

# PrivateDoc Limited

## Quality Report

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of PrivateDoc Limited on 10 May 2017 and found that the service was not providing safe, effective and well led care in accordance with the requirements of the Health and Social Care Act 2008. We issued Requirement Notices and a Warning Notice to the provider to drive improvement and we will be monitoring the improvements the service

makes to meet the enforcement taken. The full comprehensive report on the 10 May 2017 inspection can be found by selecting the 'all reports' link for PrivateDoc Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk). On 10 May 2017 we identified regulations that were not being met. The areas where the provider had to make improvements were:

- Ensure that effective age verification processes are in place.

# Summary of findings

- Ensure that care and treatment is delivered in line with evidence based guidelines. For example, ensure that dosage instructions for patients are clearly highlighted on prescriptions and that health questionnaires follow national guidance.
- Consent was electronically recorded and required to access further services from PrivateDoc. However there were no risk assessments in place on declining treatment if the patient didn't consent to informing their GP.
- Ensure effective safeguarding processes are in place, including appropriate training for lead individuals.
- Ensure there is an effective programme in place for monitoring and supporting quality improvement.
- Identity verification was strengthened with an electoral roll check to ensure that the person was over the age of 18 and their stated home address was correct. The provider had also risk assessed the identity verification processes but further consideration for identity concerns in the context of the service had to be made.
- Once the doctor prescribed a medicine, information was given to patients on the purpose of the medicine and any likely side effects and what they should do if they became unwell.
- The provider had implemented systems to receive and review alerts and updates from the Medicines and Healthcare products Regulatory Agency (MHRA).
- New clinical questionnaires had been developed which followed best practice guidance.

After the inspection the service provided us with an action plan to demonstrate how they intended to comply with the requirements of the Health and Social Care Act 2008. We carried out a focused inspection on 3 August 2017. We contacted the service to request that they send us evidence to show they had implemented the changes outlined to us in an action plan following the publication of the report of the comprehensive inspection and the warning notice. We found that the service had responded appropriately to our findings and had met the requirements set out in our enforcement action:

This report only covers our findings in relation to the improvements required following our enforcement action in May 2017. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for PrivateDoc Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

- Identity verification had been strengthened with an electoral roll check to ensure that the person was over the age of 18 and their stated home address was correct.
- Once the doctor prescribed a medicine, information was given to patients on the purpose of the medicine and any likely side effects and what they should do if they became unwell.
- The provider had implemented systems to receive and review alerts and updates from the Medicines and Healthcare products Regulatory Agency (MHRA).

### Are services effective?

- New clinical questionnaires had been developed which followed evidence based guidance.

# PrivateDoc Limited

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC inspector and included a GP specialist advisor.

## Background to PrivateDoc Limited

PrivateDoc Limited offers a digital service providing patients with prescriptions for medicines that they can obtain from the affiliated registered pharmacy. PrivateDoc Limited was originally established in 2012 to provide an online service that allows patients to request prescriptions through a website.

Patients are able to register with the website, select a condition they would like treatment for and complete a consultation form. This form is then reviewed by a GP and a prescription is issued if appropriate. Once the consultation form has been reviewed and approved, a private prescription for the appropriate medicine is issued. This is sent to the affiliated pharmacy (which we do not regulate) for the medicines to be supplied. The service can be accessed through their website, [www.privatedoc.com](http://www.privatedoc.com), where patients can place orders for medicines seven days a week. The service is available for patients in the UK only. Patients can access the service by phone or e-mail from 9am to 5pm, Monday to Friday. This is not an emergency service. Subscribers to the service undergo a free consultation with a doctor following which, if deemed appropriate, they pay for their medicines. The service did not charge for declined consultations.

A registered manager is in place. A registered manager is a person who is registered with the Care Quality Commission

to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 10 May 2017, as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a judgement on the service under the Care Act 2014. Breaches of legal requirements were found. Specifically for regulations 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result we undertook a focused inspection on 3 August 2017 to follow up on whether actions had been taken to deal with enforcement action taken.

## How we carried out this inspection

On 3 August 2017 we commenced a focussed inspection where we asked the service to send us information to demonstrate how they had responded to the issues identified in the warning notice.

As part of this focused inspection we reviewed email documentation provided to us by the service and had discussions with the management team of the service

# Are services safe?

## Our findings

At our inspection on 10 May 2017:

- The service did not have a robust system in place for undertaking identity checks. Age and identity checks were undertaken through credit/debit card checks only. This system of identity verification had not been risk assessed.
- Most prescriptions included the general instruction “take as directed” and did not give specific dosage instructions for patients.
- Safety alerts such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed by sub-contracted doctors. There were no records available to indicate what actions had been taken in response, and there was no process within the organisation to review patients who may have been prescribed medicines which were the subject of these alerts.

### **Safety and Security of Patient Information**

On registering with the service, and at each consultation, patient identity was verified through debit/credit card checks. Identity verification had been strengthened with an electoral roll check to ensure that the person was over the age of 18 and their stated home address was correct. In addition, delivery addresses were checked across all accounts to ensure that multiple personas were not

utilising the same delivery address. The provider had an ongoing risk assessment in place highlighting their awareness on risks associated with the identity verification processes, but further consideration for identity concerns in the context of the service were needed.

### **Prescribing safety**

Once the doctor prescribed a medicine, information was given to patients on the purpose of the medicine and any likely side effects and what they should do if they became unwell. All medicines were now pre-populated with correct dosage guidance. The prescribing clinician retained overall control and had the facility to change dosages if they felt another dosage was more appropriate.

### **Management and learning from safety incidents and alerts**

The provider had registered with the Medicines and Healthcare products Regulatory Agency (MHRA) to receive alerts and updates, these alerts were then forwarded to the pharmacist and reviewed. The pharmacist would review the alert or update and decide what action was required depending on the content. This was done manually and recorded and stored for reference. The provider informed us that this process would be automated and included on the internal computer system for September 2017. The provider explained that this would create a complete audit trail for all MHRA alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our inspection in May 2017:

- Care and treatment was not consistently delivered in line with relevant and current evidence based guidance and standards. Online consultation questionnaire templates that patients had to undertake in order to be prescribed medication based on the questionnaires' answers, were not fully compliant with relevant and current evidence based guidance and standards.

### Assessment and treatment

The provider's clinical team (consisting of a GP and a pharmacist), with input from external doctors, had conducted a complete review of all medical questionnaires and presented updated versions to us.

Following the comprehensive inspection on 10 May 2017, the provider had decided to suspend both indigestion and influenza treatments pending further in depth review. This was in addition to the suspension of the provision of asthma treatments which was activated on the day of the May 2017 inspection.

The provider sent copies of the new medical questionnaires to us. The questionnaires generally followed best practice guidance but some minor improvements were required. For example, there was use of medical jargon in the oral contraception questionnaire and the hair loss questionnaire did not include a mention of the risk of developing depression when taking Finasteride (medication used for the treatment of benign prostatic hyperplasia and male pattern hair loss).