Anytime Medical Limited

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Inspection report

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Anytime Medical Limited on 25 April 2017.

Anytime Medical Limited operates under the trading name of Anytime Doctor which provides on-line medical services from one website: www.anytimedoctor.co.uk. The website offers prescribing services for several treatment areas and testing kits for sexually transmitted diseases.

The inspection was carried out through discussion with the provider only as no staff were employed by the company at that time. The sole clinical member of staff employed had decided to stop working for the service the day prior to our inspection. This meant the provider was not actively operating on the day of our inspection.

We found this service was providing caring and responsive services in accordance with the relevant regulations. However, improvements were required in relation to providing safe, effective and well led care and treatment.

Our key findings across all the areas we inspected were:

- There was a system in place to check the patient's identity but this did not include photographic identity checks.
- There were systems in place to mitigate safety risks arising from incidents and complaints, including analysis and learning.
- A safeguarding policy was available but there was no appropriately trained safeguarding lead identified.
- The recruitment procedure included appropriate recruitment checks for clinical staff employed by the service. However, from the records we viewed of previously contracted staff we saw insufficient evidence that checks had been undertaken to ensure they had adequate training and qualifications to carry out their role or that that they had received appropriate appraisal for their on-line prescribing activities.
- There was insufficient monitoring of prescribing to prevent patients accessing inappropriate or unsafe treatment or to ensure clinicians were prescribing appropriately.
- There were some systems to ensure staff had the information they needed to deliver safe care and treatment to patients. However, these systems did not ensure actions were identified, implemented and recorded following best practice updates such as those provided by the National Institute for Health and Care Excellence (NICE) and safety alerts such as those provided by the Medicines and Healthcare Products Regulatory Agency (MHRA).

Summary of findings

- The service learned and made improvements when things went wrong. The provider was aware of and complied with the requirements of the Duty of Candour.
- Patients were not always prescribed treatment in line with best practice guidance. We saw evidence of prescribing for asthma which was not in line with current guidelines.
- Medical records we reviewed were maintained to an appropriate standard.
- The service did not have a programme of ongoing quality improvement activity embedded in their clinical governance system.
- The provider had an induction procedure in place to be carried out prior to the doctor treating patients.
- The provider informed us that staff had access to all policies.
- The service offered the option of sharing information about their treatment with the patient's own GP but the provider had not made this a mandatory requirement even when treating long-term conditions which required monitoring. However, the provider took appropriate action to address this following the inspection.
- Survey information we reviewed showed that patients were satisfied with the service they received.
- Information about how to complain was available and improvements were made to the service as a result of complaints.
- There was a clear business strategy and plans in place.
- There were insufficient clinical governance systems and processes in place to ensure the quality of service provision.
- The service encouraged and acted on feedback from both patients and staff.
- Systems were in place to protect personal information about patients. The company was registered with the Information Commissioner's Office.

We identified regulations that were not being met and the provider must make appropriate improvements:

Care and treatment was not being provided in a safe way for service users.

- The provider did not have an effective procedure to ensure safety alerts, such as those provided by the Medicines and Healthcare Products Regulatory Agency (MHRA), were reviewed by a clinician; acted on if necessary and records kept of actions taken.
- The provider did not have a safeguarding lead in place with appropriate training.

Systems and processes were not established and operated effectively to ensure compliance.

- The provider did not have an effective clinical quality improvement programme in place which included clinical audit and monitoring of prescribing against current prescribing guidance and evidence based practice.
- The provider had not ensured that staff management procedures included confirmation that clinical staff had adequate training and qualifications to carry out their role and that appropriate appraisal of their on-line prescribing activities had been undertaken.

The areas where the provider should make improvements are:

- The provider should ensure there are arrangements in place to retain and access medical records for the required period of time following the cessation of trading.
- The provider should consider implementing contingency plans to cover the absence of the Registered Manager or prescribing doctor.
- The provider should consider implementing a follow-up procedure when informing patients of positive results following Sexually Transmitted Disease testing to ensure results are accessed by patients.

You can see full details of the regulations not being met at the end of this report.

Summary of any enforcement action already taken

Following our inspection on 25 April 2017. We identified significant risks related to a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12 (1) Safe care and treatment. We therefore took urgent enforcement action to impose conditions under s31 of Health and Social Care Act. The urgent condition was to ensure that any service user seeking medical attention from Anytime Medical for long term conditions such as asthma, diabetes or

Summary of findings

hypertension must do so with the express permission to divulge this information to the service users' GP. Where providers are not meeting required standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use services. When we took this action, our decision was subject to an appeal by the provider.

Anytime Medical confirmed they had implemented the condition to make the service safe. The CQC will follow this up with another inspection to ensure we are satisfied that the provider has taken the necessary action to mitigate CQC's concerns.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

- The procedure regarding the provision of prescribed medicines for long term conditions was not adequate as it did not fully reduce the risks to patients. It did not stipulate that prescribing for long-term conditions would not be carried out unless the patient had given consent to share the information with their GP. The provider reported that they had implemented procedures to ensure this would be carried out in the future.
- A safeguarding lead with training appropriate for their role had not been identified. However, local authority contact information was available if safeguarding referrals were required.
- There was no doctor in place at the time of the inspection and there were no contingency arrangements in place to cover either planned or unexpected absence of the doctor or provider.
- We were unable to review current staff records as no staff were employed by the provider. However, staff records for the previous doctor did not include evidence of training and qualifications appropriate to their role.
- The service was not intended for medical emergencies and patients were alerted to this on the website. Consultation questionnaires were structured to terminate the process should urgent treatment be identified. If an on-line consultation did identify that urgent care was necessary, the patient would be instructed by the doctor to seek advice from their GP or urgent care centre.
- There was no process in place to monitor consultations or prescribing to identify risks and inappropriate prescribing practice.
- Policies and procedures were available electronically and the provider informed us that staff would have access to these.
- Patient identity was checked on registration and at every consultation, but did not include a photographic identity check.
- There were systems for identifying, investigating and learning from incidents relating to the safety of patient care. The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

- We were told by the provider that the doctor assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as, National Institute for Health and Care Excellence (NICE) guidance. However, we reviewed a sample of consultation records that demonstrated prescribing was not always in line with current guidelines. For example, we found from two of the six records we reviewed for asthma treatment, that the quantities of inhalers prescribed indicated that the patients were not being managed appropriately and patients had not been given advice about the importance of regular monitoring.
- Quality improvement activity did not include a programme of clinical audit or monitoring of prescribing against current best practice guidance, such as the General Medical Council guidance 'Good practice in prescribing and managing medicines and devices' or evidence based guidelines, such as NICE guidance.
- At the time of our inspection no staff were employed by the service and we were therefore unable to review current staff records. The staff record for the previously employed doctor did not include evidence of training, monitoring and appraisal to ensure they had the skills, knowledge and competence to deliver effective care and treatment.

Summary of findings

- The provider told us there was an induction programme in place for new staff.
- The service's web site contained information to help support patients lead healthier lives and included information relevant to the treatment areas offered.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- We were told by the provider that the doctor undertook consultations in a private room, for example in an office at their place of work or in their own home. The provider had not carried out checks to ensure the doctor complied with the expected service standards or that communication with patients was appropriate.
- We did not speak to patients directly on the day of the inspection. However, we looked at the results of the online surveys undertaken by the provider. The TrustPilot reviews ranked the service as Excellent with a score of 9.1 (from 0 to 10) and the majority of the 203 patients completing the structured Survey Monkey questionnaire responded that they were satisfied with the service (95% of respondents gave an overall rating of 'excellent' or 'good').

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- There was clear information available to patients to demonstrate how the service operated.
- Patients accessed the service via the provider's website. The service operated between 9am and 5pm Monday to Friday (excluding bank holidays). Patients were informed that during these times the doctor would aim to respond within hours. Patients could communicate with a doctor by email via their online patient record.
- When a doctor was in post, patients could access a brief description of them on the website (this included their name, GMC registration number and qualifications).
- There was a complaints policy which provided information about handling formal and informal complaints from patients. Information was available on the provider's website informing patients what to do if they wished to make a complaint.
- The provider told us that they required doctors to have undertaken training about the Mental Capacity Act and that they expected consent to care and treatment to be sought in line with the requirements of the Act.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

- The provider told us that all appropriate policies and procedures were accessible to staff working remotely. However, we were unable to confirm this as no staff were employed by the service on the day of the inspection.
- There were business plans in place but the overarching governance framework did not support clinical governance and risk management. There was no programme in place to carry out clinical audit and monitoring of prescribing against current prescribing guidance and evidence based guidelines.
- The organisational structure in place consisted of the provider (who carried out all operational activity both day to day and strategic) and one employed prescribing doctor. At the time of the inspection there were no members of staff employed.
- The service encouraged patient feedback using two on-line survey methods.
- The provider informed us that the doctor could feedback about the quality of the operating system and submit change requests.

Summary of findings

- Systems were in place to ensure that all patient information was stored securely and kept confidential. The service was registered with the Information Commissioner's Office.
- The provider showed us a treatment follow-up programme which was in the final stages of development which would automatically send a follow-up email to patients after treatment had been prescribed.

Anytime Medical Limited

Detailed findings

Background to this inspection

Anytime Medical Limited operates under the trading name of Anytime Doctor which provides an on-line consultation, prescribing and sexually transmitted disease testing service from one website: www.anytimedoctor.co.uk. This inspection was carried out at the registered business address of the organisation: 30 Percy Street, London W1T 2DB. The company was founded in 2008 and was previously registered with the CQC at a different location address.

The owner and sole director of the company was the Registered Manager and was responsible for all aspects of the management and operational activity of the service. (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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.)

The service was registered with the CQC to provide the Regulated Activity of treatment of disease, disorder or injury.

The member of staff usually employed by the service is a GMC registered doctor. However, at the time of the inspection there were no staff employed by the service as the current doctor had terminated his employment with the company the evening prior to the inspection. The provider was therefore in the process of recruiting a new doctor and had temporarily ceased trading until a new doctor had been recruited.

The service offered consultations and prescriptions for several treatment areas including some long-term conditions, such as asthma, diabetes and hypertension and offered testing kits for sexually transmitted diseases.

Patients completed an online consultation form for a treatment area selected by the patient. This was then reviewed by the doctor who suggested suitable prescribed medicines as appropriate. If the prescription was accepted by the patient, they made the payment and updated and confirmed their consultation information prior to the doctor reviewing the information again and signing the prescription. The prescription was then sent electronically to the provider's affiliated pharmacy for dispensing and delivery.

Information on the various treatment areas was provided on the website and patients could contact the service via their on-line account for additional information or assistance if required.

The service operated Monday to Friday from 9am to 5pm (except bank holidays). There was no instant messaging system or 'live chat' facility available but patients could communicate with the doctor via email using their online account.

Telephone calls were answered by a third party organisation between 9am and 6pm Monday to Friday (except bank holidays). Calls were answered by operators who were only able to provide information on the range of services available or could take messages which they would pass on to the provider. They were unable to provide any clinical advice or support.

The website advised patients that orders processed before 2pm were usually dispatched the same day. Prescribed medicines purchased after this time were processed the following working day. Prescriptions were only provided to addresses within the UK.

How we inspected this service

Our inspection team was led by a CQC lead inspector accompanied by a second inspector, a GP Specialist Adviser and a member of the CQC medicines team.

Detailed findings

Before visiting, we reviewed a range of information submitted by the provider.

During our visit we:

- Spoke with the Registered Manager and to the pharmacist at the affiliated pharmacy.
- Reviewed organisational documents, including minutes of meetings and policies and procedures
- Reviewed a sample of patient records.

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

- 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.

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations.

Keeping people safe and safeguarded from abuse

The provider informed us that he expected doctors employed in the service to have received level three child safeguarding training and adult safeguarding training prior to recruitment and expected them to attend updates as appropriate. It was a requirement for the GPs registering with the service to provide safeguarding training certification.

There was no identified Safeguarding Lead with training in adult safeguarding, including Mental Capacity Act and level 3 training in safeguarding children. There was access to safeguarding policies including information and contact numbers regarding who to report a safeguarding concern to.

The service did not offer treatments to patients under 18 years of age.

Monitoring health & safety and responding to risks

Both the Registered Manager and the doctor who was employed by the service worked from remote locations. The IT system was housed off-site and patients were not treated on the premises.

The provider expected that the doctor would conduct consultations in private and maintain patient confidentiality. The doctor used their own computer to log into the operating system, which was a secure programme.

Information on the website informed patients that the service was not intended for use by patients as an emergency service. The third party telephone answering service did not provide clinical advice.

Staffing and Recruitment

The service was usually provided by one doctor and the company owner, who was also the Registered Manager. At the time of the inspection there was no doctor in post and no other staff were employed by the service. The previous doctor had terminated his employment with the service on the evening before the inspection took place, and this was with immediate effect. The provider did not have contingency staffing plans in place to replace the doctor and had therefore temporarily ceased trading until a replacement doctor could be recruited.

The provider had a selection process in place for the recruitment of staff. The process required recruitment checks to be carried out prior to commencing employment. Potential candidates for the doctor's position had to be registered with the General Medical Council (GMC), be working in the NHS and continue to do so. A requirement of the recruitment process was to provide documents including medical indemnity insurance, proof of registration with the GMC (or other professional body), proof of qualifications and certificates for training in safeguarding and the Mental Capacity Act.

We were unable to review recruitment files as no staff were employed by the service at the time of the inspection. The provider informed us that doctors would not be permitted to commence consultations until these checks and induction training had been completed. However, staff records for the previous doctor did not include evidence of training and qualifications appropriate to their role.

Prescribing safety

Medicines were prescribed to patients who had completed an online consultation form. If a medicine was deemed necessary following a review of the information provided, the doctor issued a private prescription to patients from an agreed list of medicines. Once the patient purchased the medicine, the dosage and any relevant instructions were given to the patient regarding when and how to take the medicine.

Although the doctor could only prescribe from an agreed list of medicines, if an alternative medicine was considered more suitable, they were able to request that it was added to the list of available medicines. Third party advice was sort by the provider to determine if this was clinically appropriate.

No controlled drugs were prescribed by the service. (Controlled drugs are medicines that are subject to the Misuse of Drugs legislation and subsequent amendments).

The service provided treatment for long term conditions such as asthma, hypertension and diabetes. The provider did not have processes in place for monitoring patients

with these conditions, but we saw examples where the GP had asked a patient for further information before issuing a prescription and patients were able to request information by email.

The provider told us they planned to undertake monitoring in the future to ensure prescribing was evidence based, but there was no routine monitoring in place at the time our visit. We found examples of prescribing outside current guidelines, for example, from two of the six records for asthma treatment we reviewed, the quantities of inhalers prescribed indicated that the patients were not being managed appropriately. The patients had not been given advice about regular monitoring.

Antibiotic prescribing was limited. In the previous year the provider had carried out a review of their antibiotic prescribing which confirmed that it was in line with current good practice guidance.

The service prescribed some medicines for unlicensed use, for example for jet lag and altitude sickness. (Medicines are given licences after trials which show they are safe and effective for treating a particular condition. Use for a different medical condition 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 website to explain that the medicines were being used for unlicensed use and additional information to guide the patient when and how to take these medicines was provided.

Prescriptions were dispensed by the affiliated pharmacy.

Information to deliver safe care and treatment

We saw evidence of operating procedures detailing identity verification prior to processing orders.

During the registration process, the patient was asked to provide their name, gender, date of birth, email address and mobile telephone number. The system then sent a unique 4-digit security code to the patient's mobile telephone. The patient then had to use this security code to authorise the creation of their on-line medical record.

The patient then completed a medical questionnaire specific to the treatment area they had selected. After a patient had submitted a medical consultation questionnaire a doctor reviewed it and any mismatch with the answers to gender or age was flagged for further investigation. The doctor would then select one of three options. The doctor could:

- reject the consultation and suggest the patient visited their GP (or accident and emergency department if it was considered urgent).
- send a message to the patient to request further information.
- approve the consultation and select a medicine from a restricted list that was suitable for the patient and the treatment area selected.

The provider used several checks to attempt to mitigate the risks involved in ordering medicines online and protect against patients using multiple identities. These included:

- Order history: Users placing an order had to agree to a registered account being made under their details and only one account could be registered per user.
- Credit card check using the SagePay features confirmed that the address and postcode of the card-holder matched the address entered and confirmed their location.
- Online directory checks such as the electoral roll (192.com) to search for any patient requiring an additional identity check.
- IP address check.

All actions undertaken were documented against the patient's notes.

Following initial prescribing the patient was sent an email and text message requesting them to log into their account to view the medical consultation and the medicines the doctor had suggested for them. If the patient wished to purchase the medicine they were required to complete a further medical consultation form during the purchase process to confirm that the information submitted was accurate and up to date. The doctor then reviewed the entire medical record to decide if a prescription was appropriate before electronically signing and sending the prescription to the affiliated pharmacy. The patient was sent a text message and email to confirm that the doctor had either prescribed the medicines or rejected the request. If a medicine was prescribed, the email would include information about how to take the medicine.

The procedure regarding the provision of prescribed medicines for long term conditions such as asthma,

diabetes and hypertension did not stipulate that prescribing would not be carried out unless the patient had given consent to share the information with their GP and that following the issue of a prescription the provider would share the prescribing information with the service user's GP or, in the absence of consent being given, treatment would be refused. The safe and effective care of patients, especially those with long term conditions requires appropriate monitoring and communication with other clinicians involved in the care of that patient, in particular the patient's General Practitioner. Where this is not in place the patient is put at risk of receiving sub-optimal care which may lead to serious illness or potentially prove to be fatal. This is reflected in the GMC guidance on 'Good practice in prescribing and managing medicines and devices'. Following our inspection the provider confirmed that they had implemented procedures to ensure that this would be carried out in the future.

The service also provided testing kits for sexually transmitted diseases (STDs). Patients sent the samples direct to the testing laboratory and results were sent to Anytime Medical Ltd to inform the patient. The patient was then sent a text to inform them that the result was available on their online account to view. There was no policy or guidelines for staff to refer to for the management of STD testing results. There was no process or system to reconcile tests requested and results received and no procedure to ensure that patients had viewed their results or that follow up action was instigated if patients had not accessed positive test results within a specified timeframe.

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. We reviewed two incidents and found that these had been fully investigated, discussed and as a result appropriate action taken. For example, the provider had identified that a person had requested treatment using multiple identities. This had been identified using the procedure in place and the provider had taken appropriate action by refusing the order and informing the patient of the reasons for the refusal.

The provider had a process in place to receive medicine safety alerts but there were no systems in place to ensure actions were identified from safety alerts and that appropriate action had been carried out. The provider did not routinely identify which alerts were relevant to the service, whether action was needed or keep a record of action taken.

The provider informed us they were aware of the requirements of the Duty of Candour and if an incident occurred where this applied they would explain to the patient what went wrong, offer an apology and advise the patient of any action taken as a result.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

Assessment and treatment

We reviewed six medical records that demonstrated that the doctor did not always assess patients' needs and deliver 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 found examples of prescribing outside current guidelines, for example, one of the records for asthma treatment which we reviewed showed that the patient had been prescribed 17 inhalers within a six month period. The quantities of inhalers indicated that the patient was not being managed appropriately. Patients had not been given advice about regular monitoring.

Patients completed an online form which included their past medical history and diagnosis. There was a set template to complete for the consultation that included the reasons for the consultation and this was viewed by the prescribing doctor with any notes about past medical history. We reviewed six anonymised medical records which were complete records and adequate notes were recorded. The doctor had access to all previous notes.

The provider was aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of doctors working remotely from patients. They informed us that if a patient needed further examination the doctor would advise them to seek advice from an appropriate service. If the provider could not deal with the patient's request this was adequately explained to the patient and a record kept of the decision.

Quality improvement

The service did not have a programme of ongoing quality improvement activity embedded in their clinical governance system. The provider did not carry out audits to ensure consultations and prescribing complied with quality standards or to ensure that communication with patients was appropriate and effective. However, the provider informed us that recruitment procedures were in progress to secure the services of an additional doctor to develop and implement a quality improvement programme to include the auditing and monitoring of prescribing practices.

Staff training

There were insufficient staff management procedures in place to ensure clinical staff had adequate training and qualifications to carry out their role or that they had received appropriate appraisal of their on-line prescribing activities.

There were no formal arrangements in place for clinical supervision or peer review for the doctor. The provider relied on the doctor's General Medical Council (GMC) annual appraisal process. Doctors employed by the service were required to agree to share the results of their own appraisals before being considered for employment in the service. However, the appraisal of the previously employed doctor, reviewed at the inspection, did not include reference to their work within on-line medical services.

We were told by the provider that doctors employed by the service had to receive specific induction training prior to treating patients. No other staff were employed by the service.

Coordinating patient care and information sharing

The service did not have adequate arrangements in place to effectively coordinate care and share information appropriately if required. Patients were not required to give consent to share information with their registered GP if treatment was prescribed, even for long-term conditions which required monitoring. This was not in line with the GMC guidance on 'Good practice in prescribing and managing medicines and devices'. However, following the inspection the provider had implemented procedures to ensure that patient consent to sharing information with their GP was obtained prior to prescribing medicines for long-term conditions.

There was a message on the website informing patients that the service was able to share information with the patient's GP if the patient requested this (although very few patients took up this option). The message informed patients that the service would not contact the GP unless asked to do so by the patient. However, they did encourage patients to contact their GP so that they had a clear overall picture of the patient's health. If a patient requested that

Are services effective?

(for example, treatment is effective)

their episode of care or medical records were sent to their GP, Anytime Medical Limited agreed to fulfil the request within 14 days. Medical records were sent to the patient's GP by Special Delivery.

Supporting patients to live healthier lives

The website had a range of information available for the treatment areas covered by the service. This included links to NHS websites and other advisory and support services.

Are services caring?

Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

Compassion, dignity and respect

We were told by the provider that the doctor was expected to carry out consultations in a private room and would not be disturbed during their working time.

We did not speak to patients directly on the day of the inspection. However, we reviewed the practice survey information for 2016. At the end of every consultation, patients were encouraged to provide their feedback through 'Trustpilot' and a regular structured review was carried out using 'Survey Monkey'. The responses were analysed in December 2016 from both sets of data. The TrustPilot reviews ranked the service as Excellent with a score of 9.1 (from 0 to 10). The structured Survey Monkey questionnaire had been completed by 203 patients. The majority of patients were satisfied with the service. For example, patients were asked:

- Overall how to do you rate Anytime Doctor? 95% of respondents rated them overall as "excellent" or "good".
- Would you use Anytime Doctor again? 89% of patients responded that they would use the service again.
- How satisfied were you with the time it took for you to receive your medication? 93% of respondents were "satisfied" or "very satisfied" with the speed at which they received their medication.

Involvement in decisions about care and treatment

Survey results showed that the majority of patients were satisfied with the service. For example, patients were asked:

- How satisfied were you with the doctor's advice and instructions on how to take your medication? 85% of patients said they were either "Very satisfied" or "Satisfied".
- How easy is it to find the information you are looking for on Anytime Doctor? 84% of respondents found the website either "very easy" or "extremely easy" to use.

Patients had access to information about the prescribing doctor including their name, GMC registration number and qualifications.

There was information and guidance provided for all treatment areas which were available to the patient before purchasing their medicines.

Patients were able to access their medical records at any time via their online account.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing a responsive service in accordance with the relevant regulations.

Responding to and meeting patients' needs

The online system allowed people to contact the service from abroad but all prescriptions were dispensed by the affiliated pharmacy based in England and delivered to addresses within the UK only.

Patients were required to provide a mobile phone number if they wished to use the service as text-messaging was required as part of the communication and security process.

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

The operating hours of the service were from 9am to 5pm Monday to Friday (excluding bank holidays). During these times, the doctor aimed to respond the same day to patient queries and treatment requests.

The service website stated that service users could contact the service by telephone between 9am and 6pm. During this time calls were answered by a third party telephone answering service who were able to pass on messages to the provider. The website stated that these were non-clinical personnel who could only provide information on the range of services available.

We were told that the doctor was able to contact patients direct if they required more information in order to make an adequate assessment to prescribe treatment. Patients were requested to contact the doctor for all medically related enquires via their patient record, which was automatically set-up when a patient registered with the service. We saw evidence of email communication between the doctor and patient.

The website stated that prescribed medicines and test kits purchased before 2pm on a weekday were dispatched the same day for delivery the following working day. Purchases made after this time were processed the following working day. Services were provided to addresses in the UK only.

Patients were provided with all information relevant to the treatment area and medicine prescribed. Patients could contact the service for information or assistance by email during operating hours. Clinical information and support was not available via telephone.

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.

Managing complaints

Information about how to make a complaint was available on the web site. The provider had implemented a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. We reviewed complaints received by the service and noted that these were managed appropriately and reported in the patient's record.

The provider was able to demonstrate that complaints were handled correctly and patients received a satisfactory response. There was evidence of learning and changes made to the service as a result of complaints. For example, the service received a number of complaints via the service telephone number in relation to the online doctor registration process. During the registration process, a two-factor authentication check was included which required a prospective patient to enter their mobile telephone number. The system then sent a unique 4-digit code to this mobile telephone number and the patient had to enter the unique code to authenticate their online medical record. On this particular day there was a fault with the SMS text messaging provider with the result that the text message was not sent within 1-2 mins (it arrived up to one hour later). As a result the provider implemented a change to include two SMS text messaging providers to ensure that if the system was notified that one provider had not delivered the text code within 5 minutes it would automatically switch to the other provider.

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,

Are services responsive to people's needs?

(for example, to feedback?)

including a set of frequently asked questions for further support and information. The website had a set of terms and conditions and details on how the patient could contact the service with any enquiries.

The patient only paid for the medicine selected. This cost included the consultation, the issuing of a private prescription, the cost of the medicine, next day delivery and doctor after-care.

The Registered Manager had received training about the Mental Capacity Act 2005.

Are services well-led?

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

Our findings

We found that this service was not providing well led services in accordance with the relevant regulations.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart. This was reflected in their business plan and in the aims and objectives on their website.

There was a clear organisational structure. The provider was responsible for undertaking all operational activities and employed one doctor to undertake clinical activities. There was a range of service specific policies which were also available to the doctor. These were reviewed three yearly and updated when necessary.

There was no programme of regular clinical checks in place to monitor the safety and quality of the service provided to ensure that a comprehensive understanding of the performance of the service was maintained.

There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions when these were identified but these were not sufficient and did not cover all aspects of clinical governance. For example, they did not ensure actions were identified, implemented and recorded following best practice updates such as those provided by the National Institute for Health and Care Excellence (NICE) and safety alerts such as those provided by Medicines and Healthcare Products Regulatory Agency (MHRA).

Treatment records were securely kept. Records were kept of all interactions with patients including telephone contacts.

Leadership, values and culture

The provider was the sole director of the company and the CQC Registered Manager. They were responsible for all aspects of the operational management of the service. They attended the service daily and were the only personnel carrying out the daily operating processes of the service. The employed doctor was the only clinician and therefore responsible for all clinical activities of the service. There were no systems in place to cover the absence of the Registered Manager or doctor.

The values of the service were clearly stated on the service website. It stated that Anytime Doctor aimed to provide a range of confidential, high quality internet healthcare services to adult patients through confidential on-line health assessments with a General Medical Council registered doctor and the private prescribing of medicines.

We were told by the provider that the service had an open and transparent culture. We saw evidence that if there were unintended safety incidents, the service would give affected patients support, truthful information and a verbal or 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 safely and confidentiality was maintained.

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 access to patient's records. 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. However, the provider did not have confirmed arrangements in place to retain and access medical records for the required period of time following the cessation of trading.

Seeking and acting on feedback from patients and staff

The provider used third party customer feedback systems to collect reviews from users of the service throughout 2016. These included the use of Survey Monkey and Trustpilot. The Trustpilot system used a generic rating system which enabled patients to rate the service they received. This was constantly monitored and if any negative comments or ratings were given, this would trigger an immediate review to address any shortfalls. The Survey Monkey system used a structured questionnaire and analysis format. There was no readily available link on the Anytime Doctor website which enabled patients to provide feedback using either of these systems but patients were emailed at the end of each consultation to encourage them to complete the survey. The Survey Monkey link was sent to patients during the survey period only. Patient ratings and survey results were not shown on the service website.

Are services well-led?

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

We saw an analysis of service user responses for 2016 which was positive for both surveys. An action plan was put in place to address any negative comments received. As a result of negative comments the provider was planning a website redesign in 2017 to ensure that access was optimised for mobile devices. This would offer a better experience for service users when accessing the website from mobile phones and smartphones.

We were unable to confirm with the doctor that they were able to provide feedback about the quality of the operating system and submit change requests but the provider assured us that they would expect the doctor to undertake this function and all requests for changes to the system would be 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 Registered Manager was the named person for dealing with any issues raised under whistleblowing.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: • The provider did not have an effective procedure to ensure safety alerts, such as those provided by the Medicines and Healthcare Products Regulatory Agency (MHRA), were reviewed by a clinician; acted on if necessary and records kept of actions taken. • The provider did not have a safeguarding lead in place with appropriate training. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.** How the regulation was not being met: • The provider did not have an effective clinical quality improvement programme in place which included clinical audit and monitoring of prescribing against current prescribing guidance and evidence based practice. • The provider had not ensured that staff management procedures included confirmation that clinical staff had adequate training and qualifications to carry out their role and that appropriate appraisal of their on-line prescribing activities had been undertaken.

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Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.