

Dr To You

Inspection report

63-66 Hatton Garden
London
EC1N 8LE
Tel: 02034359916
www.drtoyou.co.uk

Date of inspection visit: 30 November 2021
Date of publication: 14/12/2021

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

We rated this service as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Dr To You (the service) on 30 November 2021 as part of our inspection programme. It was the first inspection of the service, which was registered by the CQC in August 2021. This was in accordance with our published process to inspect online services soon after registration.

The service is operated by Dr To You Ltd (the provider), offering online video consultations with a general practitioner. In addition, the service provides access to a wide range of laboratory blood tests and radiology appointments under contracted arrangements with third-party service providers.

Details of the service can be found on its website –

www.drtoyou.co.uk

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the provider learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Service users were treated with compassion, kindness, dignity and respect.
- People could access care and treatment from the service within an appropriate timescale for their needs.

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

- The registered manager should undertake level 4 safeguarding training, appropriate for their role as safeguarding lead for the service.
- Information regarding the complaints process should be added to the service website.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Dr To You

The provider, Dr To You Ltd, was registered by the CQC in August 2021 to provide the regulated activity Treatment of disease, disorder or injury.

The provider is a registered company with two directors. Its registered company office address is 63-66 Hatton Garden, Suite 23, 5th Floor, London, England, EC1N 8LE. The address is also the service location for the CQC registration. However, the service operates entirely online.

One of the provider's directors is a doctor, registered by the General Medical Council (GMC) and on its GP Register. They are the registered manager for the purposes of the CQC registration. 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 over how the service is operated.

The service provides online access to a general practitioner, using a video conferencing system. Service users can access the system by computer or smartphone. Under arrangements with a third-party laboratory, service users can book a wide range of blood tests, although GP consultations are recommended beforehand, together with radiology appointments with third-party providers. The service also provides travel health advice. The service is only available to adults, of over-18 years of age.

Consultations are available throughout the week during the following hours –

Monday 10:00 am to 6:00 pm

Tuesday 10:00 am to 6:00 pm

Wednesday 10:00 am to 4:00 pm

Thursday 10:00 am to 6:00 pm

Friday 10:00 am to 12:00 noon

Saturday 10:00 am to 2:00 pm

Sunday 10:00 am to 12:00 noon

Details of the service are set out on the website - www.drtoyou.co.uk

Currently the registered manager is the only clinician working in the service and providing the online consultations. They have previous experience of working in online services. The provider has plans to recruit clinicians as the business develops.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During inspection, we interviewed the registered manager using online conferencing. We also reviewed the records of all the service user consultations to date.

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

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

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

Are services safe?

We rated safe as Good because:

People were protected from avoidable harm and abuse

Keeping people safe and safeguarded from abuse

Staff working in the service had received training in safeguarding and whistleblowing and knew how to recognise the signs of abuse. All staff had access to the safeguarding policies and where to report a safeguarding concern. We saw the provider's adult and child safeguarding policies, with guidance to identify the local safeguarding authority for the service user, should referral be appropriate. The policies were due for review in December 2021. We discussed with the registered manager their rolling programme for governance policy review.

The registered manager, whom we saw is included on the NHS performers list, had received safeguarding training to level 2, but confirmed they would arrange for level 4 training forthwith, as appropriate for safeguarding leads within services.

The service did not treat children, but the provider had appropriate child safeguarding arrangements in place.

Monitoring health & safety and responding to risks

All consultations were conducted online, involving no direct face to face contact. The registered manager usually carried out the online consultations from their home and it was envisaged that any clinicians appointed in the future would do the same. Guidance on secure working arrangements was provided to ensure confidentiality in consultations was maintained. The service used a recognised commercial IT system which was secure and encrypted, accessed using secure passwords. Patient data storage was cloud-based, not stored on any computer hardware. The provider had a protocol in place relating to patient confidentiality.

There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals. The service was not intended for use by people with either long term conditions or in an emergency. We saw the provider had governance policy covering risk assurance procedures.

Staffing and Recruitment

There were enough staff to meet the current demands for the service. The provider had appropriate recruitment procedures for future use as the business developed. These included ensuring suitable pre-employment processes were conducted, including seeking references and organising 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.

Potential GP / Doctor employees would be currently working in the NHS - as a GP, if applicable - and be registered with the GMC - and on the GP register, if applicable - with a license to practice. They would have to provide evidence of professional indemnity cover, to include cover for video consultations, an up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act.

There were policies in place to ensure new staff were suitably inducted and provided with necessary ongoing training. We saw the registered manager's completed training records. The provider used recognised online systems specialising in healthcare-related training. Newly recruited clinicians would be given full training on the service system, including assessment, before commencing duties.

Are services safe?

Prescribing safety

All medicines prescribed to service users following an online consultation were monitored by the provider to ensure prescribing was evidence-based. We saw the provider's prescription management policy, last reviewed in August 2021, which stated that all prescribing would be in accordance with the GMC's published guidance *Good practice in prescribing and managing medicines and devices*, updated 5 April 2021. It also stated that Medicines and Healthcare Products Regulatory Agency (MHRA) guidelines would be adhered to, as well as antimicrobial prescribing guidelines issued by the National Institute for Health and Care Excellence (NICE).

If a medicine was considered appropriate following a consultation, the clinician can issue a private prescription from within the service system, which automatically links with the British National Formulary (BNF). Prescriptions are sent electronically either to third-party pharmacy under a contractual arrangement with the provider, which can arrange for delivery to the service user, or to a pharmacy nominated by them. The provider had a process to assure itself of the quality of the dispensing process. There were processes in place to ensure that the correct person received the correct medicine.

There was a set list of medicines that could be prescribed. These did not include any controlled drugs or unlicensed, off-label medicines. Any medicines with the potential for overuse or misuse were appropriately monitored by provider.

Once the GP prescribed the medicine and dosage of choice, relevant instructions were given to the service user 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 service was not intended for the management of long-term health conditions. Relevant information was provided to service users on the website. The provider's prescription management policy set out guidance on repeat prescribing and high-risk drugs monitoring. This referenced the GMC's guidance on *Repeat prescribing and prescribing with repeats*; and the *National Patient Safety Agency: High Risk Drugs List*.

When emergency supplies of medicines were prescribed, there was a clear record of the decisions made and the service contacted the patient's regular GP to advise them.

The prescription management policy set out the process for conducting *a full annual prescribing audit will be conducted to ensure that prescribing is in line with the policy and national standards, as well as that appropriate prescriptions have been issued in relation to the patient's clinical needs, that prescriptions have been written correctly and medical notes are consistent with the prescription need*. This had not yet been conducted as the service had only been operating since August 2021. We reviewed the healthcare records for all the service users to date. Only two prescriptions had been issued following consultations, in both cases appropriately and in line with good practice guidance.

Information to deliver safe care and treatment

On registering with the service and at each consultation the service users' identity was verified. A record of service users' medical history was obtained and recorded. The clinician had access to the service users' previous records held on the service system.

Management and learning from safety incidents and alerts

Are services safe?

There were processes in place for identifying, investigating and learning from incidents relating to the safety of service users and staff. We saw the provider had a policy document relating to Accident and Incident Management, last updated in December 2021, which covered external reporting and the Duty of Candour. However, there had been no service-related incidents since commencement in August 2021.

The registered manager received safety alerts directly from the MHRA Central Alerting System. There was provision for these to be reviewed and actioned in accordance with the provider's written safety alert policy and procedures.

Are services effective?

We rated effective as Good because:

People have good outcomes because they receive effective care and treatment that meet their needs.

Assessment and treatment

We were told service users' needs were assessed and care was delivered in accordance with relevant and current evidence-based guidance and standards, including NICE guidance. Our review of service users' healthcare records confirmed this.

We saw that service users could book online consultations of either 15- or 30-minute duration. They were required to submit photographic evidence of ID and asked to complete a medical history questionnaire. Alternatively, they could provide their NHS summary care record, accessed via the NHS App, or a brief medical summary obtained from their NHS GP. Service users were asked for their consent to the provider sharing information with their GPs.

We reviewed the records of consultations to date. We saw these were complete, with adequate notes recorded and that previous notes could be accessed by clinicians.

The provider was aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients. The provider worked carefully to maximise the benefits and minimise the risks for patients. If a patient needed further examination, they were signposted appropriately. For example, a range of blood tests could be arranged. If the provider could not deal with the service users' needs, this would be explained and recorded.

Quality improvement

We saw there were procedures in place to collect and monitor information regarding service users' care and treatment outcomes; these were set out in various written documents, including the provider's clinical governance policy; its standard and clinical audit policies and prescription management policy.

The provider will use information about service users' outcomes to make improvements. We saw plans in place for a range of audits, such as patient satisfaction surveys, feedback and complaints; critical incident reports; direct observation of care; national audit projects; quality concerns; adverse patient outcomes / high complication rates; cost effectiveness of treatment; changes to National Institute for Health Care Excellence (NICE) guidance.

Staff training

At the time of the inspection, the service was being operated solely by the provider's registered manager, who was registered by the GMC and on its GP Register. We saw they were also on the NHS Performers List, working as a locum GP in NHS general practice. We saw the record of their completed training.

Service demand did not currently warrant further staff being employed. However, we saw the provider had suitable policies and systems in place relating to recruitment, induction and ongoing staff training and appraisal.

Coordinating patient care and information sharing

Are services effective?

Before providing treatment, the provider ensured it had adequate knowledge of the service users' health, any relevant test results and their medicines history. All service users 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. The provider had risk assessed the treatments it offered, in accordance with evidence-based guidelines. It saw it had identified medicines that were not suitable for prescribing if the service user did not give their consent to share information with their GP, or they were not registered with a GP, such as medicines which could be abused or misused. We saw evidence of this from our records review in relation to a service user currently prescribed gabapentin, who was referred to their GP for an increased dosage. Gabapentin is an anticonvulsant medication primarily used to treat partial seizures and neuropathic pain.

The provider monitored the appropriateness of referrals / follow ups from test results to improve patient outcomes. During our records review, we saw evidence that a service user's GP had been contacted by email for an urgent secondary referral, with a subsequent phone call to the GP to ensure the referral had been made.

Under contractual arrangements with third-party service providers, a range of blood tests, pathology and radiology appointments were available to service users. The costs of these were set out on the service website. Under the arrangements, the results were sent to the provider for review with service users.

Supporting patients to live healthier lives

The provider identified people who might be in need of extra support and had a range of information available on its website, with links NHS websites and blogs.

We received service user feedback that confirmed lifestyle advice was provided during consultations.

Are services caring?

We rated caring as Good because:

People are supported, treated with dignity and respect, and are involved as partners in their care.

Compassion, dignity and respect

We were told that the online consultations were conducted in a private room, without any disturbance. We saw the service website advised service users to make similar provision for privacy during consultations and at the beginning of each consultation, service users were asked if they were in a private setting. The provider had guidance policies in place to ensure that staff appointed in the future would maintain services users' confidentiality. This was covered, for example, by its information governance and patient confidentiality policies and procedures.

Service users were asked for feedback during each consultation, but because of the newness of the service, this was limited. The provider told us it intended to use commercial customer survey operators for feedback as business increased.

In preparation for the inspection, we asked the provider to email all service users, with a request that they provide feedback directly to CQC for review. The comments we received were very positive.

Involvement in decisions about care and treatment

Information guides about how to use the service and technical issues were available. Patients had access to information about the clinician working in the service. As the service expands, this will be added to, to allow users to make informed decisions and book a consultation with a clinician of their choice.

Are services responsive to people's needs?

We rated responsive as Good because:

People's needs are met through the way services are organised and delivered.

Responding to and meeting patients' needs

The service is available throughout the week during the following hours:

Monday 10:00 am to 6:00 pm

Tuesday 10:00 am to 6:00 pm

Wednesday 10:00 am to 4:00 pm

Thursday 10:00 am to 6:00 pm

Friday 10:00 am to 12:00 noon

Saturday 10:00 am to 2:00 pm

Sunday 10:00 am to 12:00 noon

Timings were flexible to meet the needs of service users. Consultations of 15- or 30-minute duration could be booked. This was done online, via the service website. Service users can contact the provider by phone to discuss any technical queries. The website made clear it was not an emergency service. Users were advised that in a medical emergency they should seek immediate medical help via 999, or if appropriate to contact their own GP or NHS 111. The website also set out the healthcare conditions that were appropriate for online consultations and those which were not suitable and provided details of the costs of the various services offered.

The digital application allowed users to contact the service from abroad, but all medical practitioners were required to be based within the United Kingdom. Prescriptions are sent electronically either to third-party pharmacy under a contractual arrangement with the provider, which can arrange for delivery to the service user, or to a pharmacy nominated by them.

If online video access was not available for technical reasons, telephone consultations could be provided as a back-up.

Tackling inequity and promoting equality

The provider offered consultations to anyone who requested them and paid the appropriate fee. It did not discriminate against any client group.

Managing complaints

The provider told us no service user complaints had been received. We were shown the provider's complaints management policy, which made provision for a complaint to be escalated for adjudication by Independent Sector

Are services responsive to people's needs?

Complaints Adjudication Service (ISCAS) if service users were dissatisfied with the provider's response. The policy contained appropriate timescales for dealing with complaints and made provision for complaints monitoring so that they could be learned from to improve the service. We noted that information regarding the complaints process was not immediately apparent on the service website. The provider told us this would be corrected forthwith.

Consent to care and treatment

There was clear information on the website regarding how the service operated and the costs involved, together with relevant supporting guidance. The website set out the terms and conditions; users could contact the provider with enquires, to discuss any issues or seek clarification.

We were shown the provider's consent policy and procedures, last reviewed in April 2021, which included guidance on Mental Capacity. Staff had received Mental Capacity Act training. Staff sought service users' consent to care and treatment in line with legislation and guidance. Where a person's mental capacity to consent to care or treatment was unclear the GP assessed the person's capacity and recorded the outcome of the assessment. The process for seeking consent was to be monitored through audits of patient records.

Are services well-led?

We rated well-led as Good because:

The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to provide a high-quality responsive service that put caring and patient safety at its heart. The service was newly established, registered in August 2021, with a small number of current users. We discussed the business plans, which included increasing staff to meet users' needs as the service expanded.

There was a clear organisational structure and service-specific governance policies were in place. These were subject to a rolling programme of review and would be updated as necessary.

The policies provided for regular monitoring of the services, including reviews of service users' feedback and complaints, incidents, clinical auditing etc. As the business grew and more staff were taken on, the policies set out that information would be shared appropriately to drive improvement.

There were contracts in place with the IT system provider, laboratory service and providers of radiology services.

There were arrangements for identifying, recording and managing risks or issues and for implementing mitigating actions. These were set out in the provider's risk assurance policy and procedures, the clinical governance policy, etc.

We saw that service user care and treatment records were complete, accurate, and securely maintained.

Leadership, values and culture

The registered manager was the sole clinician currently involved in providing the service, including conducting online consultations. There were plans in place to recruit additional staff as the business increased.

The provider had an open and transparent culture, complying with the Duty of Candour, as set out in its governance policies. If there were unexpected or unintended safety incidents, the provider would give affected service users reasonable support, truthful information and a verbal and written apology.

Safety and Security of Patient Information

Processes were in place to ensure that all service user information was stored and kept confidential. The provider had a range of policy and guidance documents, such as those relating to information governance, confidentiality and freedom of information. There were clear information security provisions under contractual arrangements with the IT service system provider and the contracted laboratory and the secondary radiology services. There was a clear audit trail of who had access to records and from where and when. We saw that the provider had the appropriate registration by the Information Commissioner's Office. There were business contingency plans in place to minimise the risk of losing patient data.

Seeking and acting on feedback from patients and staff

Are services well-led?

Service users were asked to provide feedback after each consultation. Comments, suggestions and complaints could be submitted via a facility on the service website. The provider told us it intended to use commercial customer survey operators for feedback as the business increased and this became viable.

Continuous Improvement

The service had been operating for only three months at the time of our inspection. Procedures were in place to review consultations, seek and act on service user feedback and to conduct clinical and non-clinical audits over time to identify where improvement could be achieved.

As business increased, the provider had plans to recruit more staff, either doctors or potentially advanced nurse practitioners.

The governance policies and procedures set out the open nature of the service and provided that all staff would be involved in service improvement initiatives. For example, the clinical audit policy stated the provider would,

“.....encourage a working environment that is open and receptive to positive changes that improve patient/staff safety, efficiency, cost and standards and quality of care. This will be achieved through the continual involvement of staff in the audit process. Outcomes from audits will be disseminated to all staff, who will also be encouraged to discuss ideas and options for improvement.”