DoktorABC (Skymarketing Ltd)

Inspection report

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

Ratings

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

Overall summary

Letter from the Chief Inspector of General Practice

We rated this service as Good overall. This was the service's first inspection.

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? – Requires improvement

We carried out an announced comprehensive inspection at DoktorABC on 22 July 2022 as part of our inspection programme. The service provides patients with a platform to purchase a medicine for a limited number of ailments such as men's and women's sexual health, contraception and travel medicines.

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 focus on continuous learning and improvement within the organisation. However, the service was in its infancy and improvements were required to ensure consistent processes were in place for example when monitoring the quality of the service and when recruiting more staff when the service expanded.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to expand processes for auditing prescribing, anti-microbial stewardship and clinical documentation.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a CQC Inspection Manager, and a member of the CQC medicines team.

Background to DoktorABC (Skymarketing Ltd)

Background

DoktorABC was registered with the Care Quality Commission in December 2021. The service uses a platform which connects patients with doctors and pharmacies online. DoktorABC follows standards of the telemedicine industry and has a partner mail order pharmacy which is also registered in the UK. The online doctors on the DoktorABC platform are UK certified and follow the prescribing guidelines set by the National Institute for Health and Care Excellence (NICE) and the British National Formulary (BNF).

Patients can receive medical advice online, obtain a prescription and have the medicine shipped directly to their home address. The services offered are limited to men's and women's sexual health services, hair loss, travel and contraception.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the Registered (service) Manager and the administrator of this small service.

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?

This was DoktorABC's first inspection.

We rated safe as Good because:

Keeping people safe and safeguarded from abuse

Staff employed by the service, including those who were not patient facing, had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies on the system's clinical platform and knew where and how to report a safeguarding concern.

All the clinicians had received adult and child safeguarding training to the appropriate level for their role. It was a requirement for the Clinicians registering with the service to provide evidence of up to date safeguarding training certification.

The service did not treat children. However we saw evidence of a Child Protection policy in place to help staff identify when there might be a risk for example, we were told that if a person under the age of 16 tried to access the service, this in itself may constitute as a safeguarding concern.

Monitoring health & safety and responding to risks.

The provider headquarters was located at an office in Bolton which had been sourced to register the service but was rarely used as the service was wholly remote and staff worked from either their own home or other office workspace. However, staff who occasionally used the premises were aware of the health and safety requirements which were managed by the owner of the premises. The service manager kept evidence that fire and health and safety checks were carried out. We saw no evident fire or health and safety risks on the site visit other than a large number of flat packed boxes which the service manager was aware of and which were due to be removed imminently.

Clinicians did not consult with patients remotely or see patients face to face. To access the service a patient would start an online consultation to get medical advice for their health condition. They would fill out a questionnaire to determine their symptoms. This included questions about their previous medical history. They would then choose the medicine they required from a list of recommended treatment options or keep the default recommended treatment. The prescribing doctor would then review the information and issue a prescription online where appropriate. If additional questions and answers were required before the prescription could be issued this would be done by way of a messaging system between the patient and the doctor via the patient account. Once the consultation was completed the medicine would be shipped to the patient.

Doctors worked remotely from their own homes or from an office using DoktorABC software that was integrated within their personal or work computer. From that software the doctor would intermittently refresh the screen to see orders that required action. A doctor was always available between the hours of 9am and 5pm Monday to Friday to meet current patient demand. All consultations were audited via the system and could be viewed by the service manager.

All persons accessing the system did so via the same software including the patient, the doctor and the chemist. Each person had access appropriate to their level of requirement. For example, the chemist could only see the prescription requirement, the patient and doctor shared the consultation and the support staff were able to monitor and review personal data required to confirm appropriate identification. All fees were paid online and included consultation, prescription and postage, the cost of which was all known to the patient prior to completion.

Good

Are services safe?

Contraindications were identified on each questionnaire and questionnaires were guided to pick out key components and key symptoms. Each questionnaire asked about contraindications and required an answer from the patient about medicines already being taken. During the inspection we looked at which information was auditable. Free text was not something that could be audited currently but we were told that could and would be rectified.

Staffing and Recruitment

There was enough staff, including Clinicians, to meet the demands for the service currently. There was a support team available to the Clinicians and a separate IT team. The prescribing doctors were paid on a sessional basis.

Due to the small amount of staff at DoktorABC currently, and the high costs of indemnity, the provider's selection and recruitment process was managed by Healthfinder Pro, another service regulated and rated good by the Care Quality Commission. We saw evidence that appropriate checks such as references and Disclosure and Barring Service (DBS) checks were in place. (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 clinical/doctor employees did not have to be currently working in the NHS but needed to be registered with the General Medical Council (GMC) with a license to practice. They had to provide evidence of having professional indemnity cover, an up to date appraisal and certificates relating to their qualification and training including safeguarding. We saw that appropriate checks had been made for the doctors currently employed by DoktorABC. However, we noted that the information held on personnel files was not consistent, such as the number of references, training certificates, and photographic ID and we highlighted this as a governance requirement to the service manager.

Prescribing safety

All medicines prescribed to patients from online forms 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 which was sent electronically to a community pharmacy. 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.

There were systems in place to prevent the misuse of prescribed medicines. For example, the provider checked the patient's medical history and medicines the patient was already taking. If emergency supplies of medicines were prescribed, there were processes in place to ensure the patient's regular doctor was contacted to advise them.

Once the doctor prescribed the medicine and dosage of choice, relevant written instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine, any likely side effects and what they should do if they became unwell. Patient information leaflets were provided electronically to patients.

The service did not deal with repeat prescriptions or long term conditions.

The service prescribed a limited number of antibiotics for certain conditions. There was no audit process in place to monitor antimicrobial prescribing however only a small number of prescriptions had been issued and followed the provider's clinical policy.

The service prescribed some medicines which were unlicensed, for example for the treatment of premature ejaculation. Medicines are given licences after trials to show they are safe and effective for treating a particular condition. The use of a medicine for a different medical condition other than that which 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. When unlicensed medicines were issued by the provider, we saw there was clear information on the website to explain that the medicines were being used outside of their licence. In addition, we saw the patient had to acknowledge that they understood this information on the consultation form.

The provider had a system in place to audit prescribing. However, there was no process in place to audit free text boxes on the online consultation or the messaging system between the prescriber and patient. In order to improve this, the provider told us they would discuss development of the clinical system through the governance channels so that free text information could be audited.

There were protocols in place to identify and verify the patient. We saw that the protocols followed General Medical Council guidance, or similar.

The provider issued prescriptions electronically to a designated pharmacy. The pharmacy could not be chosen by the patient. The prescription was dispensed and delivered directly to the patient via courier from the pharmacy. The service did not have a system in place to assure themselves of the quality of the dispensing process although there were systems in place to ensure that the correct person received the correct medicine. We were told that all these systems would be improved through the governance channels.

Information to deliver safe care and treatment

On registering with the service, and at each consultation patient identity was verified. The Clinicians had access to the patient's previous records held by the service, but they did not have access to the patient's NHS records, which was not unusual for this type of service.

Management and learning from safety incidents and alerts

There was a protocol in place to identify, investigate and learn from incidents relating to the safety of patients and staff members. The service manager was the lead for incidents, and they described the protocol and what should be done. We saw an incident management policy and a form to be completed on the provider's document system. The service was in its infancy and there had been no safety or critical incidents reported at the time of the inspection. During the inspection we discussed other things that could be quantified as incidents and were told about issues that had come to the service manager's attention such as a delay in delivery of medicines. We saw that changes had been made to improve this issue.

The service was switching over to compliance software to streamline processes. During the inspection we were shown how this would be managed and saw how it would improve sharing and knowledge within the service.

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

Good

Are services effective?

We rated effective as Choose a rating because:

Assessment and treatment

We reviewed five medical records within the clinical system that demonstrated patients' needs were assessed and delivered in line with the service's protocols. Those protocols were aligned with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based practice.

Communications with patients using this service were totally via questionnaire and there was only interaction between the GP and the patient if the GP felt it necessary or if the patient asked for direct communication. These interactions were completed electronically via direct messaging service and could only be viewed by the parties concerned. The length of any discussion was solely dependent on the further information required before a prescription would be issued. So far, these interactions had been minimal.

Patients completed an online form which included their past medical history. There was a set template to complete within each questionnaire that included the reasons for the requested medicine. The outcome was manually recorded, along with any notes about past medical history and diagnosis. We reviewed five medical records which were complete records. We saw that adequate information was provided for each medicine request.

The GP currently providing the service was 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 who were never directly seen when accessing this service. However, we were told that if a patient requested something that could not be provided by the service, they would be signposted to another appropriate agency but it was not clear whether a note could be kept of that for future reference.

The service manager had monitored the small amount of consultations that had taken place to assure themselves that appropriate information had been obtained before prescriptions were provided. We discussed how this auditing system could be improved and were told this would be fed back to the provider.

Quality improvement

The service collected and monitored information on patients' care and treatment outcomes. They used information about patients' outcomes to make improvements and took part in quality improvement activity.

Staff training

At the time of inspection there were few staff. However, all had completed required induction training which consisted of that which was pertinent to their roles such as the rudiments of the clinical system, safeguarding training and prescribing medicines safely. Staff also completed other training on a regular basis and the service manager was responsible for this. We discussed how a training matrix would benefit the service when staffing increased and were told that this would be put in place to ensure consistency for training and other things such as appraisal and supervision.

Coordinating patient care and information sharing

Before providing treatment, the GP for the service ensured they had adequate knowledge of the patient's health via the completed questionnaires which included previous medical history. We saw examples of how the information was collected and noted there were safety measures in place to ensure the patient could not randomly complete the

Good

Are services effective?

questionnaires. For example, the system prompted an answer where further information was required. It was possible however, for a patient to put an “x” into the free type section and then complete the questionnaire. We discussed this during the inspection and were told that if a GP saw this had happened, they would request further information from the patient via direct messaging and before issuing any prescription. We also discussed how it was not currently possible to audit this to ensure any risks were mitigated.

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. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. However, this service did not prescribe any medicines liable to abuse or misuse or those for the treatment of long term conditions in any event.

Good

Are services caring?

We rated caring as Good because:

Compassion, dignity and respect

This service did not ever see patients face to face and interaction was only undertaken via questionnaires and a direct messaging service when required. However, on speaking with the service manager we were assured that people's dignity and respect would be considered at all times, regardless of age, race, disability, sex and gender identity and religious beliefs.

DoktorABC was a platform that allowed patients to get treated for chronic and acute health conditions on-line. They offered an all-in-one solution to save people time with prescription renewals and visits to the GP and pharmacy. They assured discretion with each treatment and a next-day delivery guarantee.

We reviewed feedback on the internet which demonstrated that patients were very satisfied with the service which they described as "excellent, will use again, speedy, safe, easy and discreet".

Involvement in decisions about care and treatment

Patient information guides about how to use the service and technical issues were available on the website. There was a dedicated team to respond to any enquiries.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting patients' needs

The service's platform allowed patients to obtain discreet, fast, GP led medical treatments for a limited number of physical ailments to do with men's and women's sexual health, contraception, hair loss and travel. The patient would begin an online consultation by completing a questionnaire to determine their symptoms and overall medical health. They could then choose the medicine they wished from a list of recommended treatment options. Alternatively, a default treatment would be offered. The prescribing doctor would then review all the information and issue the prescription on-line if appropriate. Otherwise the doctor could recommend an alternative or request further information via direct messaging. Payment was requested before the prescription was issued, but if treatment was not approved by the clinician for whatever reason, then the patient was immediately refunded in full. Once a consultation was completed and the prescription was issued, it would be delivered by an express delivery service.

The service could be accessed Monday to Friday between the hours of 9am and 5pm and the prescriber made it clear to patients what the limitations of the service were.

There was no face to face consultation and no visual consultation between the patient and the prescriber.

Tackling inequity and promoting equality

The service was available to anyone who requested and paid the appropriate fee and did not discriminate against any client group. Decisions about treatment were for both the prescriber and the person to jointly consider during the consultation. However, the final decision was always the responsibility of the prescriber.

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 had been developed and introduced for use.

During the inspection we saw that a small number of complaints had been received about late delivery of prescriptions (which were guaranteed as next day). We saw that the patients who had contacted the service with this problem received an apology and a refund if appropriate. The provider changed its courier service in order to improve the service and ensure that deliveries were made on time.

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.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

Business Strategy and Governance arrangements

Although there were governance arrangements in place, the provider did not standardise and maintain personnel files in a way that ensured consistency of information obtained for each member of staff. There was a system to record induction, but this needed to be standardised in order to maintain consistency for training and supervision when more staff were employed. In addition, the ability to audit the clinical records was not failsafe because there was no way to search and recover clinical information that had been free typed. Neither was there a system in place whereby the provider could demonstrate the quality of the dispensing process. All of this was taken on board by the service manager during the inspection with a view to making improvements as soon as possible.

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 and we saw evidence of this during the inspection. However, the service was in its infancy with only a few staff and a minimal amount of patients having been processed through the system. We saw some areas where improvements could be made, such as making amendments to the clinical system so that free type could be audited and safety could be maintained when patients and staff grew in numbers. We found that although there was a system in place to recruit, induct and supervise staff currently and in the future, the information that had been collected to date was not consistent.

There was a clear organisational structure and staff were aware of their own roles and responsibilities. There was also a range of service specific policies which were available to all staff. These were reviewed by the service manager and updated when necessary.

There were a variety of checks in place to monitor the performance of the service. These included random spot checks for consultations. However, these systems would need to be expanded upon to ensure a comprehensive understanding of performance was maintained when the service grew.

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

Overall responsibility was shared between the service (registered) manager, the clinical nominated individual and the GP clinical lead who was ultimately responsible for any medical issues arising. They were each available on a part time basis when required. There were other managers who could take responsibility in either of their absences. When the service expanded in the future, the intention was to recruit more clinical staff. These would be supervised and monitored by the nominated individual. 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. This was supported by an operational policy.

Safety and Security of Patient Information

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

Requires Improvement

Are services well-led?

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. Both the service and the clinicians were registered with the Information Commissioner's Office. There were business contingency plans in place to minimise the risk of losing patient data.

Seeking and acting on feedback from patients and staff

Patients could provide information via the service website or via an independant online review. Patients could rate the service they received, and this was monitored by the service manager. If it fell below the provider's standards a review of consultations would be undertaken to address any shortfalls.

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 service manager was the named person for dealing with any issues raised under whistleblowing in the first instance. This would then be discussed with the other managers.

Continuous Improvement

The service was in its infancy and was consistently looking for ways to improve. We saw from minutes of meetings where ways to improve and expand were discussed.

We discussed improvements that could be made to the clinical system so that auditing and monitoring could be consistent and safe.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The provider did not standardise and maintain personnel files in a way that ensured consistency of information obtained for each member of staff. • The provider did not have a consistent system to record induction, training and supervision of all staff when the service expands. • The provider did not have a consistent system in place to demonstrate the quality of the dispensing process. • There was no system in place to randomly and consistently audit any free type options within the clinical notes.