants and doctors and there was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

Prescribing safety

The service did not prescribe or dispense any medicines. However, the service consultants may make a request for the patient's GP to initiate a prescription for the patient.

The service's prescribing protocol was followed for making prescribing recommendations to the referring GPs and they had a specific prescribing protocol for gastroenterology care. The prescribing GP had responsibility for prescribing.

We saw evidence that the service had carried out an audit of their gastroenterology consultants' prescribing recommendations to the referring GPs to determine whether it was appropriate for the consultants to make these prescribing recommendations. The audit concluded that the consultants had low prescribing risks, but that they had no means to follow up patients, so have chosen to leave this to the GP where it can be prescribed safely. There were no shared care agreements in place between the Medefer clinicians and the patients' GP in relation to the recommended prescribed medicines.

Information to deliver safe care and treatment

Patients using the service were referred directly by their NHS GP. Records relevant to their consultation and review was shared with the service via an electronic platform.

The service had an information governance policy which included all aspects of patient information: the handling of patient information, transmission of information and the storage and processing of information on behalf of the service. Data protection act principles were considered in the development of the policy.

Medical records and patient data were held on a cloud based system. Referral information was available via a referring GP letter, and some minimal patient record information was available via their electronic record system. This information was available to registrars and consultants, with access via a two factor authentication process. Local systems access could be obtained using NHS smart card access by qualifying clinicians, such as to pathology and radiology information.

Patient results and letters were safely reviewed and managed by operations staff who followed relevant protocols to workflow them to the relevant clinicians. Proxy access was provided to clinicians, but they had view access only, and were not able to download or print the information.

The service had protocols in place to identify and verify the patient's identity at the point of consultations. These included verifying three identifying factors at the start of telephone consultations. The service personnel followed a

Are services safe?

proforma to guide them through patient consultations. The service also sought to use a landline or mobile number provided by the referring GP to contact the patient concerned. All patient calls were recorded for quality assurance purposes and to assist in the follow up of abuse of staff or respond to patient complaints.

Thorough considerations were given to the communication of the outcomes of tests and investigations. For example, the service had developed a 'breaking bad news' script, which was followed in relevant scenarios, such as in referral of patients for two week wait care pathways. If the outcomes of such investigations was a confirmed cancer diagnosis, the patient's usual GP / referring GP was informed so that they deliver the news in a more personal way, and in a familiar setting to the patient concerned.

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. This included a significant event policy, which outlined events definitions, roles and responsibilities and the reporting and investigation process for significant events. The service also worked to a Being open and Duty of Candour policy. 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: the provider had recorded an incident where the wrong patient's

information was sent to a patient. We saw that the provider was open and honest with both patients involved and sent them apologies. There was evidence of internal investigation and learning, and steps taken to prevent a reoccurrence.

We saw evidence from incidents 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. The provider completed an annual summary of significant events and learning events. For the year ending 1 July 2019, the provider had recorded 48 significant events and 22 learning events. According to their Significant events Policy and NHS standards, no Serious Untoward Incidents or Never Events were reported by Medefer during this period. The main themes of the recorded events were communication, technical issue, administrative error and internet failure. There were key learning points and actions taken in response to significant events which included improvements had been made to the written communications sent to patients (such as introduction packs, consultant response letters), and the implementation of a backup internet line in the Medefer office.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the staff team.

Are services effective?

We rated effective as Good because:

The service had

- **appropriate arrangements in place to assess and treat patients, reflecting on published guidance.**
- **arrangements for quality improvement and had established a learning culture.**
- **Patient care coordination and information sharing arrangements in place.**

Assessment and treatment

Once referred to Medefer by their NHS GP, the patient journey with Medefer is as follows:

- An initial clinical triage by a Medefer consultant is completed, which includes the preparation of a management plan. At this stage the consultant may consider it appropriate to order investigations for some patients, whilst for others, more clinical information may be required. This stage is a records review and does not involve patient contact / consultation.
- A detailed clinical history is taken by a trainee doctor (registrar) and a discussion of the management plan is undertaken, via telephone consultation with the patient.
- A further review by the consultant is undertaken to agree a further management plan based on any additional information that may have arisen from the clinical history taken by the registrar. This stage is a records review and does not involve patient contact / consultation.
- Medefer will organise investigations at appropriate diagnostic units for the patient. The results will be sent back to the Medefer consultant who will make a plan for further management based on the results of investigations. These could include either starting treatment and discharging back to the NHS GP care, or referring to the hospital outpatient service for further management (for example, where a patient requires an operation). Medefer will share all results, treatment plans (including any recommendations for prescriptions) with the patients and the patients' NHS GPs. This will be in the form of a clinical letter that the GP will be able to incorporate into the patient clinical records and are shared electronically.

- Any further patient reviews and follow-ups will be arranged and undertaken by the Medefer clinicians as required.

We reviewed seven examples of medical records that demonstrated that each clinician 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.

We were told that each telephone consultation (between the registrar and patient) were allocated 20 minutes and were undertaken by registrars. If the registrar had not reached a satisfactory conclusion there was a system in place where they could contact the patient again. Notes of these patient consultations were kept on their patient record for the consultant to review, along with the referring information shared by the patient's GP.

During consultation with the registrar, patients discussed the reasons for their referral and provided any relevant past medical history. 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 seven anonymised medical records which were complete records. We saw that adequate notes were recorded, and the clinicians had access to all relevant previous notes.

The clinicians 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 an outpatient appointment following consultation from the Medefer service, Medefer arranged the referral to the hospital, using the e-Referrals Service. If the service 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 audits to improve patient outcomes.

The service had a GP dashboard, for referring GPs to be able to access and track their patient journey. They intended to start providing access to allow patients to track their own patient journeys.

Are services effective?

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. They carried out reviews of consultations trends, and ongoing review and learning from significant events and complaints.

The service monitored their performance against their contractual obligations with the CCGs and NHS trusts they worked with on an ongoing basis. The service submitted monthly performance reports to their contracting organisations. We saw evidence that they were performing in line with or exceeding their contractual obligations. Quality requirements set included that the service triage referrals against the referral pathways, criteria and guidelines as well as recommend a course of action within two working days.

Staff training

All Medefer staff completed induction training which consisted of a range of topics including information governance, safeguarding children and adults (level one), consent, fire safety and accessible information standard. Staff also completed other training, such as those identified as part of individual personal development plans. The service manager had a training matrix which identified when training was due.

Clinicians granted practising privileges by Medefer were required to provide proof of training they had completed in their substantive posts within the NHS. Topics the clinicians were required to demonstrate they had completed included safeguarding children and adults (level three), and Mental Capacity Act.

Supporting training materials were available, in the Consultant induction pack and Registrar induction pack. Support to address technical issues or clinical queries was available through a range of provider policies and procedures. When updates were made to the IT systems, the clinicians and Medefer staff received updates and training.

Administration staff received regular performance reviews. All the clinicians granted practising privileges had to have received their own appraisals before being considered eligible at recruitment stage.

Coordinating patient care and information sharing

Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

All patients were asked for consent to share details of their consultation with their registered GP. The service consultants were responsible for the decision to send patients for tests and investigations, outpatient hospital referrals or request the initiation of a prescription for the patient. The consultant letters gave the patients adequate information, so the patient could make an informed choice about the proposed investigation and treatment plans. This information was also sent to the patient's NHS GP.

The service monitored the appropriateness of referrals and follow ups from test results to improve patient outcomes.

Supporting patients to live healthier lives

In their consultation records we found patients were given advice on healthy living as appropriate.

Are services caring?

We rated caring as Good because:

They treated patients with compassion, dignity and respect. Patients were supported to be involved their care and treatment decisions.

Compassion, dignity and respect

We were told that the clinicians undertook telephone consultations in a private space and were not to be disturbed at any time during their working time. The provider carried out random spot checks to ensure the clinicians were complying with the expected service standards and communicating appropriately with patients. Telephone consultations were recorded to allow for quality monitoring and checking. Feedback arising from these spot checks was relayed to the GP. Any areas for concern were followed up and the GP was again reviewed to monitor improvement.

Every month, a selection of patients were asked for feedback on their experiences of using the service.

We did not speak to patients directly on the day of the inspection. However, we reviewed the latest unverified patient survey information collated by the provider. The provider collated feedback from patients, using the friends and family test format. The results were grouped according to their four care pathways: (1) triage to advice and guidance to discharge to GP, (2) triage to onward referral

and discharge to hospital, (3) triage to virtual hospital to discharge to GP, and (4) triage to virtual hospital and onward referral and discharge to hospital. The results showed patients responded with the highest degree of satisfaction when they received care and treatment through the virtual hospital care pathways. In the year ending June 2019, the percentage of respondents likely to recommend the service along the four care pathways were 58%, 68%, 86% and 80% respectively.

The service relied on the referring GP to provide information about caring responsibilities the patients had. However, the managers told us they felt the patients using the service received the best care irrespective of if they identified themselves as a carer or not.

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 were provided with information about the clinicians they would have consultations booked with, and who would be reviewing their cases. Language interpreting services were available to support patients should they have that need during consultations.

Patients could have a copy of their consultation and care and treatment decisions.

Are services responsive to people's needs?

We rated responsive as Good because:

The service responded to and met patients' needs, they promoted equality and managed and learned from complaints.

Responding to and meeting patients' needs

Consultations were provided seven days a week. Patients could only access the service if referred by the NHS GP where their local CCG or NHS trust had a contract in place with Medefer. 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.

Patient waiting times for initial consultant contact were reduced from many weeks to few hours, when comparing the traditional NHS referral route to Medefer's care pathway. Medefer consultants reviewed referral within hours of receiving them, and first appointments for telephone assessment or investigations were provided within a few weeks of the original referral being received. Medefer delivered this service in line with their contracted obligations, which they consistently met.

The service offered flexible appointments to meet the needs of their patients. The telephone consultations were arranged for a date and time that was convenient for the patient. Patients were given an appointment at their hospital of choice if they needed to be referred to be seen face to face for an outpatient appointment.

The provider made it clear to patients what the limitations of the service were. Patient leaflets and welcome letters were sent to patients referred to the service. Patients could change their mind at any point during their patient journey with Medefer and ask to see someone face-to-face rather than have remote appointments and reviews.

Patients' telephone consultations with a clinician were arranged at the allotted time. The guideline length of time for a consultation was 20 minutes, but Medefer did not impose any time restrictions on consultations between the patient and doctor. The same consultant reviewed the patient's results and telephone consultations to ensure continuity of care.

Patients' tests or investigations arranged for them by Medefer were carried out by their local providers.

A list of five hospitals, to choose from, was sent to the patient when they needed an outpatient face to face appointment. The patient could choose according to their preferences and circumstances; for example, choose to attend their appointment at a hospital close to their home or one further away but with a shorter waiting time.

Tackling inequity and promoting equality

The provider offered consultations to patients who were appropriately referred and did not discriminate against any client group.

Staff in the service had completed training in the Accessible Information Standard. Patient information could be made available in different formats based on their needs.

The service could use language line to help them in communicating with patients in other languages as required.

The service sought to meet patients' preferences such in arranging for a female clinician to see a female patient for certain investigations and procedures.

The service's Did Not Attend (DNA) policy meant they followed up on patients by proactively calling them if they did not attend their arranged appointment.

The service was also proactive in following up on investigations requested so that acting on results were not delayed.

Managing complaints

Information about how to make a complaint was available on the service's web site. 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 and significant events has been developed and introduced for use. We reviewed the complaint system and noted that comments and complaints made to the service were recorded, investigated and responded to. We reviewed two complaints out of 24 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 because of complaints, changes to the service had been

Are services responsive to people's needs?

made following complaints, and had been communicated to staff. Complaints, significant events, and learning events were discussed during the service's monthly significant events and complaints meetings.

The service completed an annual review of complaints. They identified the main themes to complaints received as communication, staff attitude and external provider issue. Key learning points and actions were taken in response to the annual review of complaints. These included development of detailed standard operating procedures for team members, implementation of an email reliability system check within their digital platform and the implementation of a feature allowing administrators to identify duplicate referrals during the referral creation process.

The service had a contractual agreement in place with their clients that stipulated that 95% of complaints should be responded to within 25 working days. The service records showed that 100% of complaints received between 01/07/18 and 01/07/19 met this target.

Consent to care and treatment

There was clear information available on their website about how the service worked and how patients could access it. The website had details on how the patient could contact them with any enquiries.

All clinicians 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 service redirected them for care and treatment through their NHS GP. The process for seeking consent was documented in the patient records.

Are services well-led?

We rated well-led as Good because:

The service had

- **a sustainable business strategy and supporting governance arrangements**
- **an open culture and learned from significant events**
- **systems in place for safe and secure patient information**
- **placed value on continuous improvement.**

Business Strategy and Governance arrangements

The provider described themselves as a virtual hospital, whose aims are to provide consultant triage within 48-hrs, rapidly develop management plans and reduce waiting time for patients, reduce the burden on local hospitals by fully managing patients in the community where appropriate, deliver cost savings to the CCG and reduce workload pressure on primary care by arranging tests and managing patients in the community. The provider described their mission as to transform outpatient care by tackling inefficiencies and improving patient experience; with a goal to deliver safer, faster, integrated, efficient and cost-effective care to patients.

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.

Two of the company's founding directors were previously NHS doctors, and are Medefers Registered Manager and Nominated Individual. The organisation's Board of Directors included members with healthcare services regulation and policy knowledge.

The service had a clinical governance and quality policy, which outlined the framework they used to hold themselves accountable for clinical performance, quality and continuous improvement. There were a variety of 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 Clinical Director had responsibility for any medical issues arising. There were systems in place to address any absence of the organisation's directors.

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. There were business contingency plans in place to minimise the risk of losing patient data. The service had Information governance support from a staff member who also held a Head of Information Governance role within the NHS.

Seeking and acting on feedback from patients and staff

Patients could rate the service they received. This was constantly monitored and if it fell below the provider's standards, this would trigger a review of the consultation to address any shortfalls. Patients could complete any comments or suggestions online. The service's patient survey followed the format of NHS Friends and Family test. Patient feedback was monitored and reported on, with the information shared internally for improvement and with the service's clients.

There was evidence that the clinicians could 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.

Are services well-led?

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 Clinical Director was the named person for dealing with any issues raised under whistleblowing.

Staff told us they were able to raise issues of concern and give suggestions of how to resolve them. All staff meetings were held regularly to encourage greater teamwork and an open culture.

The service cultivated a no blame culture and invested in team building activities. For example, in the first half of 2019 they had contracted an independent facilitator to undertake in depth staff interviews to inform a programme of works strengthen the company culture. This led to the formation of their staff led and run 'Culture club' to take forward ideas to develop the organisation's culture.

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.

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement. However, as the management team and IT teams worked together at the headquarters there were ongoing discussions about service provision.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through clinical audit. Audits were completed of clinicians consultations and reviews and decision making. Medefer's clinical quality assurances processes ensured all consultants new to Medefer had their referrals reviewed by another clinician before these decisions were released to the GP and the patient. Once the consultant's referral decisions were confirmed as consistently appropriate, they continued to have an average of 5% of their responses quality checked on an ongoing basis.

The provider informed us that NHS England have requested that their pilot virtual hospital site at one of the NHS Trusts to provide a case study of the service as an example of innovative practice outpatient department transformation work.