The Boots Company plc

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Inspection report

1 Thane Road
Beeston
Nottingham
NG2 3AA
Tel: 0115 9492776
Website: www.boots.com/online-clinics

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Ratings

Overall rating for this service	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

Letter from the Chief Inspector of General Practice

This service is rated as good overall. The service was previously inspected in June 2017.

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

The Boots Company plc was last inspected in June 2017, but it was not rated as this was not a requirement for online service providers at that time. Since April 2019, all service providers of this type are now rated, and this inspection was undertaken to provide a rating for this service.

Summary of findings

We carried out an announced comprehensive inspection at The Boots Company PLC on 16 September 2019. The Boots Company PLC provides an online primary care consultation service and medicines ordering service through their subsidiary Independent Medical Agency.

Our key findings were:

- The service provided care in a way that kept service users safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Patients were treated with respect and commented that staff were helpful and involved them in decisions about their care.
- Services were tailored to meet the needs of individual patients.
- The culture of the service and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

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

- Review systems to confirm identity checks for parents to ensure children are safeguarded from potential abuse and harm.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

The Boots Company plc

Detailed findings

Background to this inspection

Background

The Boots Company plc is registered with the Care Quality Commission (CQC) as an Independent Medical Agency (IMA). The IMA operates an online prescription-only medicine clinic and advice service, and the development of patient group directions (PGDs). PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a GP or non-medical prescriber. PGDs were not reviewed at our inspection as these fall outside of the scope of their registration with the CQC.

We inspected the online service at the following address: 1 Thane Road, Beeston, Nottingham, NG2 3AA.

The online clinic service was established in 2010, and provides an online facility that allows patients to request prescriptions through the Boots company website. Patients are able to register with the website, select from a list of specific conditions they would like treatment for, and complete a consultation form. Online clinics are available for hair loss, stop smoking, malaria prevention, acne, erectile dysfunction, premature ejaculation and period delay. The medicines being prescribed are deemed low-risk, and the service does not provide any high-risk medicines or those that have the potential to be abused. Once the consultation form has been reviewed by a pharmacist independent prescriber and deemed approved, a private prescription for the appropriate medicine is issued. This is sent to the affiliated pharmacy (which we do not regulate) for dispensing and supply to the patient.

The service can be accessed through the company website and patients can request orders for medicines seven days a week. The service is only available for patients in the United Kingdom and subscribers pay for their medicines when making their on-line application. Patients can speak to a pharmacist independent prescriber by telephone Monday to Friday between 8am to 8pm, and also on Saturdays 8.30am to 5.30pm, and Sundays 10.30am to 5pm. It is not an emergency service.

The IMA branch within Boots employs staff who work either from the site or remotely and includes seven independent pharmacist prescribers. This team is managed by a Pharmacist Independent Prescribing Manager who in turn reports to the Senior Manager Professional Support, and this individual is accountable to the Chief Pharmacist within the organisation. The Senior Manager Professional Support also manages the professional support team across the wider organisation. The service also contracts a local GP to provide approximately three sessions/month as a clinical advisor.

At the time of the inspection, the service had approximately 45,000 registered patients, some of whom had accessed the service on a single occasion and some who were repeat customers.

The Pharmacist Independent Prescribing Manager is the registered manager. 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

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

During our visit we:

Detailed findings

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

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

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

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

Why we inspected this service

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Good

Are services safe?

Our findings

We found that this provider was delivering safe care in accordance with the relevant regulations, and rated them as good for providing safe services.

Keeping people safe and safeguarded from abuse

- The service offered treatment to adults and children. Staff employed within the IMA had received training in safeguarding and knew the signs of abuse and how to report them. The safeguarding lead was the chief pharmacist in the Boots organisation and they had also completed appropriate training. The pharmacist independent prescribers had completed safeguarding adults training and safeguarding children level two training; they also received an annual 'refresher' update. In line with recently updated Intercollegiate guidance, the service told us that the pharmacists would undertake level 3 safeguarding children training when their training was due for renewal.
- We were told that all pharmacist independent prescribers had received training on female genital mutilation and modern slavery and were alert to the risks when prescribing travel medicines. The travel clinic service was available to children from the age of two and we saw that the online questionnaires required an adult to register on the site, and confirm they had parental responsibility for the child although this was not verified by the production of any supporting documentation. However, since their last inspection, the provider had further mitigated risk by informing the child's GP ahead of the departure date, recognising that an identity check for the person listed on a birth certificate did not prove parental responsibility.
- All staff had access to safeguarding policies and could access information about how to report any safeguarding concerns. The contact details for reporting concerns and accessing safeguarding advice was for the local authority where the head office resides. The provider has assessed that this would enable them to build relationships with one agency for advice and could then share information with other local authorities in accordance with where the patient lived.

Monitoring health & safety and responding to risks

- The pharmacist independent prescribers reviewed all prescription requests. Patients filled in an online template to request the medicines and this gave clear guidance as to whether they were eligible to complete the request and ensure the medicine was appropriate. Any concerns were recorded and discussed with the pharmacist independent prescribing manager, or advice could be sought from the GP. However, we found that the low risk nature of the prescriptions available did not usually require advice to be sought from the GP.
- We saw evidence that improvements in relation to consultations and prescribing were identified and actions taken as a result. For example, further questions were added to online questionnaires if any new relevant information was received to encompass a wider definition of risk factors, which may affect the suitability of the medicine for a particular patient.
- The IMA is located in the company's headquarters within modern purpose built offices, housing the Information Technology (IT) system, management and administration staff. Staff had received training in health and safety including fire safety.
- Patients were not treated on the premises. Prescribers were either home or office-based and accessed the patient information from a secure network. The provider expected that all pharmacist independent prescribers would conduct consultations in private and maintain the patient's confidentiality and use their computer to log into the operating system, which was a secure programme.
- The service was not designed to manage any emerging medical issues during a consultation. The system would highlight any clinical concerns to the person reviewing the form. Staff we spoke with were aware of how to direct the patient to a more appropriate service if needed, and a protocol to manage an emergency during telephone calls with patients was available for reference.

Staffing and Recruitment

- There were enough staff to meet the demands for the service. There was a rota for the pharmacist independent prescribers, and managers organised their leave to ensure there was always a manager on duty during core hours. There was a support team available during consultations and a separate IT team.
- The provider had a selection process in place for the recruitment of all staff, supported by the company's

human resource department. Recruitment checks were carried out for all staff prior to commencing employment including clearance from the Disclosure and Barring Service (DBS).

- We reviewed recruitment files which showed the necessary documentation was available. The pharmacist independent prescribers could not start to undertake consultations until these checks and the induction training had been completed. The provider kept records for all staff including proof of registration with the relevant professional body, their qualifications, and evidence of completed training. There was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

Prescribing safety

- We saw that the information given to people online to inform their treatment choices was comprehensive and included options outside of the medicines that Boots could provide. The information also included signposting to other services, for example, an NHS GP or a community pharmacy. The questionnaires that people completed to determine eligibility for treatment facilitated safe prescribing. The service ensured that patients whose questionnaires indicated the need for more detailed review were assessed by the pharmacist independent prescribers and patients were contacted by either telephone or email to ensure medicines could be prescribed safely. All information obtained from the questionnaires and other contacts were included in a patient's treatment record held by the service.
- A limited range of conditions and medicines were available to be treated online. These had been determined by in-house governance processes to ensure they were appropriate for their online service model. Repeat prescriptions for chronic disease management were not provided as the provider told us this was more suitably managed by the NHS GP. In addition, the service did not provide any medicines with known abuse potential.
- Mechanisms were in-built to ensure safety. For example, patients could not order some travel medicines online if this was less than eight days before the date of travel. These patients were directed in-store for a face-to-face consultation.
- Where there were a variety of treatment options suitable for a patient, information relating to their options and potential side effects was provided to facilitate an informed choice. In addition, we saw that health promotion information was provided to help keep people safe during travel.
- The service occasionally provided an unlicensed rabies vaccine due to lack of availability of the UK licensed product. Medicines are given licences for use in this country after trials which show they are safe and effective for treating a particular condition. We saw that this was issued under a patient specific direction and the administering pharmacist was required to ensure patients gave informed consent to receiving the unlicensed vaccine.
- Prescribing was monitored to prevent any misuse of the service by patients and to ensure pharmacist independent prescribers were prescribing appropriately. The service conducted audits and surveys to monitor the quality and safety of prescribing and record keeping.
- Patient and medicine safety alerts were received and responded to in a timely manner. The service provided an example of their online questionnaire being updated within twenty-four hours of an alert being received.
- Prescriptions were signed with an access controlled electronic signature and sent to a pharmacy of the patient's choice or the medicines could be delivered directly to the patient's home.
- The service used the 'Patient Safety First' model to ensure that patients were treated holistically, and it was not just a matter of processing a prescription. For example, if one of the anitmalarials were to be prescribed to a pregnant patient, they would also require folic acid, and therefore patients would normally need to be signposted back to their GP for this. However, the service had reviewed this and now prescribed the folic acid in conjunction with the antimalarials to ensure holistic care and a one-stop service for patients with an emphasis on safe care.
- All pharmacist independent prescribers worked an eight-hour shift, including those who were part-time. They were only permitted to prescribe for five hours in this time allowing time to focus on their other responsibilities, and also to ensure safety by providing a balanced working day.

Good

Are services safe?

Information to deliver safe care and treatment

- Since our previous inspection, the provider had undertaken work in conjunction with other similar service providers and the CQC to review their identity verification processes. This meant checks were undertaken to verify patient details and also ensure that delivery addresses matched billing addresses. The provider commissioned an ID checking service from an external provider where patients' details would be verified against several national databases to confirm the patients' identity. Parental identification was not verified by the production of specific documentation when prescribing for children.
- Pharmacist independent prescribers 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. The provider told us that they had six significant events over the previous 12 months. Near misses would also be recorded when these were identified. We saw that all incidents were discussed and actions were agreed in response to any identified learning.
- The provider held regular meetings where incidents were communicated and discussed with all staff. There were meeting minutes available to demonstrate that these had been discussed, and changes implemented had been communicated with all staff.
- The IMA operated a 'Just Culture' by reviewing incidents and complaints in a wider context to consider all contributory factors in order to respond to any issues more effectively.
- The provider was aware of and complied with the requirements of the Duty of Candour by explaining to the patient when something went wrong, offering an apology, and advising them of any actions taken.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We found that this provider was delivering effective care in accordance with the relevant regulation, and rated the service as good for providing effective care.

Assessment and treatment

- Each prescriber 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. Searches for any updates were undertaken on a daily basis and any changes were cascaded to the teams, and consultation templates were updated within 24 hours.
- Patients completed an online form which included questions about 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 a sample of medical records and found they were complete records and adequate notes were recorded. The pharmacist independent prescribers had access to all previous notes.
- The staff providing the service were aware of the strengths (for example, speed, convenience, and choice of time) and the limitations (for example, the inability to perform a physical examination) in 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. Regular clinical records audit were undertaken to ensure the pharmacist independent prescribers were recording consultations in line with the provider policy.

Quality improvement

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

- The service used information about patients' outcomes to make improvements.
- The service took part in quality improvement activity; for example, the provider regularly reviewed the patient consultation questionnaires to ensure they were updated with new and revised evidence-based guidance.
- We saw evidence of a regular audit programme, and findings were used to help drive improvement.
- The service initiated a 'deep dive' process when appropriate to review any presenting issue in totality to reach an informed decision. This incorporated all aspects of delivery, training, complaints, incidents, and audits and was undertaken in collaboration with relevant stakeholders.

Staff training

- All staff had to complete an induction which consisted of topics including fire safety, first aid and moving and handling which was delivered as part of the wider corporate induction programme. There was a schedule of ongoing training and staff had completed formal training in a number of named modules including the Mental Capacity Act and safeguarding training.
- The staff working at the service had to receive specific induction training prior to treating patients. An induction log was held in each staff file and signed off when completed. There was a comprehensive pharmacist independent prescriber handbook available containing key information for new starters.
- Staff received annual performance reviews, and there were systems in place to monitor when staff were due to have their appraisal.
- Prescribing staff had received training for each of the online prescription services offered. For example, staff had been signposted to training resources for erectile dysfunction, and then completed case studies which had been signed off to review their competencies and were also reviewed at their appraisal.
- The competency of the independent prescribers was assessed by in-house appraisal and peer review, and training logs were held to demonstrate appropriate training had been completed. We saw that training was up-to-date, apart from one member of the team who

Good

Are services effective?

(for example, treatment is effective)

had been off work. The provider told us that when this individual returned to work, they would be required to update their training before they could recommence their role.

- We were told that the service held a budget for professional development and staff were supported to enhance their skills. For example, four pharmacist independent prescribers had completed training about HIV to get a wider understanding of care processes. Eight team members had been supported to attend a national travel medicines conference. Clinical experts were invited to deliver training for the team, a recent example included a training session from an ophthalmologist.
- Clinical supervision was ongoing for all pharmacist independent prescribers. Five consultations per pharmacist independent prescriber were reviewed by the prescribing manager each month. Feedback was provided on an individual basis and if any issues prompted a wider learning point, this was shared with all colleagues in the team.
- The prescribing staff had a range of ways to maintain their competence and improve communication. This included daily prescriber check-ins, monthly performance reviews, a monthly patient safety working group and regular peer reviews. The GP signed off reflective practice statements completed by pharmacist independent prescribers.
- 'Huddles' took place each morning Monday to Friday for approximately 15 minutes focusing on workload, updates and any queries. Minutes were recorded so that these could be reviewed by all members of the team. Attendance was audited to ensure that staff engaged with the process either directly or by reading the notes. Reminders were sent to staff as appropriate to reinforce their responsibility to ensure their attendance or evidence that they had read the notes.
- Pharmacist independent prescribers had to submit evidence of their learning as part of their annual registration with their professional body (the General Pharmaceutical Council).

Coordinating patient care and information sharing

- When people registered for the online service, NHS GP details were obtained to facilitate sharing of information in line with GMC guidance. If patients did not agree to information being shared with their GP they were informed that the medicine could not be prescribed for them. In these cases, patients would be signposted back to their own GP.
- We saw that letters were sent from the online service to the patient's GPs to inform them of the treatment obtained via the service. This included the strength and duration of the prescribed medicines, and any other relevant additional information, along with a message to contact the service with any queries.

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 for patients. In addition, the provider had a section on their website for health advice such as smoking cessation.

Good

Are services caring?

Our findings

We found that this provider was delivering a caring service in accordance with the relevant regulations. We rated the service as good for providing caring services.

Compassion, dignity and respect

- Pharmacist independent prescribers undertook online consultations in a private room. The provider carried out random spot checks to ensure they were complying with the expected service standards and communicating appropriately with patients.
- The provider undertook regular patients surveys of the online prescription clinics, and produced a report of the outcomes. Response seen for the period September to November 2018 for the malaria prevention service showed that:
- 97% of patients who responded said they were treated with respect.
- 93% of patients who responded said they were satisfied with the level of privacy.

Involvement in decisions about care and treatment

- There was a dedicated team to respond to any enquiries.
- The provider undertook regular patients surveys of the online prescription clinics, and produced a report of the results. Response seen for the period September to November 2018 for the malaria prevention service showed that:
- 88.5% of patients who responded said that they were provided with information about the benefits and the risks associated with the medicines prescribed to prevent malaria.
- 89% of patients who responded said they were confident in the advice given and the information provided by the service.

A 'Golden Book' was maintained to log positive feedback received about the service.

There was also an emphasis on staff well-being with support being provided to the prescriber at both the start and end of their shift via a telephone call.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that the provider was providing a responsive service in accordance with the relevant regulations. We rated the service as good for providing responsive services.

Responding to and meeting patients' needs

- The service could be accessed through the provider's website where patients could place orders for medicines seven days a week. The service was available for patients in the UK only. The provider made it clear to patients what the limitations of the service were.
- Patients selected the treatment they required, filled in a consultation form and paid for the cost of the medicines and the consultation. The consultation form was then reviewed by a pharmacist independent prescriber, and once approved, a prescription was issued. Where further information was required before approving the consultation form, they would contact the patient either via the telephone or email.
- Nine patients who had recently used this service provided feedback using the 'Share Your Experience' facility on the CQC website. All nine patients were highly positive regarding the quality of the service provided. Comments included that the online service was clear and easy to use; that the service dealt with their request promptly; and that patients received good and helpful advice and information. Some patients prescribed travel medicines told us that they received reminders as prompts as to when to start their course of medicine which they deemed to add extra value. Patients also said they had confidence in the service, and that they were treated with dignity and respect. We did not receive any negative comments.
- The IMA encouraged patient feedback about the service, and all those who used the service were invited to provide feedback via a link to a survey sent by email. The majority of feedback was from people who had used the online travel medicines service.
- The provider undertook patients surveys of the online prescription clinics, which resulted in a quarterly report. Response rates were generally low and we saw that there had been a reduction in satisfaction levels over recent months. For example, the survey undertaken between June and August 2018, showed an overall satisfaction rate of 95%, with 90% of respondents saying they would return or recommend the service to others. From April to June 2019 the survey showed 68% of patients surveyed were satisfied and 68% would return or recommend the service to others. The provider told us that it was hard to distinguish if the responses related directly to the IMA aspect of the service or the in-store experience (for example, the collection of medicines in-store). There was a separate report for the anti-malarial medicines service and response rates were good. We saw that patient satisfaction levels were high for this service, exceeding 90% in terms of positive responses.
- Prescription requests were processed within 48 hours. The service had introduced a home delivery service for medicines. For an additional cost, patients could also request next-day delivery. The packaging of medicines sent to patients had been reviewed to ensure safety. Patients had to sign a disclaimer to ensure that any deliveries would not be accessed by unsupervised children or by pets.
- The provider became aware of a significant uptake in the number of Chinese students requesting Human papilloma virus (HPV) vaccine which resulted in the service producing an information leaflet in Mandarin.
- The provider's website was clearly laid out and easy to use.

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.
- The service was able to demonstrate that they fulfilled the requirements of the Accessible Information Standard. For example, information was available in larger font sizes for those with a visual impairment. Type-talk was available for patients with hearing loss. The provider also gave an example of how a British sign-language interpreter had been used to support two patients with a hearing impairment in a three-way consultation.
- There was also evidence that the service complied with religious and cultural preferences, for example, in prescribing alternatives medicines which were non-gelatine based.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The service had worked to improve access to anti-malarial medicines for people living with HIV who were travelling. This involved communication with the patient's HIV clinic, with their consent, to discuss the choice of anti-malarials in line with specific guidance. The communication with patients also included providing information on entry requirements to particular countries, and advice on travelling with medicines.
- There was also a focus on 'making every contact count' for example, by providing information to patients in advance of travel plans. For instance, it was known that the majority of malaria cases imported into the UK was a result of visiting friends and relatives overseas, and therefore there was a drive to use interactions with patients to make them aware of the potential health risks of travel. This included those patients living with HIV.

Managing complaints

- Information about how to make a complaint was available on the service's web site. Patients could report a complaint by telephone, email or letter. 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. The provider had received three complaints in the last 12 months. We saw that complaints were responded to within appropriate timescales, an apology was offered when appropriate, and any action points were addressed. Complaints were discussed with the team and learning was shared.

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 a set of terms and conditions and 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 after the consultation was complete and the prescription was issued.
- Staff understood and sought patients' consent to care and treatment in line with legislation and taking into account guidance. All staff had received training about the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the staff assessed the patient's capacity and recorded the outcome of the assessment.

Are services well-led?

Good

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

Our findings

We found that this provider was delivering well-led services in accordance with the relevant regulations. We rated the service as good for providing well-led services.

Business Strategy and Governance arrangements

- The provider had a vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. A business plan was available and this provided a clear steer on future aspirations and proposed developments.
- 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. These were reviewed annually and updated when necessary.
- There were a variety of regular checks in place to monitor the performance of the service. The information from these checks was discussed at regular team meetings. This ensured a comprehensive understanding of the performance of the service was maintained. Care and treatment records were complete, accurate, and securely kept.
- For the development of new services the contracted GP offered independent clinical advice, and this was usually undertaken through the Clinical Advisory Board. There was a clear process for any new online clinic development to ensure this was safe to be prescribed via an online service, from the initial stage of a viability decision through workload planning, clinical support and development, clinic creation and regular review and audit. A proposal would be put to a clinical advisory board and if supported a draft consultation would be produced. This would return to the clinical advisory board before being finalised and approved. If at any stage there were issues identified with the new service the process would be restarted or cancelled if the issues could not be resolved. Once approved, the clinical staff would undertake any additional training required in the clinical area to ensure they were competent to prescribe. The new service would then be launched and reviewed on an ongoing basis.
- In addition, the provider could access a panel of medical practitioners which could be arranged for expert advice usually in relation to the development of a new service, for example, a microbiologist had attended a discussion on antibiotic medicines. The clinical advisory board had initially been established within the IMA but had since had its remit extended to encompass the wider Boots organisation.
- A network of internal meetings supported good governance arrangements. Daily 'check-ins' took place for the pharmacist independent prescribers on duty. The last person on duty 'checked-out' with the professional support helpdesk. Weekly business meetings, fortnightly meeting for prescribers focusing on operational matters and communication, and quarterly service insight meetings were scheduled. As part of the wider organisation, there were monthly leadership meetings and patient safety working groups, the latter looking for example at wider learning from incidents and complaints.
- There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through clinical audit. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, values and culture

- The IMA had a vision to empower patients to take control of their health by providing convenient, safe access to a choice of medicines accompanied by the statement 'Patients first, colleagues at the heart of everything we do'. This statement underpinned the wider organisational values of trust, caring, partnership, innovation and dedication.
- An organisational structure defined roles and accountability within the IMA, and its relationship with the wider organisation was clear. There was a nominated individual responsible for the strategic direction of the IMA, and a registered manager whose responsibility was for the day-to-day operation of the service.
- Since our previous inspection, two of the pharmacist independent prescribers (including the pharmacist independent prescriber manager) had completed training and were now specialist practitioners. This meant their roles were externally-facing with a greater focus on clinical input on strategic developments, and a mentoring role across the organisation. The specialist

Are services well-led?

Good

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

practitioner role was set up within Boots in January 2019 giving pharmacists an improved clinical career pathway. The two pharmacist independent prescribers were part of the first cohort to complete this.

- The service had an open 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.

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 Information Technology 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 access to patient data.

Seeking and acting on feedback from patients and staff

- The service encouraged and acted on feedback from both patients and staff. Improvements were made to the quality of care as a result of feedback and complaints.
- Patients had the opportunity to leave feedback for the service. The provider also undertook regular surveys to gain feedback from patients. Patients were e-mailed a link to the survey which asked several questions about the patient's experience when using the service. We saw the provider had analysed results from the last survey and had taken actions to make improvements where these were identified. The provider told us that in the last six months, they had discussed patient survey results alongside all other feedback mechanism within service's insight meetings in order to include more stakeholders in order to work together to improve the patient experience. A customer survey feedback dashboard was produced to give an overview of responses broken down by each clinic to identify any issues relating to any particular aspect of the service. For example, we saw a report covering December 2017 to August 2018 which identified some concerns with the period delay clinic. In response to this information actions were taken to improve overall experience and the overall results for September to November 2018 showed overall satisfaction at 86%. This coincided with the introduction of three improvements to the service, namely in store notification that orders were waiting, letterbox delivery and in-store collection in almost 2500 stores(rather than 300 stores previously).
- The provider had a whistleblowing policy in place. A whistle-blower is someone who raises concerns about practice or staff within the organisation. There was a named person to contact with any issues raised under whistleblowing.
- A team meeting was held on site once a month to ensure good communication and links with all members of the team, including those who mainly worked remotely. Team development days also took place.
- A staff survey was undertaken annually. The last report was very positive with most response achieving levels approaching 100%.
- Staff could be nominated for 'quarterly stars' recognition. One of the pharmacist independent prescribers had been nominated for global recognition as part of World Pharmacist Day for their work outside of the IMA with substance misuse patients, demonstrating their approach as being above and beyond normal expectations.

Continuous Improvement

- The service consistently sought ways to improve. 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 the service had grown and developed since our inspection in 2017. Staff numbers had increased as the service had expanded and new clinics, for example, the introduction of a premature ejaculation clinic, whilst other clinics had extended their remit, for example, malaria prevention and acne clinics. The travel clinic had been expanded to include children from the age of two (this had previously been for children aged five and above).
- The service offered home delivery, and this had been expanded to offer next day delivery if patients selected this option. Previously patients were able to collect their medicine from one of 300 Boots pharmacies but this was increased so that patients could now collect from all Boots pharmacies (almost 2,500 stores).

Are services well-led?

Good

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

- The software used for consultations was a bespoke system that had been developed in-house. This was continually updated by an ongoing review of all available resources to ensure the system was fully responsive to new guidance and information. For example, in relation to travel it acted as a one-stop resource for every country and disease. It also provided access to a suite of patient information leaflets.
- The service was considering the use of online video consultations. A trial was being piloted in five Boots stores.
- Social prescribing initiatives were an area being explored as part of a holistic approach to patient care via discussions with Public Health England and Diabetes UK.
- The provider was aware that new digital platforms would need to be available to allow future demands and developments and this had been incorporated into the organisational business plan. A digital governance lead role was being developed within the pharmacy team in recognition of the forward agenda, and desire to be proactive in responding to this.