

# e-med Private Medical Services Ltd

## 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.

# Summary of findings

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# Summary of findings

## Overall summary

### **Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection of E-Med Private Medical Services on 31 January 2017. We found this service was not proving safe, effective and well led services in accordance with the relevant regulations but was providing a caring and responsive service.

Following this inspection the provider was issued with a Notice of Decision to impose conditions on their registration in relation to Regulation 17 Good Governance. The condition imposed was the registered provider must develop effective systems and processes to govern activity.

The full comprehensive report of the 31 January 2017 inspection can be found by selecting the 'reports' link for E-Med Private Medical Services Ltd on our website at <http://www.cqc.org.uk/location/1-2179748601/reports>.

This inspection was an announced focussed inspection carried out on 2 August 2017 looking at the issues previously identified and, to check and confirm that the practice had carried out its plan to meet the legal requirements. We found that the provider had taken

appropriate action to meet the requirements of the regulations relating to providing a safe, effective and well led service for the E-Med Private Medical Services Ltd website [www.emed.co.uk](http://www.emed.co.uk).

At our inspection on 2 August 2017 it was established that E-Med Private Medical Services Ltd was providing an online doctor service for a number of external companies. As a result of this information the provider was issued with a Section 64 letter on 3 August 2017 requesting a definitive list of all companies that E-Med Private Medical Services Ltd had provided medical advice for in the past, presently and plan to do so in the future.

A second Section 64 letter was issued to the provider on 18 September 2017 requesting information about the roles and responsibilities for carrying out the regulated activities for external companies affiliated with E-Med Private Medical Services Ltd.

The information in this report relates to the operations for the E-Med Private Medical Services Ltd [www.emed.co.uk](http://www.emed.co.uk) website only.

**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?

We found that this service was providing safe care in accordance with the relevant regulations for the E-Med Private Medical Services Ltd website [www.emed.co.uk](http://www.emed.co.uk).

- A formal system had been established for the dissemination and receipt of safety alerts for the service doctors.
- Patients accessing the service were now required to provide proof of identify.

### Are services effective?

We found that this service was providing an effective service in accordance with the relevant regulations for the E-Med Private Medical Services Ltd website [www.emed.co.uk](http://www.emed.co.uk).

- There was a system in place to ensure doctors had access to NICE guidance to enable them to assess patients' needs and deliver care in line with relevant and current evidence based guidance and standards.
- The E-Med website had been updated to inform patients of the limitations of the service and sign posted them to local A&E departments and the 999 for immediate medical assistance.
- An audit programme had been established to improve patient outcomes.
- Staff training needs and requirements were being monitored on a monthly basis.

### Are services well-led?

We found that this service was providing a well-led service in accordance with the relevant regulations for the E-Med Private Medical Services Ltd website [www.emed.co.uk](http://www.emed.co.uk).

- Policies and procedures were now available online on a secure admin page to enable staff to access these at any time. Staff were required to sign a checklist against every policy name they had read and acknowledged, and these checklists were kept within individual staff personnel files.
- Clinical meetings had been established and were minuted.
- A working from home and remote locations policy; a working from home and remote locations employee self-assessment; and an employer working from home and remote locations assessment, had been developed by the service to improve patient confidentiality.

# Summary of findings

- Monthly records audits had been implemented to ensure all patient information gathered as part of the consultation is stored within the patient record.

# e-med Private Medical Services Ltd

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector accompanied by a GP Specialist Advisor and a member of the CQC medicines team.

## Background to e-med Private Medical Services Ltd

E-Med Private Medical Services Ltd was established in March 2000 and registered with the Care Quality Commission in October 2012. E-Med operates an online clinic for patients via a website ([www.e-med.co.uk](http://www.e-med.co.uk)), providing consultations, private healthcare referrals and prescriptions. The service, for consultations, is open between 9am and 5pm on weekdays and available to UK and European residents. E-Med has approximately 1800 members and provides 50-60 consultations on average per week. This is not an emergency service.

Patients are required to join E-Med as a member to access the service and there is an annual membership fee of £20. For each consultation there is a charge of £15 which includes issuing the prescription and if patients are not satisfied with the service they are refunded the consultation. For each consultation the patient completes a free-text questionnaire for the symptoms or condition they believe they have and the prescription or private healthcare referral is issued or declined by the doctor as appropriate. The doctor requests further information from the patient via email, telephone or Skype where necessary.

If the doctor decides not to prescribe a requested medicine, the patient is sent an email stating the order will not be fulfilled and a refund is processed. Once approved by the doctor, the patient can take their prescription to a pharmacy of their choice. For prescriptions for Low Dose Naltrexone (LDN) medicines patients were requested to indicate a pharmacy of their choice for their LDN prescription to be sent to. Patients were also able to request a paper prescription to be posted to them to be dispensed at a pharmacy of their choice. However, as LDN is an off-label medicine, it is not readily stocked by all pharmacies and therefore the service directed patients to an affiliated pharmacy which is also recommended by the LDN Trust.

The provider employs one doctor on the GMC register whose background is in A&E to work remotely in undertaking patient consultations based on the information submitted by patients through the website questionnaires. The provider also employs an IT consultant on an ad-hoc basis as required. A registered manager is in place. A registered manager is a person who is registered with the CQC 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 undertook a comprehensive inspection of E-Med Private Medical Services Ltd on 31 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of

# Detailed findings

our regulatory functions. At that inspection the service was found to not to be providing safe, effective and well led care in accordance with the relevant regulations but was providing a caring and responsive service.

The full comprehensive report following the inspection on 31 January 2017 can be found by selecting the 'all reports' link for E-Med Private Medical Services Ltd on our website at <http://www.cqc.org.uk/location/1-2179748601/reports>.

We undertook a follow up focused inspection of E-Med Private Medical Services Ltd on 2 August 2017. This inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff
- Reviewed organisational documents.

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.

# Are services safe?

## Summary of findings

We found that this service was providing safe care in accordance with the relevant regulations for the E-Med Private Medical Services Ltd website [www.emed.co.uk](http://www.emed.co.uk).

## Our findings

### Prescribing safety

At our previous inspection we were told the registered manager received medicine safety alerts via email and disseminated these to the doctors. However, there was no formal system in place to ensure these alerts had been read or actioned by the doctors. The principal doctor told us he relied on receiving information from his other healthcare employment to keep up to date with safety alerts.

At this inspection we found the doctors were now required to acknowledge receipt of safety alerts forwarded to them from the registered manager. The registered manager had also developed a prescribing protocol which instructed doctors to keep themselves up to date with safety alerts and to follow prescribing guidelines accordingly.

### Information to deliver safe care and treatment

Our previous inspection found on registering with the service, and at each online consultation, patient identity was not adequately verified and there were no protocols in place to support staff to undertake this function. The service did not treat children however, there was no system in place to ensure the provider that children could not access the service. The provider relied on credit card checks to verify the identity of patient using the service.

There was no evidence that the clinicians' clarified medical history or treatment with the patient's NHS GP. This put patients at potential risk of harm as it meant that patients were responsible for entering accurate and truthful information about their medical history.

At this inspection we found new patients were required to send in a form of ID after they have joined the service as a member. The request for proof of patient identity had been added to the website's terms and conditions. Patients were asked to provide a scanned copy of a passport, photo driving license, or identity card. If this was not possible, patients were asked to provide two scanned copies of either a bank or building society statement, a utility bill, a local authority tax bill, a tenancy agreement, a HMRC tax notification, a biometric residence permit, a blue disabled drivers pass, and a benefits or pension notification letter. In addition to two of these documents, patients were also asked to provide a photo which had been countersigned by



## Are services safe?

somebody else to verify their identity. The website informed patients of the requirement of ID in order to join as a member. If the patient declined the ID request, the form was not allowed to proceed and the patient would not be able to access the service.

Following our last inspection the service had also made changes to the prescription order form which now

informed patients that the service recommended that the patient's GP be notified of their consultations and prescriptions received from E-Med. The website asked patients if they would like E-Med to provide their GP with information about their consultation. If the patient consented, a letter would be generated by the service and sent to the patient's GP.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

We found that this service was providing an effective service in accordance with the relevant regulations for the E-Med Private Medical Services Ltd website [www.emed.co.uk](http://www.emed.co.uk).

## Our findings

### Assessment and treatment

At our previous inspection we were not assured doctors 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) best practice guidelines.

At this inspection we found the registered manager had signed up to receive NICE guidance by email and forwarded this to doctors upon receipt. Doctors were now required to acknowledge receipt of this guidance by email to the registered manager.

E-Med Private Medical Services Ltd was not an emergency service and unlikely to be a service that a patient would access in case of an emergency. At our previous inspection there was no information of the service website to advise anyone with an emergency to contact the appropriate service (999, their own GP or NHS 111) however, the website did inform patients the service was for routine general medical practice needs.

Following our previous inspection the service had added a page on the website to inform patients E-Med was not an emergency service and immediate medical assistance should be accessed via 999 or local A&E department. This information was visible on all pages of the website so anyone visiting the site would be aware of the limitations of the service.

### Quality improvement

Our previous inspection found the service did not monitor consultations or carry out consultation and prescribing audits to improve patient outcomes. Staff told us they monitored if patients returned to use the service.

At this inspection we found the registered manager had established a programme of monthly audits for patient records; prescriptions; and non-member email enquiries; and six monthly audits on patient refunds and patient feedback forms.

To undertake these audits the registered manager was selecting a random sample of five percent of consultations, prescriptions and referrals generated in the previous four months. The registered manager had developed a clinical audit policy and this had been circulated to staff. An audit

# Are services effective?

## (for example, treatment is effective)

template form had been devised which included a comments and suggestions section so the staff member undertaking the audit could feedback to management how the service could be improved.

The results of the audits were reviewed by the registered manager and director and feedback was given to clinicians as a way to provide learning. An external doctor had also been recently recruited to the service to offer clinical support for the doctors and part of this role included discussing audit results with the doctors for quality improvement.

The registered manager also told us they had requested from the companies E-Med Private Medical Services Ltd are affiliated with to provide them with a random sample of five percent of consultations processed by E-Med doctors.

### **Staff training**

At our previous inspection it was unclear from the staff personnel files which training had been completed or when refresher training was due. For example, the service was unable to evidence training for the principal doctor for

safeguarding adults and safeguarding children training to Level 3 or Mental Capacity Act 2005 training. We found staff did not have a comprehensive understanding of how to seek patients' consent to care and treatment in line with legislation and guidance. Staff did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinicians failed to respond appropriately to scenarios we gave them relating to patient's capacity to make their own decisions.

Following this inspection the registered manager introduced a new system to check staff personnel on a monthly basis to identify if any training certificates required renewal. The registered manager had created checklists of essential training for staff within their personnel files and when this training required an update. The registered manager would then alert staff of any training that needed to be undertaken and assisted staff by enrolling them on training courses. At this inspection we saw evidence the principal doctor had undertaken appropriate safeguarding and Mental Capacity Act 2005 training.

# Are services well-led?

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

## Summary of findings

We found that this service was providing a well-led service in accordance with the relevant regulations for the E-Med Private Medical Services Ltd website [www.emed.co.uk](http://www.emed.co.uk).

## Our findings

### **Business Strategy and Governance arrangements**

Our previous inspection found the service did not have an overarching governance framework to support the delivery of the strategy and good quality care. There was a range of service specific policies which had been developed however the primary doctor was unaware of the existence of these. The policies were available in paper form within the provider's policy folder but these were not available to off-site staff.

Our inspection on 2 August 2017 found all policies and procedures were now available online on a secure admin page to enable staff to access these at any time. Staff had also acknowledged and signed that they are aware of the policies and procedures being available on this page. Staff were now also required to sign a checklist against every policy name they had read and acknowledged, and these checklists were kept within individual staff personnel files.

At our previous inspection we found there was no provision of clinical oversight for the doctors and no clinical meetings held. At this inspection we found clinical meetings had been held and documented. A paper meeting file had also been developed for staff to access the meeting minutes and electronic versions of these minutes were also available.

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

At our previous inspection we discussed with the provider the arrangements in place for the doctors undertaking the consultations remotely. The provider expected that doctors would conduct consultations in private and maintain the patient's confidentiality. Staff told us the doctors could use their laptop, desk top or iPad at any time or location (internet connection permitting). Whilst connecting to the service was operated through a secure network line; we were not assured the provider had considered the risk to privacy of patient information extensively enough. For example, doctors were able to access the service from a number of devices and locations; however there was no guidance in place for doctors to undertake consultations in a private room and not to be disturbed during their working time; and no home working risk assessments had been undertaken to ensure their working environments were safe.

# Are services well-led?

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

We also found not all patient information gathered as part of the consultation had been stored with or attached to, the patient record; some patient correspondence was found to have been stored within the doctors email account. This posed a potential risk to patient healthcare for patients who may return to the service and the doctor undertaking the consultation may not have access to the patient's previous health information and the patient record could be incorrect.

Following our first inspection the registered manager developed a working from home and remote locations policy; a working from home and remote locations employee self-assessment; and an employer working from home and remote locations assessment. All staff were required to complete and sign the self-assessment. The self-assessment form questions included, if consultations and access to the service is undertaken in a private room; if

the devices used are password protected; and if the internet connections used are secure. Once the self-assessment form was completed, this was followed up by the employer working from home and remote locations assessment completed by the registered manager. Both of these assessments were stored in the staff personnel files.

The registered manager had also set up a dedicated email for entering patient information into the patient database. All emails sent from the doctor account were now copied to this dedicated email account to ensure no patient information was missed. The service had also employed an administrator to undertake transferring any previous consultations, emails, prescription orders and referrals were transferred from the doctors email account and appropriately recorded in the patient database. The registered manager was monitoring this process was being done correctly as part of new monthly records audit.