Nationwide Pharmacies Ltd

Inspection 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.

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Letter from the Chief Inspector of General Practice

We rated this provider as Good overall.

There had been three previous inspections of this provider in February 2017, June 2017 and April 2018. The inspection in April 2018 highlighted the provider was working in accordance with the relevant regulations.

The inspection reports for the previous inspections can be found by selecting the 'all services' link for Nationwide Pharmacies LTD on our website at .

The key questions are rated as:

- Are providers safe? – Requires improvement
- Are providers effective? – Good
- Are providers caring? – Good
- Are providers responsive? – Good
- Are providers well-led? – Good

We carried out an announced comprehensive inspection at Nationwide Pharmacies LTD, an online GP consultation and prescribing provider located in Buckinghamshire on 30 April 2019. This inspection was part of the digital and online providers inspection programme to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Patients register for the provider on the provider's website, select the medicines they require, complete an online consultation form which is reviewed by a GP, and if approved, the affiliated pharmacy (which we do not regulate) sends the medicines to the patient.

At this inspection we found:

- The provider 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.
- Patient identity checks were not fully effective in particular for patients being prescribed medicines liable to abuse, overuse or misuse or medicines that require ongoing monitoring or management.
- The provider reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The provider prescribed medicines to treat asthma and Class 4 and 5 controlled opiate medicines such as codeine and dihydrocodeine. The records we reviewed did not detail a rationale for prescribing these medicines without consent to contact and share information with the patient's GP.
- All patient data was encrypted and securely stored.
- Staff involved and treated people with compassion, kindness, dignity and respect. Patient feedback from a variety of different sources highlighted high levels of satisfaction.
- Patients could access care and treatment from the provider within an appropriate timescale for their needs.
- Information about the provider and how to raise concerns and complaints was available.
- There was a strong focus on innovation, continuous learning and improvement at all levels of the organisation.

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

- Ensure care and treatment is provided in a safe way to patients.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Providers and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, a member of the CQC medicines team and a second CQC inspector.

Background to Nationwide Pharmacies Ltd

Nationwide Pharmacies LTD is based in High Wycombe in Buckinghamshire. Nationwide Pharmacies LTD set up an online provider in October 2012 and includes consultation with a GP. We did not inspect the provider's affiliated pharmacy, which is not within the remit of registration with Care Quality Commission (CQC).

We inspected the online provider which is also known as Nationwide Pharmacies LTD at the following address:

- Unit 1, Riverside Business Centre, Victoria Street, High Wycombe, HP11 2LT.

The provider employs staff who work on site including a superintendent pharmacist, pharmacy and administrative staff. The GP worked remotely from the provider. At the time of the inspection, the provider had approximately 57,000 patients registered, in the last 18 months, approximately 17,000 new patients had registered with the provider, however not all of them had been prescribed medicines.

The provider can be accessed through their website: where patients can complete an online questionnaire to be reviewed by a GP which may result in a prescription being provided. The provider is available for patients in the UK. Patients can access the provider by telephone from 9am to 5.45pm, Monday to Friday. This is not an emergency provider. Subscribers to the provider pay for their medicines when making their on-line application. Once approved by the GP, medicines are supplied and dispatched directly to the patient by the affiliated pharmacy.

Nationwide Pharmacies Ltd was registered with CQC on 31 January 2012 and has a registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered services, they are 'registered people. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the provider is run.

The provider is registered to provide the regulated activities: Treatment of disease, disorder or injury and transport providers, triage and medical advice provided remotely.

How we inspected this provider

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the Registered Manager, Superintendent Pharmacist who was also an independent prescriber and members of the management, administration and medicines team.

To get to the heart of patients' 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.

Requires improvement

Are services safe?

We rated safe as Requires improvement because:

- Patient identity checks were not fully effective in particular for patients being prescribed medicines liable to abuse, overuse or misuse or medicines that require ongoing monitoring or management.
- The provider prescribed medicines to treat asthma and Class 4 and 5 controlled opiate medicines such as codeine and dihydrocodeine. The records we reviewed did not detail a rationale for prescribing these medicines without consent to contact and share information with the patients GP.

Keeping people safe and safeguarded from abuse

Staff employed had received training in safeguarding and whistleblowing and knew the signs of abuse. The Superintendent Pharmacist was the Lead Designated Safeguarding Officer and had completed additional training to support this role. The GP and Superintendent Pharmacist had received adult and level three child safeguarding training. All staff had access to the safeguarding policies and where to report a safeguarding concern. The safeguarding policies did not contain contact information for the different local authorities, we saw these details were displayed in the office where the provider was delivered from. The provider advised they would amend the policies to contain this information.

The provider was no longer prescribing medicines for patients aged under 18 years of age. We saw safeguards had been added to their systems so that if a date of birth was entered which indicated the patient was under the age of 18, continuation with the consultation was disallowed.

Monitoring health & safety and responding to risks

The provider headquarters was located within an office which housed the IT system and a range of administration staff. Patients were not treated on the premises and all online consultations were completed remotely. All staff based in the premises had received training in health and safety including fire safety.

All clinicians conducted consultations in private and maintained patient confidentiality. The provider used a two-factor security system, a static IP address and a remote 'log in' encrypted, password to log into the operating system, which was a secure programme.

The provider was not intended for use as an emergency provider. Patients who had a medical emergency were advised on the provider's website to ask for immediate medical help via emergency providers and/or NHS111. We reviewed a policy which outlined the management of a clinical emergency and the escalation to emergency providers. All staff had signed to confirm they had read and understood the details of the handbook.

A range of clinical and non-clinical meetings were held with staff, where standing agenda items covered topics such as significant events, complaints and provider issues. Clinical meetings also included case reviews and clinical updates. We saw evidence of meeting minutes to show where some of these topics had been discussed, for example improvements to the consent policy, a significant incident and clinical pathways in line with national guidance.

Staffing and Recruitment

There were enough staff to meet the demands for the provider. The provider clinical team consisted of a GP and a Superintendent Pharmacist who was an independent prescriber. They were supported by a separate administration team. We highlighted a concern relating to the providers reliance on a sole GP to provide the services. However, they told us despite an increase in registered patients (an increase of 17,000 patients in two years) there had been a significant decline in demand for their provider of approximately 40% following the introduction of their enhanced screening and assessment processes. They also attributed this to the provider no longer prescribing and distributing medicines outside of the UK.

The provider had a selection and recruitment process in place for all staff. There were a number of checks that were required to be undertaken prior to commencing employment, such as references and Disclosure and Barring provider (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.)

We saw evidence of professional indemnity cover (which included cover for online/digital consultations), an up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act.

Newly recruited members of staff were supported during their induction period and an induction plan was in place to ensure all processes and training had been covered.

Requires improvement

Are services safe?

We reviewed three recruitment files which showed the necessary documentation was available. The provider kept records for all staff and there was a system in place that flagged up when any documentation was due for renewal such as their professional registration for both the GP and Superintendent Pharmacist. We saw the GP was on the national performers list and the Superintendent Pharmacist was on the General Pharmaceutical Council (GPhC) register. The GPhC is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain.

Prescribing safety

All medicines prescribed to patients from online consultation forms were monitored by the provider to ensure prescribing was evidence based. The provider did not allow patients to select and place an order for medicines independently of the screening questions and subsequent clinical consultation. If a medicine was deemed necessary following a consultation, the GP could issue a private prescription to patients.

The GP could only prescribe from a set list of medicines which the provider had risk-assessed, this list included Controlled Drugs (medicines that required extra checks and special storage arrangements because of their potential for misuse). The provider monitored the prescribing of Class 4 and 5 controlled opiate medicines such as codeine and dihydrocodeine for example, audits for unusual prescribing, quantities, dose, formulations and strength. There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.

The provider prescribed a range of medications for pain relief which included opiates (such as codeine and dihydrocodeine) and neuropathic pain relief medicines, which are Controlled Drugs. The provider did not prescribe medicines 'off label' (for use in a way that is different from that described in its licence).

For Class 4 and 5 controlled opiate medicines and the neuropathic pain relief the provider had introduced a new policy since the 1 April 2019 which detailed that patients must share their NHS GP's details with the provider and give them consent to contact their GP and share information regarding their treatment before prescribing these medicines. We did not see evidence of this process happening as none of these medicines had been prescribed since 1 April 2019.

For other medicines the provider asked for patients GP details and asked for consent to contact and share information with their GP. If the patient did not consent we saw that the provider would prescribe these medicines until their fourth review was undertaken, at which point they would refuse to prescribe further without this consent.

The provider prescribed medicines to treat asthma. There were safeguards in place to ensure that patients were not ordering too many (three within 12 months) of these medicines from this provider. The provider asked for patients GP details and asked for consent to contact and share information with their GP. If the patient did not consent, we saw that the provider would prescribe these medicines. The records we reviewed did not detail a rationale for prescribing these medicines without consent to contact and share information with the patients GP, in line with current guidance for medicines which are liable to abuse, overuse or misuse or medicines that require ongoing monitoring or management.

At the end of the inspection, the provider advised the arrangements for management of asthma would be reviewed.

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

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

Medicines supplied were monitored through a secure delivery system which required a signature on delivery. Business addresses, temporary address e.g. hotels, post office boxes or collection depot providers were not allowed to ensure that the correct person received the correct medicine.

The website advertised medicines were available and there were systems in place to prevent the misuse of these

medicines. For example, we saw measures were in place to prevent over-ordering and duplicate accounts. The GP had access to the patient's previous records held by the provider.

We saw audit activity and patient search exercises which reviewed and limited the amount of medicine prescribed for each patient and that patients could only order one, two or six months' supply depending on the type of medicine.

The provider operated a one patient, one address IT system to help prevent additional medicine orders being made in different names from a single address. The system had an inbuilt automated check which blocked patients from ordering the same medicine until three days prior to the date it was due to run out. During our inspection we saw evidence of this automated check and subsequent block working to prevent over prescribing.

The provider had low levels of antibiotic prescribing and encouraged good antimicrobial stewardship by only prescribing from a limited list of antibiotics which was based on national guidance. We saw the provider only prescribed antibiotics for acne, malaria and on presentation of a confirmed diagnosis of a sexually transmitted infection (STI).

Information to deliver safe care and treatment

On registering with the provider, and at each consultation patient identity was verified. The automated verification process included a search of multiple data sources cross checking and verifying the name, age and address of the person. Where discrepancies were identified the patient was asked for further identification such as formal photographic identity in order to continue with their order. Accounts would not be activated, thereby allowing patients to request medicines, until identity verification was completed by the administrative team.

The GP had access to the patient's previous records held by the service.

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. One of the incidents we reviewed included a joint investigation between the provider and the General Pharmaceutical Council (GPhC) into the circumstances of an alleged oversupply of an opioid. GPhC is the body responsible for the independent regulation of the pharmacy profession within England, responsible for the regulation of pharmacists, pharmacy technicians and pharmacy premises.

We reviewed the incident and found that this had been fully investigated and discussed. The investigation highlighted the provider adhered to national guidance, a provider specific standard operating procedure and the prescribing policy for this specific opioid. As a result, the allegation was not upheld, however the provider highlighted if there are indications that a patient is addicted to a medication, there should be appropriate signposting and links on our website to online organisations who provide anonymous support for addicts. On review of the provider website, we saw this action had been completed.

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.

The provider had a system in place to assure themselves of the quality of the dispensing process (for onsite pharmacies).

We were shown records of the action taken in response to recent patient alerts. This process was managed by the Superintendent Pharmacist. We saw action following various alerts received, for example the provider was prescribing contraceptive medicines and following a recent alert checked to identify whether a patient was taking sodium valproate; a medicine to prevent seizures which should not be used in women of child bearing age (if clinically appropriate). We also saw the provider no longer provided international consultations and did not distribute medicines outside of the UK. This decision was taken in response to a Medicines Safety Alert.

Good

Are services effective?

We rated effective as Good because:

Assessment and treatment

We reviewed 10 examples of medical records that demonstrated that the 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. If the GP had not reached a satisfactory conclusion there was an encrypted messaging system in place where they could contact the patient again. This included an auditable communication log to evidence questions, discussions and decisions. For example, a communication log was recorded on the system showing day, time and author of the question and responses.

There was a tiered procedure for capturing, assessing, diagnosing and dispensing medicines. The provider had introduced a three-tier process for assessment, diagnosis and treatment. Patients completed an online form which included their past medical history. There was a set template to complete for the consultation that included the reasons for the consultation and the outcome to be manually recorded, along with any notes about past medical history and diagnosis. We reviewed 10 medical records which were complete records. We saw that adequate notes were recorded, and the GP had access to notes of previous consultations the patient had with the provider.

All staff we spoke with providing the service were aware of both the clinical and non-clinical strengths (speed, convenience, choice of time) and the clinical and non-clinical limitations (inability to perform physical examination) of working remotely from patients. They worked carefully to maximise the benefits and minimise the risks for patients. If a patient needed further examination, they were directed to an appropriate agency. We saw the Superintendent Pharmacist had completed additional medicines optimisation training for certain long-term conditions.

Quality improvement

The provider collected information on patients' care and treatment outcomes.

- In the last year, the provider had introduced a system to identify and respond to risks which supported quality improvement activities. We saw this system highlighted potential risk related to over use of specific medicines. The provider shared a variety of single cycle audits, this included audits for higher strength opiates and lower strength opiates. The provider understood, documented and scheduled the second cycles of this audits and advised the full results would be used as a true reflection of their prescribing practice.
- The provider took part in other quality improvement activity, for example, prescribing trends, specifically we saw evidence of quality improvement activity from the pharmacy team (a non-regulated service) who had conducted self-initiated audits on prescribing behaviours. The provider reviewed the results of these audits to see if there was additional learning for the regulated service (online GP consultation and prescribing service).

Staff training

All staff completed induction training which included, health and safety, basic life support, work place stations assessments, information governance and confidentiality. New members of staff had their progress discussed on a monthly basis by their mentor/line manager and then at a three-month review by the mentor/line manager and the Chief Executive Officer. Staff also completed other training on a regular basis, for example, safeguarding to the appropriate levels.

We saw staff training was a standing item on the agenda at the full team meeting held every three months. We saw this was used to discuss and plan when training was required. All staff received regular performance reviews. We saw the appraisal for the GP included reference to online and digital work.

Coordinating patient care and information sharing

Before providing treatment, the GP and the Superintendent Pharmacist ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. There was evidence of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment. For example, the provider supplied a variety of test kits to support diagnosis of sexually transmitted infections. We saw evidence of how the onward referral (when necessary) and test results was managed. This included instructions to access free treatment and if there was a positive diagnosis of Gonorrhoea (a sexually

transmitted infection, easily treated with antibiotics) the provider referred the patient on to receive the recommended antibiotic injection which the service did not provide.

The inbuilt IT system invited the patient to confirm the identity of their NHS GP as part of the consultation process. The system generated a comprehensive list of GP practices in the patients registered address to aid the timely identification of their service. Patients were asked to confirm whether they were willing for their NHS GP to be contacted.

There was a 'contacting a patient's GP' policy, which demonstrated that patients who did not provide their GP information and consent for the service to make contact if it was in their best interest would not be prescribed medicine.

The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP.

Supporting patients to live healthier lives

The provider identified patients who may be in need of extra support and had a range of information available on the website and through social media channels (or links to NHS websites or blogs). For example:

- The provider promoted national priorities and initiatives to improve the population's health and well-being, for example, information regarding the importance of cervical and bowel cancer screening, staying healthy during Ramadan and hay fever remedies.
- Information regarding smoking cessation and a link to free support from NHS stop smoking advisors.
- A medical information page was available for the range of conditions the provider prescribed medicines for. For example, advice for patients requesting weight loss treatment included information and articles regarding diet, healthy living and consideration for other non-medical alternatives.

Additional advice could be given within consultation questionnaires, which was dependent on selected answers and there was also the ability to ask a question of a GP for further information.

Good

Are services caring?

We rated caring as Good because:

Compassion, dignity and respect

We were told that the GP undertook online consultations in a private room and were not to be disturbed at any time during their working time. Messaging to patients by both the GP and administrative staff was monitored. Any concerns would be fed back to the individual concerned.

Although, we did not speak to patients directly on the day of the inspection. The provider had encouraged patients to complete 'share your experience' feedback webforms on the Care Quality Commission website. We received eight completed forms all were highly positive about the provider experienced. Patients said they had received an excellent provider and staff were sincere, welcoming and caring.

Involvement in decisions about care and treatment

Patient information guides about how to use the provider, technical issues and costs/payment were available. There was a dedicated customer care team to respond to any enquiries.

We reviewed the latest in-house survey results from 2018. For the 12 months, there had been 69 completed responses to the survey. For example:

- 90% (62 responses) rated the service received as either excellent or very good.

The provider commented they were pleased with the overall levels of patient satisfaction but disappointed with the low response level. As a result, the provider had amended the survey collection methodology and in the first four months of 2019 had 70 responses.

The annual survey also included an option to allow patients to rate the provider using a tool similar to the NHS Friends and Family Test (a national test was created to help providers and commissioners understand whether their patients were happy with the provider provided, or where improvements were needed).

- 94% (65 responses) of patients advised they would recommend the provider to friends and family.

This high level of patient satisfaction aligned to other patient feedback collected on social media and consumer reviewer websites. For example, one consumer review website had 2,263 reviews and ratings for Nationwide Pharmacies LTD. Using that data, we saw 88% (1,991 responses) had rated the provider as 'excellent' and 6% (136 responses) had rated the provider as 'great'.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting patients' needs

There was information including information videos available on the website to demonstrate how the service operated. The website made it clear to patients what the limitations of the service were.

Patients could access the service by phone from 9am to 5.45pm, Monday to Friday. Help and support from the service could be accessed either by e-mail or by phone. The service was accessed through their website, where patients could place orders for medicines seven days a week.

The service was not an emergency provider. 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.

Medicines supplied were monitored through a secure delivery system which required a signature on delivery. Business addresses, temporary addresses e.g. hotels, post office boxes or collection depot providers were not allowed to ensure that the correct person received the correct medicine. The service no longer provided international consultations and did not distribute medicines outside of the UK.

The in-house survey from 2018 included a question relating to how responsive the service was, specifically satisfaction in the response (time) for the prescription/provider.

- 92% (64 responses) of patients advised they were satisfied with the responsiveness of the service.

Tackling inequity and promoting equality

The service offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against any client group other than those under the age of 18 to whom services were not provided.

The provider provided brief details of their prescribing GP and Superintendent Pharmacist for example, their names, qualifications and registration details.

The website had an option to be translated into a variety of languages through a third-party translation service.

Managing complaints

Information about how to make a complaint and provide other feedback was available on the website. This included a variety of contact options including direct access to the Chief Executive Officer and escalation details if required to the appropriate ombudsman. The provider had developed a complaints policy and procedure.

We discussed the complaint system and noted that no formal complaints had been made in the past 12 months. However, we saw the provider had reviewed negative patient feedback collected via the in-house survey and through consumer review websites. The majority of the negative comments related to the non-receipt of medicines from the affiliated pharmacy or requests being declined. We found the provider had acknowledged all the negative comments and provided a response where possible without breaching confidentiality.

The provider was able to demonstrate how patient feedback and poor reviews were handled correctly and when appropriate patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the provider had been made following feedback, and had been communicated to staff. For example, the provider had explored different delivery options and decided to adopt a tracked delivery service to allow each dispatched parcel to be despatched with an audit trail.

Consent to care and treatment

There was clear information on the provider's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a clear set of terms and conditions and details on how the patient could contact them with any enquiries.

Information about the cost of the consultation and prescription was known in advance and paid for before the consultation appointment commenced. The costs of any resulting prescription was handled by the administration team at the headquarters following the consultation. The GP and Superintendent Pharmacist had received training about the Mental Capacity Act 2005 which aligned to the Mental Capacity Act 2005 policy which included an assessment of capacity checklist. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance.

Good

Are services well-led?

We rated well-led as Good because:

Business Strategy and Governance arrangements

The provider told us they had a clear and evolving vision to provide a high quality responsive digital provider. We reviewed the business plan for 2019 which covered the next two years. We saw the plan included dedicated sections which included a review of the digital market place, business model and management plan.

There was a clear organisational structure and staff were aware of their own roles and responsibilities. There was a range of service specific and medicine specific policies which were available to all staff. These were reviewed annually and following incidents, new sector guidance, and feedback when necessary.

There were a variety of checks in place to monitor the performance of the provider. The information from these checks was discussed informally on a daily basis and formally at the three-monthly governance meetings. Minutes of the governance meetings demonstrated all aspects of the business were discussed. This included complaints and incidents, training needs, prescribing reviews, clinical updates.

There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. However, the provider had not fully assessed the risk of prescribing some medicines (specifically asthma medicines) without consent to contact and share information with the patients GP, in line with current guidance. We also saw the provider did not have a documented rationale for prescribing medicines which are liable to abuse, overuse or misuse or medicines that require ongoing monitoring or management without undertaking photographic identification checks. We discussed our concerns at the end of the inspection, the provider advised they would assess the associated risks and make improvements in line with guidance.

Leadership, values and culture

The Chief Executive Officer (CEO) had overall responsibility for the provider and was supported by the GP, Superintendent Pharmacist and a team of administrative support.

The provider had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the provider would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy. Staff told us that there was an open relationship with their employers and that it was a very positive culture in which to work.

The provider had a mission to provide a safe, professional, cost effective, healthcare service that delivered treatment quickly, efficiently and discreetly without the inconvenience of having to visit a GP. All staff we spoke with were committed to making access to healthcare easier where patients were in control of their own health.

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 secure IT systems in place to protect the storage and use of all patient information. The provider could provide a clear audit trail of who had access to records and from where and when. The provider had was registered with 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

Patients had the opportunity to rate the provider via an online consumer website provided by a third-party supplier. The provider also undertook inhouse patient feedback surveys. We saw the provider had reacted to a low response rate (69 responses in 12 months) to the most recent inhouse patient survey and returned to a different survey collection methodology. Data presented to us indicated, in the first four months of 2019, 70 responses had been received. Actions were taken as a result of patient feedback. For example, a change in the delivery of medicines.

Patient feedback and testimonials were published on the provider's website.

There was evidence that the Superintendent Pharmacist provided feedback about the quality of the operating system and prescribing protocols, this feedback was logged and discussed and if required improvements implemented.

There was a staff handbook which included information and escalation details regarding whistleblowing. (A whistle

Good

Are services well-led?

blower is someone who can raise concerns about practice or staff within the organisation.) The CEO was the named person for dealing with any issues raised under whistleblowing.

Continuous Improvement

The provider consistently sought ways to improve.

All staff were involved in discussions about how to run and develop the provider and were encouraged to identify opportunities to improve the provider delivered. We saw from minutes of staff meetings where previous interactions and consultations were discussed. This included findings and action plans from previous Care Quality Commission inspections.

Staff told us a range of informal and formal meetings were the place and they could raise concerns and discuss areas of improvement. The CEO, GP and Superintendent Pharmacist spoke daily about provider provision.

The business plan included information about innovation and quality improvement to enable the provider to monitor quality and to make improvements, for example:

- The service was working with a provider of healthy lifestyle services to support patients leading a healthier life, this was specific for patients accessing stop smoking services.
- The service had reviewed international research and datasets in preparation to enable an Artificial Intelligence module to diagnose up to 400 different conditions including many in the pain relief sector.
- Although the service did not prescribe medical cannabis and cannabis oils, we saw there had been a review of external research which audited the benefits and effects of using these products as a pain agent to treat opioid addiction.
- In order to improve and learn from other online GP consultation and medicines ordering services, the provider attended digital primary care meetings, conferences and seminars.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury Transport services, triage and medical advice provided remotely	Choose regulation from this dropdown **How the regulation was not being met:** **The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of provider users receiving care and treatment.** **In particular:** • Patient identity checks were not fully effective in particular for patients being prescribed medicines liable to abuse, overuse or misuse or medicines that require ongoing monitoring or management. • The provider prescribed medicines to treat asthma and Class 4 and 5 controlled opiate medicines such as codeine and dihydrocodeine. The records we reviewed did not detail a rationale for prescribing these medicines without consent to contact and share information with the patients GP.