e-med Private Medical Services

Quality Report

e-med Private Medical Services Ltd
4 Admiral House
Cardinal Way
Wealdstone
Harrow
Middlesex
HA3 5TE
Tel: 0203 286 0946
Website: www.e-med.co.uk

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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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at e-med Private Medical Services Ltd on 5 June 2015

We found that the service was providing safe, effective and well-led care in accordance with the relevant regulations.

Our key findings were:

- There was an effective process to manage any complaints that the provider received and complaints were dealt with in accordance with the provider's complaints policy.
- We noted some concerns about the repeat prescribing system in place and the threshold for prescribing antibiotics.
- There was a system in place for the monitoring of referrals made to specialist consultants and diagnostic screening services to check that they had been progressed.
- Diagnostic results for example, blood tests were reviewed and actioned on the day that they were received.
- The provider had effective methods for receiving positive and negative patient feedback.
- There was little evidence of clinical audit undertaken.

There were areas where the provider could make improvements and should:

- Carry out audit of a clinical nature to drive improvement for patients.
- Develop the electronic patient record system to allow additional detail to be entered.
- Review the process for issuing and reviewing repeat medications.
- Review the threshold for prescribing antibiotics ensuring alignment with national prescribing guidance.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?
We found that the service was providing safe care in accordance with the relevant regulations.

There were systems in place for reporting and recording incidents and an effective process to manage complaints. There were processes in place to ensure that medical data was securely kept and checks were made to confirm a patient's identity. Information about medicines that would not be supplied was clearly explained on the provider's website. Private prescriptions included the prescribing doctor's name and GMC number. We noted some concerns about the repeat prescribing system in place and the threshold for prescribing antibiotics. Appropriate recruitment checks had been undertaken before staff commenced employment.

Are services effective?
We found the service was providing effective care in accordance with the relevant regulations.

There was a robust registration process and medical history was recorded. There was a good system in place for the monitoring of referrals sent to other care providers. Diagnostic results were reviewed and actioned the same day that they were received. There was little evidence of clinical audit undertaken. All staff received an annual appraisal.

Are services caring?
This domain was not inspected during this inspection.

Are services responsive to people's needs?
This domain was not inspected during this inspection.

Are services well-led?
We found that the service was providing well-led care in accordance with the relevant regulations.

The provider had a number of policies and procedures in place to govern activity and all those reviewed were up-to-date. People were made aware of the complaints system and were encouraged to give feedback about the service. A patient satisfaction survey was emailed to all patients after each consultation and treatment episode.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Carry out audit of a clinical nature to drive improvement for patients.
- Develop the electronic patient record system to allow additional detail to be entered.
- Review the process for issuing and reviewing repeat medications.
- Review the threshold for prescribing antibiotics ensuring alignment with national prescribing guidance.

e-med Private Medical Services

Detailed findings

Our inspection team

Our inspection team was led by:

Our Inspection team was led by a CQC Lead Inspector. The team included a CQC GP Regional Advisor and a CQC Pharmacist Inspector.

Background to e-med Private Medical Services

e-med Private Medical Services Ltd is an online private doctor consultation service, providing a range of medical services for people aged 18 years and over. The online service is primarily for patients residing in the UK but not exclusively as occasionally patients in the European Union (EU) can access the service for a second opinion. To use the service, patients pay a set registration fee, renewable annually and then a set fee for each consultation, prescription or referral thereafter. Consultations are mostly conducted via emails but they are also provided by video webcam and telephone communications. A free medical dictionary and nurse advice service for simple medical problems is also available for any member of the public to access through a web form.

The provider employs three doctors and one nurse, all are registered with the appropriate professional bodies in the United Kingdom (UK). All three doctors have additional roles in other healthcare organisations. The doctors provide online care across the range of services offered, including medical advice, prescriptions, private referrals for clinical investigations and onward referrals to private specialist consultants. Most consultations are performed by one of the three employed doctors, with another covering for staff absence and one who performs the role of medical advisor. All staff work from their own locations and use the company's registered address as a central base.

The nurse is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Data collated by the provider reports that between 30-50 consultations are conducted per week with a total of 2169 consultations in the last 12 months. One hundred and sixty nine new patients have registered with the service in the last 12 months and 145 patients have renewed their membership.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

At this inspection we only asked three of our five questions to get to the heart of patients' experiences of care and treatment,

- Is it safe?
- Is it effective?
- Is it well-led?

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

Before the inspection we reviewed a range of information we hold about the practice, reviewed information sent to us by the provider and asked other organisations to share what they knew. We looked at the provider's website for details of the staff employed and the services provided.

We carried out an announced focused inspection on 5 June 2015

During our visit we spoke with the company director, one doctor and the nurse. We checked the storage of records, operational practices and reviewed 20 patient care records. We looked at policies and procedures, staff recruitment and training records and complaints received by the provider. We did not speak with patients who used the service.

Are services safe?

Our findings

Learning and improvement from incidents

There was a system in place for reporting and recording incidents. An incident reporting policy was in place which set out the processes to be followed. We were told that no incidents had occurred in the last twelve months. There was an effective process to manage any complaints that the provider received and these were dealt with in accordance with the provider's complaints policy. One complaint had been received in the last year and this had been managed in accordance with the policy and there were no identified learning points.

Reliable safety systems and processes (including safeguarding)

The provider had a safeguarding policy and records demonstrated that all staff received safeguarding training to the required level which was updated annually. The service was not provided to anyone under 18 years of age. There was a named safeguarding lead who staff would report any concerns to. The provider maintained an electronic file system, holding people's personal and medical information on computers with access restricted by a two-step authentication process. Areas of the website in which people entered their personal and medical information was encrypted to prevent unauthorised access. . The provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act requires every data controller (for example organisation or sole trader) who is processing personal information to register with the ICO unless they are exempt. Patient's credit card details and financial information were retained by a recognised third-party processor and were not held on the provider's server.

People's identity was checked via their credit card details which had to match required registration information.

Medicines

When a patient registered with the service as part of the process they had to detail any medicines they were taking and any known allergies that they had.

The provider did not stock or dispense any medicines. Patients who required medicines had them dispensed via private prescriptions. These were either posted to a patient or faxed to their chosen pharmacy. Most prescription requests were dealt with in less than four hours. We saw examples of acute and repeat prescriptions issued to treat common medical conditions, these included the doctor's name and GMC number.

The provider did not supply prescriptions for painkillers, insomnia or mental health issues. This was clearly explained on the provider's website. Patients who registered with the service to receive specific types of medicines not prescribed by the provider, had their membership rescinded and fee refunded.

Prescriptions for low dose naltrexone (LDN) were only supplied to patients after the provider had received confirmation from the patients GP or consultant, they had been diagnosed with multiple sclerosis (MS). A review of five patient's records confirmed this. These prescriptions were then sent electronically to a designated pharmacy and the medicines posted out to patients. There was information for patients on the provider's website about the use of LDN for the treatment of MS.

We noted some concerns about the repeat prescribing system in place and the threshold for prescribing antibiotics and the choice of antibiotics. For patients receiving repeat private prescriptions there was very little information on the electronic patient record system to demonstrate that simple routine checks were completed for example, blood pressure and renal function tests for patients taking anti-hypertensive medicines. We discussed this with the provider and they told us that they would develop a drop down box for all common conditions to allow more information to be recorded. The current system separately retained emails received from patients however these were not seamlessly added to the electronic patient record system thus making it difficult to see a full flow of dialogue in a medical record.

There was a process in place for all emailed prescription information to be added to the individual patient record file. The provider kept a record of when prescriptions were requested but refused. Six requests had been declined in the last 12 months for a variety of reasons, including drug interactions and no investigation results.

Staff recruitment

We reviewed all current employed staff files and found that appropriate recruitment checks had been undertaken before staff commenced employment, including confirmation that all staff had the right to work in the

Are services safe?

United Kingdom (UK). All doctors employed were registered with the General Medical Council (GMC) and the nurse was registered with the Nursing and Midwifery Council (NMC). We saw that proof of identification, references, qualifications and criminal records checks through the Disclosure and Barring Service (DBS) had been made. It was the provider's policy to request a Disclosure and Barring Services (DBS) check for all staff every three years and this had been done.

Staff had signed a confidentiality agreement and attested to the mental and physical fitness required to perform the role. We saw up-to-date professional indemnity insurance certificates for each member of the clinical team.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

To access the service patients had to complete a medical questionnaire that included a medical history section which we observed to be adequate for the purpose. This was held on the patient electronic record. A further form was completed for each consultation outlying the presenting symptoms. We saw that as part of the patient registration process there was a section where people were given the option to allow information to be shared with their GP. This was with the caveat that if agreement was not given, that this would be overridden if information was deemed to be of critical clinical importance. We were told that 95% of patients were happy for their GP to be informed.

If diagnostic tests or specialist opinion were required, referrals were made to the closest private hospital or clinic that the patient indicated. If patients did not elect for a private referral they were provided with a copy of the clinical recommendations to share with their own GP. We were told that it was the patient's responsibility to act upon this.

When making referrals to specialist consultants or ordering diagnostic tests, the service provided all the information necessary for continuity of care. There was a system in place for the monitoring of referrals made, to check that they had been progressed. We observed a good system for the receipt and action of communications received from other care providers. Diagnostic results for example, blood tests were reviewed and actioned on the day that they were received. We were told that results of diagnostic investigations were emailed to the patients GP. However, from the records we reviewed we did not see evidence to support this.

There was little evidence of clinical audit undertaken due to the relatively small number of patients who used the service. We did not see for example any documented audits of clinical record keeping and prescribing although we were told these areas were discussed at staff appraisals if necessary.

Staffing

All staff received an appraisal which was recorded in their staff file. We observed that appraisal notes were brief and that there was a heavy reliance on the General Medical Council (GMC) appraisal and revalidation process. (Every doctor is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Are services caring?

Our findings

This domain was not inspected during this inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

This domain was not inspected during this inspection.

Are services well-led?

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

Our findings

Governance arrangements

The provider had a number of policies and procedures in place to govern activity and these were available for staff to review. These included policies and procedures to cover confidentiality, records and information management, record retention, incident reporting and arrangements for patient assessment and treatment. All of the policies we reviewed were up-to-date. All governance was directed to and managed by the registered manager.

Practice seeks and acts on feedback from its patients, the public and staff

The provider had effective methods for receiving positive and negative patient feedback. Patients were made aware of the complaints system and were encouraged to give feedback about the service. A patient satisfaction survey was emailed to all patients after each consultation and treatment episode. Results were collated and a summary was included on the provider's website. There was a link on the provider's website for patients to use to provide general feedback. The complaints policy was displayed on the provider's website so that patients were aware of how and who to submit complaints to.

Leadership, openness and transparency

Staff had access to the registered manager and others involved in the running of the organisation.