Care Quality Commission

Escripts Marketing Limited

Escripts Marketing

Inspection report

Grand Union Studios 1.21
332 Ladbroke Grove
London W10 5AD
Tel: 020 3176 0022
Website: www.pharmadoctor.co.uk; www.uniclinix.com; www.etraveltool.com

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Escripts Marketing on 16 May 2017.

Escripts Marketing provides online medical services from several websites:

- www.pharmadoctor.co.uk - provides consultation and prescribing services direct to patients for several treatment areas
- www.uniclinix.com and www.etraveltool.com – provides on-line travel health and vaccination consultation and prescribing services to patients and signposting to pharmacies who are able to administer the vaccines. This service uses the ETool system developed by the provider.

We found this service was providing caring services but was not providing safe, effective, responsive and well-led care and treatment in accordance with the relevant regulations.

Our key findings were:

- Information about services, including a number of FAQs (Frequently Asked Questions) was available on the website but there was no information on the prescribing doctor.
- The provider did not always provide adequate information to patients regarding the medicines they were prescribed.
- The service offered patients the option of sharing information about their treatment with the patient's own GP; however, there was no encouragement to do so, or risk assessment in place to decide when this should be required.
- The provider did not have an effective procedure to ensure safety alerts, such as those provided by the Medicines and Healthcare Products Regulatory Agency (MHRA), were actioned appropriately.
- The provider did not have systems in place to ensure clinical staff had access to relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) best practice guidelines and did not monitor that these guidelines were followed. We saw evidence of prescribing that was not in line with current guidelines.
- The provider did not have adequate staff management procedures in place to ensure the checking and retention of records to confirm that clinical staff had the appropriate recruitment checks, training, qualifications, professional registration, appraisal and indemnity cover to carry out their role.
- Clinical staff did not take part in the induction and annual appraisal programme.

Summary of findings

- Staff working remotely, including the prescribing doctor, did not have access to policies and procedures although copies of specific documents would be emailed to staff if requested.
- The service did not have a clinical quality improvement programme in place. There were no clinical governance systems or processes to ensure the quality of clinical service provision.
- The service had systems in place to keep people safeguarded from abuse.
- There was a clear business strategy and business plans in place.
- Staff we spoke with were aware of the organisational ethos and philosophy and told us they felt well supported and that they could raise any concerns.
- The service encouraged and acted on feedback from both patients and staff.
- There were systems in place to protect personal information about patients. The company was registered with the Information Commissioner's Office.
- There was a system in place to check the identity of patients. However, there were limited checks in place to ensure patients under the age of 18 were not accessing services covertly.
- There were systems to mitigate safety risks arising from incidents and complaints, including analysis and learning. Improvements were made as a result of complaints.
- The service learned from and made necessary improvements when things went wrong. The provider was aware of and complied with the requirements of the Duty of Candour.

We identified regulations that were not being met:

The provider must ensure care and treatment are provided in a safe way:

- The provider must ensure consultation questionnaires capture the information required to make accurate prescribing decisions prior to prescriptions being issued.
- The provider must ensure information given to patients about the medicines they are prescribed is sufficient.
- The provider must ensure that there is an effective process in place for identifying and verifying patient identification.
- The provider must ensure they have effective systems in place to confirm patient safety alerts, such as those provided by the Medicines and Healthcare Products Regulatory Agency (MHRA), are actioned appropriately.
- The provider must ensure they encourage patients to give their consent to share prescribing information with their registered GP or risk assess the medicines prescribed to decide when this should be required in accordance with General Medical Council guidance.

The provider must ensure effective governance, including assurance and auditing systems and processes:

- The provider must ensure they have effective clinical quality improvement systems and processes established to enable them to assess, monitor and improve the quality and safety of the services provided.
- The provider must ensure that policies and procedures are easily accessible for staff working remotely.
- The provider must ensure they have an effective system in place to ensure treatment is monitored and delivered in line with relevant and current evidence based guidance and standards such as those produced by the National Institute for Health and Care Excellence (NICE) and the General Medical Council (GMC).
- The provider must ensure that staff management procedures include the checking and retention of records to confirm that clinical staff have the appropriate recruitment checks, training, qualifications, professional registration, appraisal and indemnity cover to carry out their role.

You can see full details of the regulations not being met at the end of this report.

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 that this service was not providing safe care in accordance with the relevant regulations.

- All operational staff and the prescribing doctor had received safeguarding training appropriate for their role and had access to local authority contact information if safeguarding referrals were necessary. However, there was no evidence on file to confirm that nursing staff had received training in either adult or child safeguarding.
- There were sufficient non-clinical operational staff to meet the demands of the service. However, there was only one prescribing doctor in post and there were no arrangements in place to ensure that cover was available if required. The provider did not monitor the total hours worked by the prescribing doctor (including those worked in their NHS role).
- The provider had a recruitment process in place governed by policies and procedures. However, staff records for most clinical staff were incomplete and in some case no records were kept.
- Prescribing and consultations were not monitored to identify and mitigate risks and there was no formal prescribing policy or protocol in place.
- The provider informed us that they expected the doctor to conduct consultations in private and maintain patient confidentiality. However, this was not documented in any policy or signed agreement with the doctor.
- Consultation questionnaires did not capture all required information to make accurate prescribing decisions prior to prescriptions being issued.
- The process for dealing with patient safety alerts such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA) was informal and no records kept.
- The provider told us that they did not prescribe medicines for unlicensed use. However, we saw evidence of two examples of this type of prescribing.
- The provider had a protocol in place regarding action to take in the event of a medical emergency during a consultation.
- A new patient identity verification process was only carried out when medicines were first purchased.
- There were systems in place for investigating and learning from incidents relating to the safety of patients and staff members. The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

- The provider did not have systems in place to ensure clinical staff had access to relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) best practice guidelines and did not monitor that these guidelines were followed. We saw evidence of prescribing that was not in line with current guidelines.
- The provider did not have a programme of clinical audit or quality improvement activity in place to ensure improvements to patient care were identified and clinical outcomes demonstrated.
- There was inadequate staff training, monitoring and appraisal arrangements in place to ensure clinical staff had the skills, knowledge and competence to deliver effective treatment or that the appropriate indemnity cover and valid registration was in place.

Summary of findings

- An appraisal process was in place for non-clinical staff. The provider held a copy of the prescribing doctor's NHS appraisal but this did not include reference to their online prescribing role. The provider did not have a process in place to appraise or review the activities and performance of clinical staff.
- When a patient contacted the service they were given the option of sharing details of their consultation with their registered GP but were not required to provide this information in order to receive treatment. There had been no risk assessment to decide when they should be required to provide this information and when it would be appropriate to prescribe for a patient who did not consent to sharing information with their GP.
- Consultation questionnaires did not always request sufficient information to ensure safe prescribing.
- The provider had a consent policy in place and informed us that consent to care and treatment was acquired in line with the Mental Capacity Act (MCA) 2005.
- From the patient records we reviewed we saw evidence that patients being prescribed medicines for unlicensed use had not given informed consent to this.

Are services caring?

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

- The provider did not have a policy or procedure in place to govern where and when clinical staff accessed patient records and carried out consultations. The provider informed us that they expected clinicians to carry out consultations in a private room in order to maintain patient confidentiality.
- The provider did not always provide adequate information to patients regarding the medicines they were prescribed.
- Patients did not have access to information about the prescribing doctor, such as name, GMC registration number and qualifications, until after their order had been approved.
- A procedure was in place to monitor and respond to patient feedback including complaints, significant events and patient surveys.
- The service web site contained some general patient information related to the treatment areas provided and included some links to external websites.

Are services responsive to people's needs?

We found that this service was not providing responsive care in accordance with the relevant regulations.

- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients and information was made available to patients upon request about how to make a complaint.
- All administrative personnel had received training on the Mental Capacity Act 2005 (MCA). The provider informed us that they expected the clinical staff to have received MCA training as part of their professional mandatory training requirements but evidence was not kept in staff records to confirm this.
- There was a complaints policy in place and the provider was able to demonstrate that the complaints they received were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints.
- Patient information guides about how to use the service were available on the websites.
- There was a dedicated customer support service available via telephone or email between 9.30am and 5.30pm Monday to Thursday and between 9am and 5pm on a Friday.
- There was information on the website to advise patients of the response time for consultations and the processing of orders.

Summary of findings

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

- There was a clear organisational structure and staff were aware of their own roles and responsibilities and those of others. Staff we spoke to were aware of the organisational ethos and told us they felt well supported and could raise any concerns with the directors.
- The service encouraged feedback from both patients and staff. Staff told us they could feedback and suggest changes to the service provided.
- There were IT systems in place to ensure that patient information was stored securely and kept confidential. The service was registered with the Information Commissioner's Office. Policies did not include details of how information could be accessed should they cease trading and did not specify the provider's expectations of how and where the doctor should access patient information.
- There were a range of service specific policies easily accessible to all office-based staff. However, these were not easily accessed by clinical staff working remotely. Policies did not include a date for future review.
- There were business plans and an overarching operational governance framework in place but this did not include a framework to support clinical governance and clinical risk management. There was a lack of clinical audit activity and no arrangements in place at the time of the inspection to monitor or review prescribing and consultations.

Escripts Marketing

Detailed findings

Background to this inspection

Escripts Marketing provides an internet based healthcare service direct to patients in the form of online health consultations with a medical practitioner; health advice and the issuing of private prescriptions sent direct to a pharmacy for dispensing and supply of medicines. They also provide an internet based travel clinic prescribing service for patients and a professional support service for pharmacists registered with the service. This service provides prescriptions for vaccines and travel related medicines.

Escripts Marketing does not have clinic premises where patients can visit. The healthcare service is provided via the internet only from several websites: www.pharmadoctor.co.uk, www.uniclinix.com and www.etraveltool.com and is administered from office premises located at Grand Union Studios 1.21, 332 Ladbroke Grove, London W10 5AD.

Operational activities were managed and undertaken by the three directors and one additional administration staff member. The provider also employed one prescribing doctor who provided prescriptions for all websites and prescribing, clinical advice and support for the on-line travel service. Eight additional clinical staff were employed for the online ETool travel service including two doctors, one pharmacist and five nurses.

On the day of the inspection the service prescribed medicines for the treatment of impotence, hair loss, weight loss, influenza, smoking cessation, raised cholesterol, travel health vaccinations, travellers' diarrhoea, jetlag, malaria, premature ejaculation, acne and eczema, asthma, diabetes, hay fever, hypertension, period delay, unwanted facial hair and contraception. However, following the inspection we were informed by the provider that medicines would no longer be prescribed for the long-term conditions of hypertension, diabetes and asthma.

All treatments provided via the Pharmadoctor website are for patients over 18 years old only. Prescriptions provided via the travel services websites are for children and adults from the ages of 6 to 74 years.

All prescriptions are sent to a General Pharmaceutical Council registered pharmacy for dispensing and supply of medicines. Travel vaccine and anti-malarial prescriptions are administered from named pharmacies in England registered with the Escripts Marketing ETool travel service.

The customer support service was available 9.30am to 5.30pm Monday to Thursday and 9am to 5pm on Friday. During this time patients could contact the service by telephone, email or the online 'live chat' facility.

One of the directors was the Registered Manager for the service. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations.

How we inspected this service

We carried out an announced comprehensive inspection of Escripts Marketing on 16 May 2017 at their operating site at Grand Union Studios 1.21, 332 Ladbroke Grove, London W10 5AD. Our inspection team was led by a CQC lead inspector accompanied by a second inspector, two GP Specialist Advisers and a member of the CQC medicines team.

Detailed findings

Before visiting, we reviewed a range of information we hold about the service and pre-inspection information provided by Escripts Marketing Limited.

During our visit we:

- Spoke with a range of staff including the company directors, patient services manager and prescribing doctor.
- Reviewed organisational documents, such as policies and procedures and other documentation which the provider held in relation to the provision of services.
- Reviewed staff records.
- Reviewed a sample of patient consultation records.

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

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

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

Why we inspected this service

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations.

Safety and security of patient information

The IT and encryption systems in place, together with a number of comprehensive policies protected the storage and use of patient information. The provider was registered with the Information Commissioner's Office and had a procedure in place to govern information governance and data protection. The service was able to provide a detailed audit trail of access to patient records

Staff had not received formal information governance or Data Protection Act training but the administration staff we spoke to reported that they had read and understood the policies and procedures in place to govern the security of information and had signed a confidentiality agreement. We did not see confidentiality agreements signed by clinical staff members and there were no policies or signed agreements in place to govern remote access to patient records by clinicians in terms of the security and confidentiality of the physical location.

The provider had business continuity and incident response plans in place to address the risk of losing patient data but these did not specify how medical records could be accessed in the event that the organisation ceased trading or how long records would be stored.

During the registration process, the patient was asked to provide their name, gender, date of birth, email address and mobile telephone number. To verify the identification of new patients using the Pharmadoctor website their information was checked only when treatment was first purchased. An external global verification company was used which checked identity by comparing the patient's name, address and age against the electoral roll and other information held by credit agencies.

Escripts did not verify the identity of patients who registered but did not request a treatment or patients who had initiated requests for treatment prior to February 2017. They also did not verify the identity of patients using the travel websites. They told us they relied on the pharmacists undertaking this check when they assessed the patient during the face to face consultation prior to the administration of any vaccines. There were limited checks in place to ensure patients under the age of 18 were not accessing services covertly.

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 prescribing doctor also had access to the patient's previous records held by the service.

The provider had several information technology policies and procedures in place and data was used for the audit and review of operational procedures.

Keeping people safe and safeguarded from abuse

Staff employed at the headquarters had received training in safeguarding and knew what action to take if signs of abuse were identified. A safeguarding policy was in place which gave staff information on how to escalate concerns to the Local Authority safeguarding team. The Registered Manager was the designated safeguarding lead and was responsible for communicating with external agencies in the event of a safeguarding concern being raised. The doctor had undertaken child and adult safeguarding training relevant to their role and the provider retained copies of training certificates. However, there was no evidence on file to confirm that nursing staff providing professional advice and support to pharmacists for the travel service had received training in either adult or child safeguarding.

Monitoring health & safety and responding to risks

There was no formal policy or process in place governing the identification or classification of risk. The provider carried out a monthly review of adverse events, complaints and negative patient feedback. However, there was no clinical involvement in this process.

The doctor told us that they reviewed treatment requests for risk as part of consultations, before approving prescriptions, and if there were any concerns further information would be requested from the patient or treatment would be refused. A note would be kept on the patient's record detailing why treatment was refused.

The provider headquarters were located in an office within a modern purpose built office block. This accommodated the management and administration staff and all IT equipment, Patients were not treated on the premises and

the doctor carried out online consultations remotely. The administration staff member had received training in health and safety, including fire safety, during their induction.

The provider informed us that they expected the doctor to conduct consultations in private and maintain patient confidentiality. However, this was not documented in any policy or signed agreement with the doctor.

The service was not intended for use by patients as an emergency service. There was a procedure in place to manage an emergency medical issue during a consultation.

At the time of the inspection the service provided treatment for long-term conditions, such as diabetes, asthma and hypertension, without adequate monitoring and patients were not required to provide details of their registered GP before treatment was prescribed. However, in view of the concerns raised during the inspection the provider informed us that they had withdrawn treatment for these long-term conditions with immediate effect.

Staffing and Recruitment

Operational activities were managed and undertaken by the three directors and one administration staff member. They also employed one prescribing doctor and eight additional clinical staff for the online travel service. The administrative staff member was the patient services manager for all websites. The prescribing doctor provided prescriptions for all websites and prescribing, clinical advice and support for the on-line travel service.

The provider told us that they believed there were sufficient staff to meet the current demand of the service. There was only one prescribing doctor employed by the service and they had not required cover for sickness or annual leave for any period during the eight years they had been employed by this service as they continued to work for the service when on holiday. The provider did not monitor the total hours worked by the prescribing doctor including those hours worked in their role within the NHS. There were no formal arrangements in place to ensure that cover would be available for the doctor should it be required during times of annual leave or sickness in the future. The administrative team was available to support the doctor during the service operating hours.

The provider had a selection process in place including recruitment policies and procedures for all staff. However, the provider had not ensured that such procedures included the confirmation and retention of records to confirm that clinical staff had the appropriate training, qualifications and professional appraisal to carry out their role or that they had up to date professional registration, DBS checks, photographic identification and appropriate indemnity cover.

Proof of registration with the GMC confirmed that the prescribing doctor was not on the Specialist Register and not on the GP Register. They had provided documents including their medical indemnity insurance, and certificates for training in safeguarding. However, it was unclear if the medical indemnity insurance in place was sufficient to cover their role as a remote prescriber.

We reviewed staff files of the ten members of staff employed by the organisation. These did not include all required documentation as specified in their Staff recruitment (fit and proper persons employed) policy. The provider did not have a system in place to flag when documentation was due for renewal such as their professional registration and indemnity cover. An induction process was in place for newly recruited members of office staff only.

Prescribing safety

Patients were not always prescribed medicines safely, or in line with relevant national guidance. At the time of the inspection, medicines prescribed to patients were not monitored by the provider to ensure prescribing was in line with evidence based guidelines. The provider informed us that they were in the process of recruiting a new doctor to undertake a review of a proportion of all online consultations per month and had developed a process for the monthly review of a proportion of the ETool travel consultations to be undertaken by one of the nurses. However, neither of these systems had been implemented at the time of the inspection.

If a medicine was deemed appropriate following a consultation, the doctor was able to issue a private prescription which was sent direct to one of a selection of UK pharmacies. The specific pharmacy was selected by the patient. The pharmacy would then supply the medicines to the patient.

Are services safe?

The provider had a method of confirming the identity and age of the patient and the doctor could only prescribe medicines from a set list that were advertised on the provider's website.

The provider told us the service did not supply medicines for unlicensed use. (Medicines are given licences after trials which show they are safe and effective for treating a particular condition. Use for a different medical condition poses a higher risk because less information is available about the benefits and potential risks). However, from the records we reviewed, we found two examples of this type of prescribing. There was no record that clear information was given to the patient to explain that the medicines were being prescribed for unlicensed use and no evidence of consent by the patients to acknowledge and accept that they were receiving a medicine for use outside of its licence. This posed a risk to the patient and was not in accordance with General Medical Council prescribing guidance.

There were no systems in place to ensure clinical staff were kept up to date with, or that staff had access to, relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. The provider did not monitor that these guidelines were followed or that this was used to inform care and treatment. For example, the doctor had prescribed reliever inhaler medicines for asthma, based only on information supplied by the patient to confirm that they had previously been prescribed the medicine. We saw that one patient had requested two reliever inhalers every other month but had stated they only used these 2-3 times per week and were not taking any preventer inhalers. There was no evidence that there had been any communication with the patient or the patient's usual GP about the numbers of these inhalers supplied. (Using reliever inhalers regularly can be a sign of poorly controlled asthma which can lead to an asthma attack, which may be serious enough to cause death. This was highlighted in the report by the Royal College of Physicians – Why asthma still kills). Following the inspection we were informed by the provider that they would no longer prescribe treatment for asthma or other long-term conditions which require monitoring and that they were developing procedures to ensure prescribing would be monitored in future.

The online consultation forms had been developed in conjunction with the prescribing doctor. However, they did not always include requests for sufficient information to ensure safe prescribing. For example, for the treatment f diabetes, people did not have to provide information on recent results of blood sugar monitoring. Another example included prescribing medicines for travel health when a person had only provided the details of the continent they were travelling to, rather than the individual countries.

There was very limited evidence of any advice provided to patients on the use of the medicines prescribed by the doctor and there were no links on the website to sources of this advice.

The provider had developed and deployed the ETool, an electronic travel health tool, via their travel website. The ETool could automatically generate electronic prescriptions for travel health medicines and vaccines once a person had filled in their details and had a face-face consultation with a pharmacist at a pharmacy (independent of the provider) that had registered with the Etool service. The signature on the automatically generated prescriptions did not meet the legal requirements of an 'advanced electronic signature'. The prescriber did not always have timely clinical oversight of these prescriptions. Prescriptions for vaccines for Yellow Fever had also been generated through this process. Following the inspection the provider confirmed that they had revised the prescribing process for this service to ensure all future prescriptions would be individually reviewed and electronically signed by the doctor before being issued.

Information to deliver safe care and treatment

Patient identity was checked when prescribed treatment was first purchased and the doctor had access to the patient's previous records held by the service prior to prescribing treatment.

Management and learning from safety incidents and alerts

A system for identifying, investigating and learning from incidents relating to adverse and significant events had been implemented two months prior to the inspection. There had been no incidents reported to date. The standard operating procedure available detailed the process to be followed which stated that the manager would convene a meeting to review the full details of the case with Escripts personnel to identify any potential

learning outcomes or necessary changes to systems and procedures so that any recurrence would be avoided or minimised. At the conclusion of the meeting, the report would be updated to document any learning outcomes or recommended changes and distributed to all Escripts personnel. A quarterly review meeting would then be held by the Registered Manager and attended by EScripts directors and the prescribing doctor for the purpose of reviewing the previous quarter's data and identifying the learning outcomes and what improvements, if any, needed to be made.

Staff were aware of the requirements of the Duty of Candour and confirmed that if an incident occurred they would explain to the patient what went wrong, offer an apology if appropriate and advise the patient of any action taken.

We asked the provider how patient safety alerts were dealt with, such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA), and were told that these were reviewed by the manager and then communicated to the prescribing doctor. This process did not have clinical input and no records were kept to show that these had been actioned and there was no process in place to review patients who may have been prescribed medicines which were the subject of these alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

Assessment and treatment

We reviewed 24 medical records. This review did not provide assurance that the doctor assessed patients' needs and prescribed treatment in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice.

Consultation questionnaires were not sufficiently comprehensive to make accurate prescribing decisions and did not always capture all required information prior to prescriptions being issued. We were told that there was a system in place for additional information to be requested from patients if required. This interaction was usually carried out by the administrative staff on behalf of the doctor. There appeared to be no direct contact between the patient and doctor. We were told that if the provider could not deal with a patient's request, this was explained to the patient and a record kept of the decision.

Patients completed an online consultation from which included limited details of their past medical history. There was a set template to complete for the specific treatment area selected by the patient. This included the reasons for the consultation and some information about past medical history and current symptoms but the information requested was not sufficiently comprehensive. For example, weight loss was not monitored for patients requesting weight loss medicines and the medical history of patients requesting treatment for erectile dysfunction was not sufficiently explored to enable safe prescribing. We reviewed 24 medical records which provided limited evidence of the reasons for prescribing decisions. This included records where prescribing was not carried out in line with current guidelines.

The prescribing doctor was aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients. However, there was no evidence that they took sufficient care to minimise these risks for patients.

Quality improvement

The provider did not monitor consultations or carry out prescribing audits to identify areas for quality improvement. The provider was aware of the need to implement a clinical quality improvement procedure and was in the process of employing an additional doctor to carry out an independent monthly clinical audit of patient consultations.

A procedure had been developed for nursing staff to carry out audits on consultations and treatment outcomes of the ETool travel service. However, this process had yet to be implemented.

Staff training

Office staff had to complete induction training which included data protection, handling of complaints and adverse events, safeguarding and health and safety but this was not undertaken by any of the nine clinical staff employed by EScripts. There was no specific mandatory training required for clinical staff and training records were not maintained for all staff.

There were some training certificates on file for the prescribing doctor but these were insufficient for the provider to assure themselves that the doctor had the appropriate skills and training required to carry out their role as a prescriber for the treatment areas provided.

There was easy access to policies and procedures for office-based staff but staff working remotely could only access these by submitting a request for a specific document which would then be emailed to them.

The administrative staff member had received a performance review in the previous 12 months but all other staff employed by the organisation had not received an appraisal with the provider in the previous 12 months. The provider had a copy of the prescribing doctor's professional appraisal on record but this did not include any reference to the online work carried out by the doctor.

Coordinating patient care and information sharing

Patients were given the option of sharing details of their consultation with their own GP when they registered with the service but were not required to provide this information in order to receive treatment. A risk assessment had not been carried out to decide when a patient should be required to provide this information and when it would be appropriate to prescribe for a patient who did not consent to sharing information with their GP.

Are services effective?

(for example, treatment is effective)

This included when treatment was prescribed for long-term conditions such as diabetes, asthma and hypertension which require regular monitoring. This was not in accordance with the General Medical Council best practice guidance in relation to remote prescribing. If a patient did request information to be shared with their GP, the provider informed us that a letter would be sent to their registered GP in line with GMC guidance.

Supporting patients to live healthier lives

We did not see evidence that the service identified patients who may be in need of extra support but there was information available on the website on the available treatment areas. Consultation records we reviewed did not include any advice given to patients on healthy living appropriate to the treatment area.

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

We did not find evidence of any checks being carried out to monitor where and when the doctor accessed patient records or undertook consultations but were told by the provider that the doctor undertook consultations in a private room and it was expected that they would not be disturbed during their working time. However, there were no policies or checks in place to govern this.

A procedure was in place to monitor and respond to patient feedback including complaints, significant events, feedback following patient consultations and patient surveys. The provider carried out patient surveys and results were analysed and discussed at regular review meetings. However, the surveys were in relation to all online services delivered by the provider. Not all of these services were provided by Escripts Marketing Ltd. Therefore the results did not accurately reflect the experience of patients using services provided by Escripts Marketing Ltd.

Involvement in decisions about care and treatment

Technical guidance for patients and information about how to use the service was available. There was a dedicated customer support team available via telephone or email during normal office hours to provide advice and support.

Patients were able to access their medical records at any time via their online account.

Patients did not have access to information about the prescribing doctor, such as name, GMC registration number and qualifications, until after their order had been approved. Only one doctor was employed by the provider so patients did not have a choice of clinician.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was not providing a responsive service in accordance with the relevant regulations.

Responding to and meeting patients' needs

Escripts Marketing provided online medical services from several websites:

- www.pharmadoctor.co.uk provided consultation and prescribing services direct to patients for several treatment areas. Registered patients could undertake a written consultation with a doctor with a view to obtaining medicines suitable for their circumstances. If treatment was authorised, the service delivered a prescription to a participating pharmacy for dispensing and supply of the medicines.
- www.uniclinix.com and www.etraveltool.com provided an online travel vaccination and anti-malarial treatment consultation and prescribing service and signposting to pharmacies who were able to administer the vaccines. Patients could undertake an online consultation which resulted in vaccine and/or anti-malarial recommendations suitable for their circumstances. On completing a consultation, the system generated a code for the patient which allowed pharmacists registered with the service to access the patient's record when the patient attended the pharmacy and, following a face to face consultation, administer any vaccines and/or anti-malarial treatments that the prescribing doctor had authorised and the patient had consented to.

The website was available 24 hours a day, seven days a week and the customer support service was open between 9.30am and 5.30pm Monday to Thursday and between 9am and 5pm on Friday. There was information on the website to advise patients of the response time for consultations and the processing of orders. The website stated that:

- For consultations submitted between 9am and 3pm Monday to Friday, diagnosis and treatment options would be approved within the hour.
- For consultations submitted outside these times, diagnosis and treatment options would be approved the next working day.
- A 'Fast-track, walk-in consultation' service was also offered between 9am and 3pm Monday to Friday in collaboration with participating pharmacies. The patient was required to complete the consultation questionnaire in-store and the pharmacist would fast-track the consultation ensuring the prescription was ready within 15 minutes.
- A next day delivery option was available but there was a supplementary charge for guaranteed next day delivery.

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.

Prescriptions issued were delivered to a UK pharmacy of the patient's choice from a list of over 600 pharmacies. It was made clear to patients that they could only use one of the participating pharmacies.

The website made it clear to patients what the limitations of the service were. Patients were required to complete an online consultation questionnaire and were contacted by email via their online account if further information was required. This communication was usually carried out by the administrative team on behalf of the prescribing doctor. The doctor did not have direct communication with patients.

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 did not have access to information about the prescribing doctor, such as name, GMC number and qualifications until after the consultation form was submitted and as only one doctor was employed by the provider, patients did not have a choice of clinician.

Managing complaints

The provider had implemented a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. We reviewed complaints received by the service and noted that these were managed appropriately and reported in the patient's record.

We reviewed the complaints system and noted that comments and complaints made to the service were recorded. We reviewed the four complaints received by the provider in the past 12 months. The provider was able to demonstrate that the complaints were

Are services responsive to people's needs?

(for example, to feedback?)

handled appropriately and patients received a satisfactory response. There was evidence of learning as a result of complaints. No changes to the service were required following these complaints but the details and the outcomes of complaints had been communicated to staff.

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 support and information. The website had a set of terms and conditions and details on how the patient could contact the service with any enquiries.

The website stated that the prices charged included the doctor's prescription fee, the cost of the medicine, delivery and doctor and pharmacist after-care.

All administrative personnel had received training about the Mental Capacity Act 2005 (MCA). The provider informed us that they expected the clinical staff to have received MCA training as part of their professional mandatory training requirements but there were no certificates in staff records to confirm this. Staff we spoke to appeared to understand the need to seek patients' consent to care and treatment in line with legislation and guidance. When providing prescriptions for travel vaccines for children and young people no additional assessments of capacity to consent were carried out in line with relevant guidance.

Are services well-led?

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

Our findings

We found that this service was not providing well led services in accordance with the relevant regulations.

Business Strategy and Governance arrangements

There was a clear organisational structure and the provider had a clear vision for their team to work together to provide a high quality and responsive service. However, there was limited clinical involvement in the development of services.

We viewed the provider's business plan which stated that the aim of the business was to provide an effective service that complied with all current UK guidelines and that the main focus of the business was to provide a responsive and caring service for patients and to enable pharmacists to expand the range of clinical services they offer.

There was a range of service specific policies which were readily available to all office-based staff. However, these were not easily accessed by clinical staff working remotely. The provider informed us that specific copies would be emailed to individual staff members if requested by them. All policies and procedures stated an effective date in the previous 12 months but did not include a date for future review.

There were a variety of daily, weekly and monthly checks in place to monitor the administrative and customer service performance of the service but these did not include clinical performance reviews. There was a lack of clinical audit activity and there were no arrangements in place at the time of the inspection to monitor or review prescribing and consultations. The provider was aware of the need for improvements in this area and was in the process of introducing a monthly clinical audit process to be carried out by a doctor independent of the prescribing doctor. This would include a review of a proportion of online consultations. The information from these checks would be used to produce a clinical report to identify concerns requiring further investigation or action.The aim of the procedure was to ensure that a comprehensive understanding of the clinical performance of the service was maintained.

There were arrangements in place for identifying, recording, managing and learning from significant events and complaints and implementing mitigating actions. However, the arrangements in place for identifying, recording and managing risks were not sufficient and did not cover all aspects of clinical governance. For example, they did not ensure actions were identified, implemented and recorded following best practice updates, such as those provided by the National Institute for Health and Care Excellence (NICE), and safety alerts, such as those provided by the Medicines and Healthcare products Regulatory Agency (MHRA).

Treatment records were securely stored and the provider had a number of policies in place governing patient confidentiality and data management and security. We were not assured however that patient records were complete and accurate as we saw records where decision making had not been recorded when, for example, medicines where prescribed for unlicensed use and asthma treatment was prescribed that did not reflect current best practice guidelines.

Leadership, values and culture

The three company directors were responsible for specific aspects of the day to day operation and management of the service, supported by one member of office staff. One of the directors was the Registered Manager and was responsible for regulatory compliance and accounts; one director was responsible for commercial development and patient services and the other was responsible for systems development and professional client management. The directors and office staff member did not have a clinical background. There was minimal clinical involvement in the day to day operation of the service or in the development of processes and service delivery.

Director absence was covered by colleagues but there were no cover arrangements in place for the one doctor employed by the service. We were told that the doctor had not needed any time off for holidays or illness in the eight years they had been employed by the service.

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

There were policies and IT systems in place to protect the storage and use of all patient information. The service was

Are services well-led?

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

registered with the Information Commissioner's Office and could provide a clear audit trail of who had access to records and from where and when. We were, however, not assured that there was sufficient governance in place to direct where and when the doctor could view patient records for consultations.

There were business contingency plans in place to minimise the risk of losing patient data but this did not detail how medical records could be accessed should the company cease trading.

Seeking and acting on feedback from patients and staff

The provider had a whistleblowing policy in place. (A whistle blower is someone who raises concerns within the organisation). The Registered Manager was the named person for dealing with any issues raised under whistleblowing.

Patient feedback was sought post consultation and patients were able to rate the service they had received. Patient feedback and identified learning was reviewed and discussed at regular meetings of the administrative staff.

The directors told us that the doctor was able to provide feedback about the quality of the operating system and any change requests submitted would be discussed and improvements implemented where appropriate. However, we saw no evidence of clinical input into the operational and strategic development of the service.

Continuous Improvement

The service consistently sought ways to improve operational procedures and processes. Management and office staff were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered. The operational and IT team worked together at the headquarters so there were ongoing discussions at all times about service provision. However, clinical staff were not invited to participate in meetings or provide feedback to encourage and ensure clinical input into the development and improvement of services.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements but we were not assured that there was adequate clinical oversight or involvement in the running of the service. There was no programme in place for quality improvement activity and no arrangements to monitor the quality of consultations or prescribing. The provider was, however, aware of the need to improve in this area and at the time of our inspection was in the process of recruiting another doctor to undertake a monthly clinical review of a proportion of consultations. A protocol was being developed in consultation with the new doctor.

Immediately following our inspection the provider held a meeting of the company directors and prescribing doctor to discuss the concerns raised at the inspection in regard to the management of long-term conditions. It was agreed that the service would no longer offer treatment for long-term conditions. The treatment areas of hypertension, asthma and diabetes were therefore withdrawn from the website with immediate effect.

Immediately following our inspection the provider also informed us that they had changed the authorising process for travel vaccinations and anti-malarial treatment prescribed via the ETool service to ensure it met the requirements of the Human Medicines Regulations 2012. All prescriptions now required clinical oversight and authorisation by the prescribing doctor before being issued.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that in the carrying out of the regulated activity, care and treatment was not provided in a safe way for service users: • Patients were not provided with adequate information regarding the medicines they were prescribed. • Consultation/treatment questionnaires were not sufficiently comprehensive to make accurate prescribing decisions and did not always capture all required information prior to prescriptions being issued. • An effective process was not in place for identifying and verifying patient identification. • An effective procedure was not in place to ensure patient safety alerts, such as those provided by the Medicines and Healthcare Products Regulatory Agency (MHRA), were actioned appropriately. • There was evidence of prescribing outside current evidence based guidelines. • There was evidence of prescribing of medicines for unlicensed use and there was no evidence of consent by the patient to acknowledge and accept that they were receiving a medicine for use outside of its licence. • There was no requirement or encouragement for patients to provide details of their GP. This was not in accordance with GMC guidance on 'Good practice in prescribing and managing medicines and devices'. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

We found that effective systems and processes were not established nor operating effectively to enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity or to maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying out of the regulated activity and the management of the regulated activity.

- Policies and procedures were not readily available to staff working remotely, including the prescribing doctor.
- An effective system was not in place to ensure care was delivered in line with relevant and current evidence based guidance and standards such as those produced by the National Institute for Health and Care Excellence (NICE) and General Medical Council (GMC) guidelines.
- An effective system was not in place to ensure alerts, such as those provided by the Medicines and Healthcare Products Regulatory Agency (MHRA), were reviewed by a clinician; acted on if necessary and records kept of actions taken.
- Staff management procedures did not include the confirmation and retention of records to confirm professional registration, DBS checks, photographic identification and appropriate indemnity cover.
- Staff management procedures did not include the confirmation and retention of records to confirm that clinical staff had the appropriate training, qualifications and professional appraisal to carry out their role.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.