Medloop

Inspection report

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London
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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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

We rated this service as Requires improvement overall. This is the first inspection of this service.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Medloop on 19 September and 28 September 2023 as part of our inspection programme. This service first registered by CQC on 19 April 2022 and are registered for the regulated activities, diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder and injury and transport services, triage and medical advice provided remotely.

The service is a digital health provider who provide a remote overspill service for NHS GP practices using a remote clinical workforce. The service provides a doctor and Allied Health Professional (AHP) service at both practice level and Primary Care Network (PCN) level and are currently located within 3 Integrated Care Systems (ICS) across the country. The service provides care and treatment to approximately 120,000 patients in total and provides approximately 1200 appointments per week. They also provide a PCN level minor ailments hub which is located in Hertfordshire.

The registered manager is the chief medical officer (CMO) for the company. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The chief executive officer (CEO) is the nominated individual for the company.

At this inspection we found:

- The service did not routinely review the effectiveness and appropriateness of the care it provided.
- The service did not routinely use information about patients' outcomes to make improvements.
- The service did not take part in quality improvement activity, for example clinical audits or prescribing trends. They did undertake quarterly reviews of consultations.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Overall summary

(Please see the specific details on action required at the end of this report).

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

- Establish regular, documented supervision and 121 meetings with staff to identify any issues that need addressing.
- Continue to take action to collect patient feedback specifically regarding the services offered in order to identify trends and make improvements.
- Ensure information on how to make a complaint is available on the services' website.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health and Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a CQC specialist adviser and two members of the CQC pharmacist specialist team.

Background to Medloop

Medloop is registered with CQC at the following address: 24 Old Queen Street, London SW1H 9HP. The provider told us that this is a postal address and where their finance and accountants office is based and no services are delivered from this site. The address where staff meet for staff meetings, to work from occasionally and where we met to carry out the inspection is: We Work Offices, Northwest House, 119 Marylebone Road NW1 5PU.

The service website can be accessed through the following link: https://medloop.co/

Medloop provides a digital remote service to assist GP practices and Primary Care Networks (PCNs) in providing additional capacity for specific clinical roles or who may be struggling to meet their patient consultation demands. The services uses a range of clinicians including GPs, advanced nurse practitioners, advanced clinical practitioners, paramedics and clinical pharmacists to provide remote consultation and or treatment. Patients are referred to the service through their GP practice and the practice will decide if the Medloop company name is visible to patients or they would like Medloop to work as an extension of their practice. The services core hours are Monday to Friday 8am to 6pm. Out of hours arrangements are Monday to Friday 6pm- 8pm and Saturday 9am to 1pm.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with the registered manager/nominated individual and operations lead face to face.
- Reviewed files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of service user records.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of customers' 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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

We identified gaps in processes for keeping people safe and a lack of systems in place had the potential to put patients at risk of harm regarding remote prescribing.

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 knew where to report a safeguarding concern. The provider told us that all the clinicians and management had received adult and level 3 child safeguarding training, however at the time of inspection they had not received evidence of completed training for 3 clinicians. The provider told us that all other staff had been risk assessed and had completed level 2 safeguarding training.

Monitoring health & safety and responding to risks

The provider told us that their clinicians have full access to patients records when they sign up to work with a GP practice. There were protocols in place to verify the patient's identity at the start of the first and subsequent consultations and we saw evidence of documented patient identity checks in patient records, however staff told us that this was not standard practice across clinicians and that they were working to improve guidance to ensure this was being routinely documented.

Patients were not treated on the premises as GPs and clinicians carried out the online consultations remotely, usually from their home. Staff had received training in health and safety including fire safety and first aid training. We saw evidence of a health and safety policy dated June 2023 and a review date set for June 2024.

The provider expected that all GPs would conduct consultations in private and maintain patient confidentiality. Each GP used an encrypted, password secure laptop to log into the operating system, which was a secure programme. GPs were required to complete a home working risk assessment to ensure their working environment was safe. The provider told us that they operated a clear desk policy that clinicians were required to sign to say they had read and understood which included both the confidentiality of where the consultation was carried out and that smartcards were not left unattended. We also saw evidence of a bring your own device policy dated June 2023 which documented the policy requirements, criteria for approval to use own device and risk awareness.

There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals. In the event an emergency did occur, the provider told us that the patient would be directed accordingly either to emergency services or back to their GP. We saw evidence of a medical emergencies and unwell patient policy dated May 2023 with a review date set for May 2024 which documented anaphylaxis guidelines and that all clinical staff would receive Basic Life Support (BLS) training in addition to in-service training in emergencies such as seizures, syncope (fainting), hyperventilation, cardiac and respiratory distress, chest pain, drug related emergencies, allergic or toxic reaction, asthma, insulin shock, diabetic coma or airway obstruction. On occasions where a remote consultation could not be completed, the clinician would arrange a face to face appointment at the patient's GP practice.

The provider told us that clinicians did not use a clinical decision support tool but that they shared consultation notes with a patient's registered GP.

Clinical meetings were held weekly with staff, which included operational and management staff where significant events were discussed and these meetings were minuted and shared with staff who did not attend.

Requires Improvement

Are services safe?

Staffing and Recruitment

There were enough staff to meet the demands for the service and there was a buddy system in place for clinicians. At the time of inspection, the clinical staff was made up of 11 GPs, 9 advanced nurse practitioners, 1 advanced clinical practitioner, 4 prescribing paramedics and 6 prescribing pharmacists. The provider told us that they offered appointments in line with their capacity.

There was support available to the GPs via the services chief medical officer who regularly audited a randomised selection of consultations from each clinician and a separate IT team. The provider told us that learning from theses audits were disseminated to all clinicians in order to maintain best practice.

The provider had a staff recruitment policy in place, dated May 2023. They told us that all clinicians and senior management had undergone Disclosure and Barring service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) For all other staff they had carried out risk assessments.

GPs/Doctors were required to be registered with the General Medical Council (GMC) with a license to practice and other clinicians were required to be registered with the relevant professional body for their role. The provider told us that clinicians were required to provide their own indemnity and Medloop had their own company indemnity in place.

Newly recruited clinicians were supported during their induction period and an induction form was in place which needed to be completed to ensure all processes had been covered, which was then signed off by an IT administrator and operations leader. The provider told us that as part of the induction process, clinicians were required to meet with the heads from all of the different sectors and that they had oversight of all clinicians revalidation. They also told us that they used 2 locum agencies for periods of annual leave or sick leave, but that this was a rarity as the buddy system in place worked well enough.

Prescribing safety

The provider did not have systems in place to ensure compliance with appropriate guidance on remote prescribing, particularly when looking at controlled and off label medicines. After the inspection, the provider submitted a 3rd version of the medicines management and prescribing policy in which clearer guidance on remote prescribing was documented, however this did not provide assurance that clinicians were adhering to the updated guidance.

The provider told us that clinicians shared a daily pool of patients and are required to select from that pool based on their competencies. In cases where a patient was selected and during consultation it emerged that the clinician had gone outside of their remit, there were measures in place to hand a patient over to a Medloop GP or back to the patient's GP practice. At the time of inspection, the provider did not provide the data we requested on the number of patients that were passed back to a Medloop GP or the patient's GP. After the inspection the provider told us that their bespoke software allowed them to extract data on consultation types and outcomes.

The provider told us that they used non-medical prescribers including nurses and pharmacists who worked together with GPs, and buffer time was built into the GPs day to allow for GP's to take back patients from non-medical prescribers where necessary. They told us that monitoring was in place in the form of random clinical audits to ensure that clinicians were not practicing outside of scope and they looked at a random sample of 20 consultations per year, (5 consultations per clinician) looking at prescribing within guidelines and documentation, instructions and advice given and safety netting. The provider told us that they provided approximately 1200 appointments per week.

Requires Improvement

Are services safe?

We saw evidence of a medicines management and prescribing policy, version 3, dated June 2023, with an annual review date or earlier if required. When asked during the inspection, the provider and management team were unsure if their medicines management and prescribing policy allowed for the prescribing of controlled drugs, but were of the opinion that they did not prescribe controlled drugs. During the inspection, it was identified that clinicians were in fact prescribing controlled drugs which went against the service's policy which clearly stated that 'controlled drugs, in particular Benzodiazepines and opiates will not be issued by Medloop clinicians'. The provider told us that clinicians should not be prescribing Benzodiazepines or controlled drugs, but do on occasion.

Following the site visit inspection, the clinical lead told us that they had listened to our feedback and it had been discussed at length in their weekly clinical meeting and was agreed that the policy could be more prescriptive and supportive to their clinicians and reflect what and how they prescribed to patients currently. They provided an updated medicines management and prescribing policy, version 4, dated September 2023 which stated that 'Benzodiazepines listed in scheduled 3 were permitted to be prescribed in small quantities for no longer than a 7 day duration. If a patient was requesting larger quantities the clinician was to refer back to lead GP at the partner practice.' In addition, 'controlled drugs in schedules 2, 3 and 5 were permitted to be prescribed in small quantities for no longer than a 28 day duration. If a patient was requesting larger quantities the clinician was to refer back to lead GP at the partner practice' and 'drugs classified as schedule 1 and 4 would not be issued by Medloop clinicians.'

Although the provider had acted quickly to address the issues highlighted around controlled drugs, it was not clear if they had considered the use of medicines used for insomnia (z-drugs) and how these were to be managed, it was assumed that they would be treated by the clinicians like benzodiazepines as they were not specified in the policy, which could lead to confusion among clinicians and potential risk to patients. After the inspection, the provider submitted a 3rd version of the medicines management and prescribing policy in which they refer to the management of z drugs.

There were systems in place for the prescribing of unlicensed medicines and the prescribing policy stated that unlicensed medicines would not be routinely prescribed by Medloop and individual cases would be discussed with the patient's GP practice to determine how measuring and monitoring would be undertaken. The provider accepted that this was difficult for them to monitor and felt that this may need to be reported to management team for oversight, however this was not documented specifically in the updated policy. In addition, the provider did not provide assurance that they fully understood about the use of off label products. There did not seem to be an understanding of the use of medicines for conditions outside of the product license or for periods longer than authorised under the product license.

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

The provider had not taken appropriate steps to ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance. The provider told us that the GP practices they worked with were not all in similar geographical areas and as such, had differing systems in place for antimicrobial stewardship. Therefore, they paired clinicians with a certain service or regions, mainly for continuity but also so they would be familiar with referral pathways, safeguarding pathways and formularies. Although they were able to explain how clinicians were given access to appropriate resources, they were not able to give assurance that they had been monitoring compliance with the information in these resources. They told us they had now obtained an antimicrobial audit from some of the GP practices and were able to use this to track trends over the next 12 months, however they had not thought about how they were going to proactively use this data. After the inspection, the provider submitted evidence of a 121 meeting with 1 clinician that showed antibiotic prescribing had been discussed as part of the meeting.

Requires Improvement

Are services safe?

The provider told us that requests for repeat prescriptions had increased in frequency. Clinicians were supported in their decision to decline using their clinical judgement. If they felt a request was inappropriate, there was no obligation to prescribe and they would pass the patient back to their host practice.

The provider told us that all prescriptions were issued electronically to the patients' nominated pharmacy which was integrated into the system. We were told that as prescribers mainly worked from their own homes, governance of looking after their computers was their individual responsibility.

There were protocols in place for identifying and verifying the patient. The provider told us that clinicians had full access to patient records and were therefore able to confirm patients' identity. They also told us that audio and video was not recorded during consultations. We saw evidence of documented ID checks in some patient records sampled during the inspection.

The provider had systems in place to receive and act on medicines alerts and other patient safety alerts, but there were gaps in oversight and the provider was unable to provide assurance that clinicians were aware of all alerts. The provider told us that they were registered to receive alerts, which would be sent to clinicians through the operations channel on their electronic system and they would be alerted when a new alert was added. The provider was heavily reliant on the systems in place by their contracting practices to have alerts that popped up when looking at a patient to whom the alert may have applied. If the GP practice did not have these systems in place, the provider told us that clinicians would have been informed of the alert and would be trusted to have read the alert, and it would be the clinicians responsibility to identify and task an alert back to the patients GP practice to action.

Information to deliver safe care and treatment

Patients were referred to the service through their own GP practice and identification verification took place before consultation, but this was not being routinely documented amongst all clinicians to ensure it was actually happening. The GPs had access to the patient's records held by their GP practice.

Management and learning from safety incidents and alerts

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were systems in place to ensure that the correct person received the correct medicine, however there were gaps in these systems as 5 out of 7 significant events involved prescription errors.

We reviewed 7 incidents and found that these had been investigated, discussed and as a result action taken in the form of feeding back to all clinicians details of the incident and how it could be avoided in the future, as well as feeding back to the GP practice involved. For example: the wrong patient being issued medicine as first and last name was used instead of NHS number. The clinician reached out to the patient to offer sincere apologies for the delay in receiving their medication and all clinicians were reminded to be mindful and aware when switching between patient records.

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. We were told that all incidents were shared on the electronic system so clinicians could access the details and any learning.

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

The provider had systems and procedures which ensured clinical care provided was in relation to the needs of patients, however they could not always assure themselves that these systems and procedures where being adhered to. The service did not have a programme of quality improvement and audits to help drive improvements were few and not proportionate to the amount of patients being seen by clinicians.

Assessment and treatment

We were told that medical records demonstrated that each GP 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 reviewed a random sample of 7 patient consultations across 3 GP practices and 2 clinical systems and found no concerns. We saw that adequate notes were recorded and the GPs had access to patients' notes.

The provider told us that the average time slot for a consultation was 15 minutes, but that double appointments were available. The average time for appointments at the minor ailments hub was 12 minutes.

The provider told us that each contracting practice would decide if they wanted the Medloop service to be visible to their patients or if they want Medloop to work as an extension of their GP practice. They assist in training reception staff in practices to be able to properly triage patients to Medloop services.

Patients were triaged by their own GP practices' reception staff before being offered Medloop services. Medloop clinicians were given full access to patient records and if it emerged that a consultation was beyond their competency, patients would be re-directed to a Medloop GP or back to their own GP as appropriate.

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 to maximise the benefits and minimise the risks for patients. If a patient needed further examination they were directed to an appropriate agency. The service carried out quarterly consultation audits on a random selection of clinicians to improve patient outcomes.

Clinicians carried out electronic referrals using local pathways, but it was the responsibility of each GP practice to follow up referrals. Urgent referrals were tasked back to the GP practice depending on their agreement with the practice.

The provider told us that they optimised Quality and Outcomes Framework (QOF) disease registers by proactively identifying and recalling patients due for an annual long term conditions or medication review using automated SMS reminders. They prioritised patients according to risk with their unique risk alert notification based on the patient's clinical presentation.

The provider told us that when conducting planned care in the form of long-term condition reviews, their nurses would advise patients on best behavioural and lifestyle practices that supported the general health of the population. They also provided patients with care plans after every long-term condition review to support this.

Requires Improvement

Are services effective?

They told us that care plans were completed using a template, sent directly to the patient and filed in their patient record. They told us they conducted comprehensive clinical reviews by their certified clinical pharmacists at a fraction of the typical cost, which enabled GP practices to keep their internal staff focused on day to day operations. They told us all reviews were coded back into the patient record saving significant administration time for practices.

Quality improvement

The service did not collect and monitor information on patients' care and treatment outcomes over time to identify trends or improve services. The service did not have a formal programme of quality improvement, and clinical/ prescribing audits were not being carried out at the time of inspection.

After the inspection, the provider sent us an example of their antibiotic prescribing data, however this was a list of antibiotic prescriptions issued and not an audit of antibiotic prescribing. There was no information documented on who had reviewed the prescribing and when, and whether or not the prescribing was in line with guidance. There was no aim/objective or outcome and no way of evidencing any improvement in patient outcomes.

The provider told us the clinical lead reviewed a random sample of 20 consultations a year, 5 consultations per clinician which amounted to 4 clinicians out of 31 and 20 consultations out of approximately 60,000 being reviewed annually.

Staff training

All staff completed mandatory training and management had oversight of all mandatory training certificates. Staff also completed other training on a regular basis, such as the V300 prescribing qualification and there was a system in place to ensure they were updated. Management had a training matrix which identified when training was due.

The provider told us that when hiring clinicians they ensured they had the correct qualifications, training certificates, references and relevant experience to perform their role. Each clinician underwent a comprehensive clinical interview by one of their clinical leads.

The provider told us all staff received regular performance reviews in the form of an annual appraisal. Additional training for staff was available in the form of an online library of training videos accessible to them and the practices they worked with.

Coordinating patient care and information sharing

The provider told us that before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Clinicians had full access to patient records as part of their contract with the GP practices.

Clinicians carried out electronic referrals using local pathways, and could request a patient have the required testing, both of these would be the responsibility of the GP practice to follow up. The service themselves did not monitor follow ups from test results to improve patient outcomes.

Good

Are services caring?

We rated caring as Good because:

The service treated patients with kindness, respect and dignity. The service involved patients in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work.

Compassion, dignity and respect

We were told that the GPs undertook online/video/telephone consultations in a private room and were not to be disturbed at any time during their working time. The provider did not carry out random spot checks to ensure clinicians were complying with the expected service standards and communicating appropriately with patients.

The provider told us that patient feedback was sometimes difficult to obtain as the practices they worked with carried out their own patient feedback and it would cause confusion amongst patients if they were to carry out their own feedback exercises, especially in practices where the Medloop name was not used or visible to patients. Where there was an agreement in place with the practice, they would email or message patients surveys directly after their consultation.

The provider sent evidence of patient feedback with dates ranging from November 2021 to present across a number of GP practices. It was not always clear from responses if the feedback was in relation to Medloop services or clinicians specifically. Feedback received was largely positive about the care and treatment received. Some negative feedback included patients wanting to be seen or spoken to by their own GP with whom they had a relationship and knew their medical history.

Most of the feedback the service received was from the GP practices themselves and not individual patients. Feedback we reviewed was positive and noted that the service was able to seamlessly integrate with their practices and its systems and improve overall practice performance.

Involvement in decisions about care and treatment

Information and guidance about how to use the service and technical issues were available on the services website. There was a dedicated team to respond to any enquiries. Patients had limited access to information about the clinicians/GPs working for the service. The clinical staffing team was made up from a diverse multicultural group.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The provider was able to provide patients with timely access to the service. The service had a complaints procedure in place, and it used patient feedback to make adjustments and improve quality of care.

Responding to and meeting patients' needs

The service offered flexible appointments to meet the needs of their patients. Consultations were provided 5 days a week, 8am and 6pm. Out of hours services were available Monday to Friday 6pm- 8pm and Saturdays 9am- 1pm 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.

The provider told us that patient choice was a priority and they always took into account patient preferences, for example, if patients wished to not be seen via video consultations, they would arrange telephone consultations.

Managing complaints

The provider kept a complaints log which we saw evidence of. We reviewed the log and noted that comments and complaints made to the service were recorded, as well as preventable and non-preventable facts, actions taken, whether or not the complaint had been resolved and the risk to the patient. We reviewed 11 complaints out of 11 received in the past 12 months, all of which had been marked as resolved. The provider was able to demonstrate that the complaints we reviewed were handled correctly.

There was some evidence of learning as a result of complaints, the provider told us that changes to the service had been made following complaints and had been communicated to staff.

We could not find information about how to make a complaint on the service's website.

Consent to care and treatment

All clinicians had full access to the patient's medical records as part of the agreement with the GP practices. 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 clinician assessed the patient's capacity and recorded the outcome of the assessment.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

Service leaders were able to articulate the vision and strategy for the service. There were systems in place to govern the service and support the provision of good quality care and treatment, however some systems in place lacked oversight to ensure they were being adhered to and potential risks had not been considered.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. There was a business continuity plan in place, dated August 2023 which included signposting to partner GP practices, local authority and safeguarding services. There was information included regarding what steps to take in the event of an adverse event, such as the loss of computer or telephone systems.

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.

There were weekly clinical meetings in place to monitor the performance of the service, however management told us that it was difficult to get all clinicians together for these meetings due to their differing work schedules. Relevant information from these meetings was shared on their internal communications platform. At the time of inspection the service was not carrying out routine, formal supervision, however they told us that day to day support and supervision was available upon staff request using their communications platform.

Arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions lacked oversight as gaps were identified during the inspection that senior leaders had not considered and were therefore unable to mitigate against. Following discussion during inspection, the provider took immediate steps to address some concerns but had not taken the time to look at all potential risks and had only addressed the ones brought to their attention by us.

Leadership, values and culture

The CEO and CMO had overall responsibility for any issues arising and were available to the service daily. There were systems in place to address any absences in the management team.

The values of the service were:

Shared and responsible ownership:

- The NHS, and its constituents have placed deep trust in Medloop to deliver high quality care to patients. As such, we need to come together as one team to ensure that we uphold the highest quality of product and service delivery at all times.

Sustain Impactful work:

- Processes and decisions should always prioritise patient impact. We must do so in a sustainable manner so that we can continuously improve patient lives over a long period of time.

Continuous learning and development:

Requires Improvement

Are services well-led?

- We value ourselves as a cohesive unit that is bound together by a common mission: improving patient access to care. As such, we work collaboratively and cross-functionally, to ensure a steep learning curve for all. This fosters a culture of innovation, enabling Medloop to consistently improve its product and service offerings, and push the status quo.

The provider told us that the service had an open and transparent culture. Support was available throughout the service across a wide range of sectors and there were designated leads in place for operations, safeguarding and information governance.

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 provider told us that clinicians could provide feedback about the quality of the operating system and any changes suggested would be discussed and decisions made for the improvements to be implemented.

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.

The provider told us that they were keen to expand the service, by working with more GP practices across a wider geographical area and also by working with larger scale PCNs to maximise their potential. They understood some of the challenges this would involve and shared that as the business grew, they would look to employ more staff to meet the demand, in addition to potentially having their staff placed directly in practices they worked with.

This section is primarily information for the provider

Requirement notices

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
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider had not ensured that effective systems and processes to ensure good governance in accordance with the fundamental standards of care were in place. In particular: • The provider was not adhering to their own policy regarding medicines management and prescribing of controlled drugs and was unaware that clinicians were working outside of this policy. • The provider did not ensure that regular quality improvement activity was taking place, in the form of clinical and prescribing audits to be able to identify potential risks and make improvements to services. This was in breach of Regulation 17(1), 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.