Online Menopause Centre

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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Outstanding

Overall summary

Letter from the Chief Inspector of General Practice

We rated this service as Good overall. We have not previously inspected this service.

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? – Outstanding

We carried out an announced comprehensive inspection at Online Menopause Centre on 14 March 2022 and completed a short site visit on 17 March 2022 as part of our inspection programme.

The Online Menopause Centre launched in 2020 and provides online consultations to ladies predominantly between the ages of 40 and 60 years old, experiencing the menopause or perimenopause. Menopause is the stage in a female's life when periods (menstruation) cease, usually occurring between the ages of 45 and 55 years old. This may happen suddenly, or periods may become less frequent over the preceding months prior to coming to a complete cessation. Perimenopause is described as the period of time in which hormonal changes are occurring. During this stage of transition, symptoms start to be displayed in females. For example: night sweats; mood changes; and weight gain.

Advice on hormonal balancing as an addition to the initial treatment and to maximise effectiveness (known as an "adjunct treatment") is also provided for the following conditions:

- Thyroid dysfunction
- Osteoporosis
- Pre menstrual syndrome (PMS)
- Polycystic ovary syndrome (PCOS)
- Endometriosis

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 service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw the following areas of outstanding practice:

Overall summary

- Online Menopause Centre had implemented a function on their video consultations to allow for an interpreter or sign language facility to be utilised when needed. This helped to improve accessibility to those patients who did not speak English as a first language or were hard of hearing.
- The provider was proactive in developing the service in response to needs. For example, at the beginning of 2022, a "live chat" feature was implemented on to the provider's website. This is managed by an external company, who Online Menopause Centre have provided a comprehensive information pack to, which helped to inform the conversation and allowed for non-clinical advice to be given outside of standard working hours. In addition, the clinical director explained that Online Menopause Centre would receive transcipts of all conversations, and use this to identify trends (i.e. if commonly asked questions were arising, the frequently asked questions section on the website would be updated). Additionally, the clinical director maintained open channels of communication with the clinical records system they used, meaning that potential improvements to their system could be implemented quickly.
- The service contributed nationally to the field of menopause through production of the "Annual Menopause Report". The report surveyed 455 women to obtain a greater understanding of what was understood about various aspects of menopause. This report was then shared with health journalists, the media, and on Online Menopause Centre's social media platforms. In particular, the service identified that 47% of women did not feel as though there was enough freely available information on the menopause / perimenopause to access. In response to this, Online Menopause Centre introduced a free "menopause café" which was held virtually every month. The team would proactively source guest speakers who also had menopause expertise to cover other topics, such as exercise, prolapse and sexual dysfunction. In addition, a number of other free resources were made available on the service's website, such as blog updates, videos and monthly newsletters.

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

- Ensure a standardised approach is implemented for all patients new to the service, even those who have migrated from a previous service. For example, ensuring that all patients have completed the same registration forms and consent forms which pertain directly to Online Menopause Centre.

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 Online Menopause Centre

Online Menopause Centre was established in December 2020 to provide an online consultation, treatment and prescribing service to patients in the United Kingdom. Its registered address is: 6 Sherwood Road, London, NW4 1AD.

Online Menopause Centre only treats women with perimenopause and menopause. Additionally, advice on hormonal balancing can be given as an adjunct treatment for the following conditions: thyroid dysfunction; osteoporosis; pre-menstrual syndrome (PMS); polycystic ovary syndrome (PCOS); and endometriosis. Prescriptions are, for most patients, sent to a pharmacy of their choice. Referrals to specialist services are completed where necessary, which are predominantly to gynaecology (a field of medicine which specialises in conditions and diseases related to the female reproductive system) and endocrinology (a field of medicine which specialises in treating and diagnosing conditions related to hormones and hormonal imbalances).

Patients can access appointments by calling Online Menopause Centre and requesting a consultation with a doctor of their choice. All consultations are delivered via video link, with the service offering "test calls" for patients who may not be fully confident with technology.

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.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the Registered Manager, who was also the Clinical Director, and members of the management and administration 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.

Good

Are services safe?

We rated safe as Good because:

- A range of clinical and non-clinical meetings were held with staff, where standing agenda items covered topics such as significant events, complaints and service issues.
- There were enough staff, including doctors, to meet the demands for the service.
- All medicines prescribed to patients during a consultation were subject to spot-checking and audit by the provider to ensure prescribing was evidence based.
- On registering with the service, and at each consultation, patient identity was verified.

Keeping people safe and safeguarded from abuse

All staff employed had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies and knew where to report a safeguarding concern. Detailed in the adults' and childrens' safeguarding policies, staff were advised on when the local authorities and / or police should be involved. All the doctors had received adult and level three child safeguarding training. It was a requirement for the doctors working within the service to provide evidence of up to date safeguarding training certification.

The service did not treat children. With regards to establishing a patient's identity, two forms of identification needed to be submitted: a photograph of the patient's driving licence or passport, and an additional photo with the patient holding their photographic identification alongside their face. Patient identity was always checked at the beginning of each subsequent contact.

Monitoring health & safety and responding to risks

The supporting team carried out a variety of checks on a weekly and monthly basis. These were recorded and formed part of a clinical team weekly report which was discussed at clinical meetings. Case reviews would take place between doctors during meetings held on a monthly basis.

The provider headquarters was located in an office at the clinical director's private residence, which housed the IT system. A range of administration staff worked remotely. Patients were not treated on the premises as doctors carried out the online consultations remotely; usually from their home. All staff based in the premises had received training in health and safety including fire safety.

The provider expected that all doctors would conduct consultations in private and maintain patient confidentiality. Each doctor used an encrypted, password secure laptop to log into the operating system, which was a secure programme. Doctors were required to complete a home working risk assessment to ensure their working environment was safe.

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 patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place to ensure the location of the patient at the beginning of the consultation was known, so emergency services could be called.

During inspection when reviewing the clinical notes, the date shown of the consultation occurring did not always correlate with the consultation date that was entered into the doctor's diary. For example, the date of the consultation sometimes appeared as the day before the actual consultation took place with the doctor. The clinical director stated that

she was unaware of this happening and thought this might have been caused by doctors entering the clinical records a day in advance to prepare for the actual consultation the following day. Following inspection, the clinical director provided evidence that an email was sent to all doctors regarding this issue, and advised that any updates to the patient consultations should only be made on the day of the consultation itself.

Doctors were required to raise an incident form for any consultations where there were concerns regarding serious mental or physical health issues which required further attention. Those rated as either higher risk or immediate risk were reviewed with the help of the support or medical team. All incidents were regularly discussed within the weekly clinical meeting. There were protocols in place to notify UK Health Security Agency of any patients who had notifiable infectious diseases.

A range of clinical and non-clinical meetings were held with staff, where standing agenda items covered topics such as significant events, complaints and service 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 discussions regarding significant incidents and what learning had arisen as a result.

At the beginning of every consultation the doctor established the identity, location and contact details for the patient. The service monitored calls waiting and identified any withheld phone numbers. If a patient had withheld their phone number when calling the service, the doctor would not proceed with the call until satisfied that they had correctly identified the patient and had contact details in case an emergency arose, or there was an interruption.

Staffing and Recruitment

There were enough staff, including doctors, to meet the demands for the service and there was a rota for the doctors. There was a support team available to the doctors during consultations and a separate IT team. The doctors were paid on a percentage basis.

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 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 doctor employees had to be registered with the General Medical Council (GMC) with a license to practice. They had to provide evidence of having professional indemnity cover (to include cover for video consultations), and up to date appraisal and certificates relating to their qualification and training in a range of areas.

Newly recruited doctors were supported during their induction period and an induction plan was in place to ensure all processes had been covered. We were told that doctors did not start consulting with patients until they had successfully completed several test scenario consultations. In addition to this, the clinical director would personally supervise a newly employed doctor's first clinical session to ensure the consulting style and clinical knowledge was of a satisfactory standard.

We reviewed three recruitment files which showed the necessary documentation was available. The doctors could not be registered to start any consultations until these checks and induction training had been completed. The provider kept records for all staff including the doctors and there was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

Good

Are services safe?

Prescribing safety

All medicines prescribed to patients from online consultations were monitored by the provider to ensure prescribing was evidence based. If a medicine was deemed necessary following a consultation, the doctors could issue a private prescription to patients. The doctors could only prescribe from a set list of medicines which the provider had risk-assessed. There were no controlled drugs on this list. No emergency supplies of medicines were prescribed.

Some of the doctors at Online Menopause Centre were able to issue prescriptions for compounded medicines, with the licenced medicine always being prescribed as a first-line treatment. Compounded medicines are medicines which are combined or mixed, thus tailored to a patient's particular requirements. When a patient was prescribed a compounded medicine, this would always be accompanied by a documented reason and clinical justification in the online patient record system. Patients would be advised during the consultation if they were to be prescribed a compounded medicine.

Once the doctor prescribed the medicine and dosage of choice, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine and any likely side effects and what they should do if they became unwell. Patients who were prescribed compounded medicines were also given the same information and advised on where to seek help and advice as needed.

The service did not prescribe antibiotics or repeat prescriptions for long-term conditions. However, when HRT was initiated for menopausal symptoms, this was reviewed appropriately before being prescribed again.

The service prescribed some unlicensed medicines, for example compounded bioidentical hormones. Medicines are given licences after trials have shown they are safe and effective for treating a particular condition. Use of a medicine for a different medical condition that is listed on their licence is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks. There was clear information on the consultation form to explain that the medicines were being used outside of their licence, and the patient had to acknowledge that they understood this information. Additional written information to guide the patient when and how to use these medicines safely was supplied with the medicine. Doctors within the service had to have received additional training prior to prescribing any compounded medicines.

Prescriptions were monitored through use of a medicines log. Only medicines directly linked to either the menopause or perimenopause were prescribed by the doctors within the service.

There were protocols in place for identifying and verifying the patient and General Medical Council guidance, or similar, was followed.

We were advised that patients could choose a pharmacy where they would like their prescription dispensed. The prescription could be dispensed and delivered directly to the patient or to their preferred local pharmacy for collection by the patient.

Information to deliver safe care and treatment

On registering with the service, and at each consultation patient identity was verified. The doctors had access to the patient's previous records held by the service.

Management and learning from safety incidents and alerts

Good

Are services safe?

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. We reviewed two incidents and found that these had been fully investigated, discussed and as a result action taken in the form of a change in processes. For example, there was an incident where there was a delay in responding to a patient's query regarding a symptom. As a result, the system for sending clinical queries was deemed not fully effective, therefore changes were implemented in the way such correspondence was labelled. Any clinical queries that were urgent or time-critical were consequently flagged as such, and all staff within the service were advised that clinical queries took priority over any non-clinical queries.

Learning from incidents was discussed during weekly meetings held by the service. Discussion of significant events and complaints was a standard agenda item on the meeting minutes, and we saw evidence on the meeting minutes of such events being discussed. Learning was shared and disseminated amongst the team and appropriate changes were implemented as a result.

We saw evidence from two 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.

Online Menopause Centre has an effective system in place to receive and action medicine safety alerts, and we saw evidence of alerts being communicated to all staff.

There were systems in place to ensure that the correct person received the correct medicine.

Good

Are services effective?

We rated effective as Good because:

- The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes.
- All new clinical and non-clinical staff undertook induction training which varied according to their role.
- Doctors followed an induction programme, and to complete the programme they had to be reviewed and signed off by the clinical director.
- The service identified patients who may be in need of extra support and had a wide range of information available on the website.

Assessment and treatment

We reviewed five examples of medical records that demonstrated that each doctor assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based practice.

We were told that each online consultation lasted for 20-30 minutes, with the initial consultations lasting approximately 30 minutes. If the doctor had not reached a satisfactory conclusion there was a system in place where they could contact the patient again.

Patients completed an online form, which included their past medical history, general lifestyle questions, patient GP details and emergency contact information. 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 five medical records which were complete records; however, the date of the self-reported weight and blood pressure given by patients was not documented on the clinical records system. Within three days post-inspection, we were presented with evidence to show this had been actioned and there were now prompts and adequate space in the clinical records system to enter when these measurements were obtained by the patient. We saw that adequate notes were recorded and the doctors had access to all previous notes.

The doctors providing the service were aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients. They worked carefully to maximise the benefits and minimise the risks for patients. If a patient needed further examination, they were directed to an appropriate agency. If the provider could not deal with the patient's request, this was explained to the patient and a record kept of the decision.

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes. For example, the service completed an audit on 20 patients' clinical records to ascertain the quality of the documentation. The audit looked at five key areas: communication, consent, safety, effectiveness and responsiveness. These audits gathered a range of information, including on every doctor's performance. Any doctor whose work was found to be below the required standard was provided with guidance and support as appropriate.

Quality improvement

The service collected and monitored information on patients' care and treatment outcomes.

Good

Are services effective?

- The service used information about patients' outcomes to make improvements. For example, the service used the Menopause-Specific Quality of Life (MENQOL) tool at the initial and then subsequent appointments to ascertain to what extent patients' feel their symptoms are affecting them. MENQOL uses a scale of 0-6, with a rating of 0 being "not at all bothered" and a rating of 6 being "extremely bothered". On average, there was an improvement between the first and last MENQOL scores of 34%.
- The service took part in quality improvement activity, for example audits, reviews of consultations and prescribing trends.

Staff training

All staff completed induction training which varied according to their role. Doctors, for example, were required to undertake, or show satisfactory (up to date) evidence of the following training: Adult and child safeguarding both to level 3; equality and diversity; Mental Capacity Act; and General Data Protection Regulation (GDPR).

Staff also completed other training, which varied according to their role, on a regular basis. This included regular updates when there were changes to the service. The service manager had a training matrix which identified when training was due.

The doctors registered with the service received specific induction training prior to treating patients. An induction log was held in each staff file and signed off when completed. Supporting material was available, for example, a doctor's handbook, how the IT system worked and aims of the consultation process. Organisational changes were communicated through weekly practice meetings or monthly clinical meetings between the doctors. The clinical director told us they received excellent support if there were any technical issues or clinical queries and could access policies. As well as their software provider support, Online Menopause Centre also had independent IT support to resolve any IT issues that arose. The clinical director was available throughout the hours of operation to provide clinical support, and was accessible via mobile communications whenever necessary. When updates were made to the IT systems, the doctors received further online training as needed.

Administration staff received regular performance reviews. All the doctors had to have completed their own appraisals before being considered eligible at recruitment stage.

Coordinating patient care and information sharing

Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

The provider had risk assessed the treatments they offered. The service only prescribed medicines that were directly linked to either menopause or perimenopause, and did not prescribe outside of this scope. The clinical director advised that patient information would be shared with their GP practice by email; however, the service had encountered instances where firewalls would block the emails sent from Online Menopause Centre. Recommendations were made for the service to consider sending correspondence via post to bypass such issues in the future.

Good

Are services effective?

Online Menopause Centre completed onward referrals mainly for gynaecology and endocrinology. Doctors entered the referral information on to the computer system and included where the patient wanted to attend. The patient's NHS GP would be alerted to the referral (if the patient provided consent for this) and the patient also received a copy of the referral letter.

The service monitored the appropriateness of referrals/follow ups from test results to improve patient outcomes. For example, if a patient was referred for a pelvic ultrasound scan, the findings could help the service to monitor what effect hormone replacement therapy (HRT) is having on the uterus and if the patient is on the most suitable treatment.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and had a range of information available on the website. Information and links available included: mental health; work; bone health; hormones; and healthy eating.

In their consultation records we found patients were given advice on healthy living as appropriate.

Good

Are services caring?

We rated caring as Good because:

- The provider completed regular surveys to ascertain patient satisfaction of the service, and were able to evidence how the service adapted as a result.
- Patients could book a consultation with a doctor of their choice.

Compassion, dignity and respect

We were told that the doctors undertook online consultations in a private room and were not to be disturbed at any time during their working time. The provider carried out random spot checks to ensure the doctors were complying with the expected service standards and communicating appropriately with patients. Feedback arising from these spot checks was relayed to the clinical director. Any areas for concern were followed up and the clinical director again reviewed to monitor improvement.

All consultations are delivered via video link, with the service offering "test calls" free of charge for patients who may not be fully confident with technology.

We did not speak to patients directly on the days of the inspection. However, we reviewed the latest provider survey information and feedback sent directly to us. The service conducted bi-annual patient satisfaction surveys. On one review platform, 95 respondents had provided feedback and rated Online Menopause Centre based on friendliness, waiting times and cleanliness on a scale of one to five. The service achieved an overall experience rating of 4.86 based on all these factors.

In preparation for the inspection the service had contacted all patients seen within the preceding three months, asking them to give feedback direct to CQC. 35 patients submitted feedback directly to us. All feedback received was positive in nature, with some common themes including: professional staff; person-centred service delivery; efficient service; helpful staff; caring doctors; and excellent advice.

Involvement in decisions about care and treatment

Patient information guides about how to use the service and technical issues were available. There was a dedicated team to respond to any enquiries. In addition, the service had implemented an online chat facility which was available 24 hours a day, seven days per week. This facility was managed by an external contractor, who had regular contact with the service and provided them with transcripts of all conversations. This allowed for the provider to review any trends and update their "frequently asked questions" page when necessary.

Patients had access to information about the clinicians working for the service and could book a consultation with a doctor of their choice. For example, whether they wanted to see a doctor with a particular area of expertise such as naturopathy. Naturopathy is a form of alternative medicine which focuses on the use of natural remedies as opposed to medicines and surgery. The doctors available could speak a variety of languages.

The latest provider survey information available from 64 responses demonstrated that approximately 80% patients were very satisfied with their recent experience with Online Menopause Centre. Some areas identified that patients' were not fully satisfied with included limited locations of phlebotomy services and appointment times occasionally feeling rushed.

Good

Are services caring?

In response to these issues, Online Menopause Centre sourced alternative partners to deliver phlembotomy services, as well as delivering additional training to all doctors and members of the patient care team to ensure consistent care was delivered in line with the service's culture and values. Patients were able to decide if they would rather have their blood tests completed via their NHS GP or using Online Menopause Centre's independent phlebotomy service.

Patients were always provided with test results and an accompanying interpretation of such results (for example, if a patient had been referred for blood tests). Referral letters were also sent directly to the patient.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

- Online Menopause Centre had implemented a function on their video consultations to allow for an interpreter or sign language facility to be utilised when needed. This helped to improve accessibility to those patients who did not speak English as a first language or were hard of hearing.
- At the beginning of 2022, a "live chat" feature was implemented on to the provider's website. This was managed by an external company, who Online Menopause Centre have provided a comprehensive information pack to, which helped to inform the conversation and allowed for non-clinical advice to be given outside of standard working hours. In addition, the clinical director explained that Online Menopause Centre would receive transcripts of all conversations, and use this to identify trends (i.e. if commonly asked questions were arising, the frequently asked questions section on the website would be updated). Examples of feedback obtained by Online Menopause Centre patients regarding use of this facility included describing the 24/7 chat facility as "extremely helpful" and "easy to use".
- Online Menopause Centre introduced a free "menopause café" which was held virtually every month. The team would proactively source guest speakers who also had menopause expertise to cover other topics, such as risks associated with HRT, bone health and exercise.
- The clinical director had efficient and open channels of communication with services that they worked alongside. For example, Online Menopause Centre were on the advisory panel of the software provider of the clinical records system, meaning that the clinical director was able to feedback information and potential improvements to their system and get these implemented quickly.
- Feedback received from both administrative and clinical colleagues was wholly positive in nature. From the feedback received from four colleagues, all described a culture of openness and honesty, and stated that the clinical director was available to provide support and guidance on a daily basis.

Responding to and meeting patients' needs

The services main hours of operation were Monday to Friday 9am – 5pm; however, as the doctors employed by Online Menopause Centre were under self-employed contracts, their availability for consultations varied. An online chat facility on the service's website, which was managed by an external provider, allowed for non-clinical queries to be addressed all day every day. Transcripts of all conversations were then relayed back to the service.

This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if appropriate to contact their own GP or NHS 111. If a doctor became aware of a medical emergency during a consultation, they would contact the emergency services whilst staying on the phone with the patient. Doctors always ensured they knew the patient's location prior to commencing the consultation.

The digital application allowed people to contact the service from abroad but all medical practitioners were required to be based within the United Kingdom. Any prescriptions issued were delivered within the UK to a pharmacy of the patient's choice. In addition, the clinical director had efficient and open channels of communication with services that they worked alongside. For example, Online Menopause Centre were on the advisory panel of the software provider of the clinical records system, meaning that the clinical director was able to feedback information and potential improvements to their system and get these implemented quickly. For example, following feedback from the inspection, the clinical director liaised with the software provider of the clinical records system regarding implementation of a date box next to patients' BMI and weight readings. Evidence of this was shown to have been implemented within three days post-inspection at the site visit.

The provider made it clear to patients what the limitations of the service were.

Good

Are services responsive to people's needs?

Patients requested an online consultation with a doctor and were contacted at the allotted time. The maximum length of time for a consultation was up to 30 minutes, with most consultations being completed in 20 minutes. The service recognised some consultations would take longer to complete, so did not terminate consultations but allowed them to run to completion.

Additionally, one of the doctors employed by Online Menopause Centre offered free 15 minute consultations to new patients to provide advice on how lifestyle changes can impact on a woman's health and wellbeing. The patient pathway was then discussed with the patient so the patient could decide if the service was suitable for them, prior to them committing to a paid consultation.

Tackling inequity and promoting equality

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

Patients could access a brief description of the doctors available. Patients could choose a doctor of their choice or one that spoke a specific language (if available within the workforce), or had a specific qualification. The service had arrangements in place to access language interpretation services, and had recently introduced a feature in the video consultation which allowed for a British Sign Language (BSL) translator, helping to increase the accessibility of their service to those who were hard of hearing.

Additionally, free menopause care was provided by Online Menopause Centre to all staff members and their families.

Managing complaints

Information about how to make a complaint was available on the service's website. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for the recording of complaints has been developed and introduced for use. We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed two complaints out of two received in the past 12 months.

The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following complaints, and had been communicated to staff. For example, following one incident, the service reviewed how messages were sent using the clinical records system, and ensured that any time-critical or urgent clinical queries were documented as such in the task title. Evidence of this learning and implemented change was seen to be documented in the minutes of the service's following weekly meeting.

Consent to care and treatment

There was clear information on the service'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 details on how the patient could contact them with any enquiries. Information about the cost of the consultation was known in advance and paid for before the consultation appointment commenced.

Good

Are services responsive to people's needs?

All staff had received training about the Mental Capacity Act 2005. Staff received training on consent, and understood and sought patients' consent to care and treatment in line with legislation and guidance. Doctors supported patients to make decisions by providing them with appropriate information and options. Where a patient's mental capacity to consent to care or treatment was unclear the doctor assessed the patient's capacity and recorded the outcome of the assessment. The process for seeking consent was monitored through audits of patient records.

Outstanding ☆

Are services well-led?

We rated well-led as Outstanding because:

- The service contributed nationally to the field of menopause by producing and sharing information and findings pertaining directly to menopause and perimenopause through their production of a report. This was used to help drive improvement, with the service using findings from the report to add further freely accessible resources through their website. Additionally, this report was shared with media such as health journalists, as well as being published on Online Menopause Centre's social media channels.
- The service had a proactive approach to addressing issues and driving continuous improvement. For example, acting in response to patient feedback from the provider survey and responding quickly to issues that arose with the clinical records system. This meant that changes to the clinical records system could be facilitated quickly in order to improve the service that was delivered.
- An open and honest culture was both reported by staff members, as well as evidenced in learning from significant events. From the feedback received from four colleagues, all described a culture of openness and honesty, and stated that the clinical director was available to provide support and guidance on a daily basis.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. We reviewed the service's business plan that covered the next year. Examples of some of the aims included employing more doctors by the end of 2022 (in response to growth in the service and anticipating more patient consultations) and attempting to maintain a patient satisfaction level of over 80%. In addition, an annual strategy day was held on a yearly basis. This allowed for a reflection on the previous year's performance, as well as discussion regarding what the service hoped to achieve over the coming year and what targets the service hoped to achieve.

There was a clear organisational structure and staff were aware of their own roles and responsibilities. There was a range of service specific policies which were available to all staff and were easily accessible on a shared drive. These were reviewed annually and updated when necessary.

There were a variety of weekly and monthly checks in place to monitor the performance of the service. These included random spot checks for consultations. The information from these checks was used to produce a clinical weekly team report that was discussed at weekly team meetings. This ensured a comprehensive understanding of the performance of the service was maintained. Whilst the service itself had encountered very few issues arising from negative feedback, the clinical director proactively monitored all doctors' consultations to ensure the service delivered was to a consistent high standard. This included ensuring completeness of notes, as well as accurate clinical reasoning and prescribing of medicines.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Care and treatment records were complete, accurate, and securely kept.

Leadership, values and culture

The clinical director had responsibility for any medical issues arising. They were contactable daily via email or telephone. The clinical director was supported by a marketing and operations manager, and five other doctors. There were systems in place to address any absence of the clinical director.

Outstanding ☆

Are services well-led?

All staff spoken with during the inspection process showed good knowledge of the values and cultures of the service, and described how these were implemented in their day to day work. The values and cultures of the service were:

- Patient-centric
- Open
- Transparent
- Collaborative
- Compassionate

The service had an open, inclusive and transparent culture. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy.

Two members of administrative staff and two members of clinical staff provided feedback to us regarding the management at Online Menopause Centre. All feedback received was positive in nature, with staff reporting that the clinical director actively promoted the values and culture of the service, as well as being available on a daily basis for support and advice. Staff stated that they felt able to raise any concerns or issues with management without fear of retribution, and reported they felt confident that they would be listened to. Additionally, the clinical director stated that team organised social events together throughout the year to maintain staff morale and further promote an inclusive environment, accounting for the fact that all staff worked at remote bases.

In addition, the service contributed nationally to the field of menopause through production of the "Annual Menopause Report". This report was then shared with health journalists, the media, and on Online Menopause Centre's social media platforms. The report surveyed 455 women to obtain a greater understanding of what was understood about various aspects of menopause. In particular, the service identified that 47% of women did not feel as though there was enough freely available information on the menopause / perimenopause to access. In response to this, Online Menopause Centre introduced a free "menopause café" which was held virtually every month. The team would proactively source guest speakers who also had menopause expertise to cover other topics, such as risks associated with HRT, bone health and exercise. Feedback from the menopause café sessions included patients stating they felt topics covered were both relevant and informative, as well as the sessions providing a comfortable environment for open discussions and experiences.

In addition, a number of other free resources were made available on the service's website, such as blog updates, real-life stories from women discussing their experiences of the menopause, videos and monthly newsletters.

Safety and Security of Patient Information

Systems were in place to ensure that all patient information was stored and kept confidential.

There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. The service 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

Outstanding ☆

Are services well-led?

Patients could rate the service they received. This was constantly monitored and if it fell below the provider's standards, this would trigger a review of the consultation to address any shortfalls. Feedback was proactively used to improve the service patients' received, with one example being the provider changing the phlebotomy services it utilised based on issues with access reported by patients. In addition, patients could also post any comments or suggestions online. Patients were asked to answer a range of questions about the appointment, including: Overall, how was your experience of Online Menopause Centre? How satisfied / dissatisfied were you with your recent experience with Online Menopause Centre? Patient feedback was published on the service's website.

There was evidence that the doctors could provide feedback about the quality of the operating system and any change requests were logged, discussed and decisions made for the improvements to be implemented.

The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation. The clinical director was the named person for dealing with any issues raised under whistleblowing.

Continuous Improvement

The service consistently sought ways to improve. All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.

We saw from minutes of staff meetings where previous interactions and consultations were discussed.

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement. Meetings were held with all staff on a weekly basis and the doctors held their clinical meeting on a monthly basis. However, as the management team and IT teams worked together at another location, there was ongoing discussions at all times about service provision.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through clinical audit. A recent audit looked at 20 patients' clinical records to ascertain the quality of the documentation. The audit considered five key areas: Communication, consent, safety, effectiveness and responsiveness. These audits gathered a range of information, including on every doctor's performance. Any doctor whose work was found to be below the required standard was provided with guidance and support as appropriate. Although this audit did not identify any particular issues per se, the clinical director advised that the auditing process was ongoing and that any concerns highlighted as a result would be used to drive continuous improvement to the service.