

Antrobus Medical Limited

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?	Good 
Are services well-led?	Good 

Overall summary

Letter from the Chief Inspector of General Practice

We rated this service as Good overall. (Previous inspection January 2018 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Antrobus Medical Limited on 4 June 2019 as part of our inspection programme.

Antrobus Medical Limited operates an online consultation and prescription service through the website www.webmedpharmacy.co.uk which specialises in treatment of conditions primarily concerning sexual health. A medical questionnaire is completed by each patient and a doctor can seek more information prior to prescribing by using a secure messaging system. Overall, we found Antrobus Medical Limited provided safe, effective, caring, responsive and well led services in accordance with the relevant regulations; we noted one area of outstanding practice and one area where improvement should be made.

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.
- Appropriate medical records were maintained.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Management oversight of staff training, professional registration and annual appraisal was not always maintained.
- Information about services and how to complain was available. We found the systems and processes in place to manage and investigate complaints were effective.

The areas where the provider should make improvements are:

- Continue to review the approach and choice of antibiotic in the treatment of Urinary Tract Infection.
- Provide comprehensive counselling for prostate specific antigen (PSA) testing so that patients can make informed decisions before testing commences.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who was assisted by a GP specialist adviser.

Background to Antrobus Medical Limited

Background

Antrobus Medical Limited, an online primary care service, was inspected at the following address: Suite 4, Pentland House, Village Way, Wilmslow. Antrobus Medical Limited operates an online consultation and prescription service through the website www.webmedpharmacy.co.uk which specialises in treatment of conditions primarily concerning sexual health. GPs are registered with the General Medical Council (GMC), have a license to practice and are on the GP register.

A medical questionnaire is completed by each patient and a doctor can seek more information prior to prescribing by using a secure messaging system or via a telephone call. The service provides medicines to address sexual health needs as well as medicines to aid weight loss and medicines to promote hair growth.

The service is available for patients in the UK only. Patients can access the service by phone or e-mail from 9am to 5pm, Monday to Friday. This is not an emergency service. Subscribers to the service pay for their medicines when making their on-line application. Antrobus was registered with Care Quality Commission (CQC) on 11 August 2016 and has a registered manager in place. 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 is currently staffed by an operations manager, a superintendent pharmacist and a GP prescriber.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the registered manager, the other member of the management team and the prescribing GP.

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.

Are services safe?

We rated safe as Good :

Keeping people safe and safeguarded from abuse

All staff employed had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies. The contact details for all available safeguarding boards throughout the country were available to staff and staff knew how to raise any concerns they had identified. The GPs had received adult and child safeguarding training. It was a requirement for the GPs registering with the service to provide evidence of up to date safeguarding training certification and we saw certification to confirm this.

The service did not treat children and measures were in place to ensure all patients were aged 18 or over, for example checking the electoral role, credit agencies and other commercial databases.

Monitoring health & safety and responding to risks

The provider's premises were located within modern offices. Information technology systems were available on site and dedicated computers were used by off-site prescribing GPs. Patient data was stored remotely and securely with suitable back up arrangements in place. Patients were not treated on the premises as GPs carried out the online consultations remotely. All staff based in the premises had received training in health and safety including fire safety.

The provider had contractual arrangements so that all GPs would conduct consultations in private and maintain patient confidentiality. Each GP used an encrypted, password secure laptop to log into the operating system. There was a secure programme only accessed via an email and password logon. GPs were required to complete a home working risk assessment to ensure their working environment was safe if they were not working in their GP practice.

A range of clinical and non-clinical meetings were held with staff, where standing agenda items covered topics such as significant events, complaints and service issues. Clinical meetings also included case reviews and clinical updates. We saw minutes of meetings to show where some of these topics had been discussed, for example changes in patient identification verification.

Staffing and Recruitment

There were enough staff, including GPs, to meet the demands for the service, currently there was only one prescribing GP, although another was available if the necessity arose. There was support available to the GPs during consultations from peers and online guidance. The prescribing GP was paid by the number of prescriptions raised. We discussed this with the management team and the potential for an amended system where refused applications were also remunerated; we were told an amended payment system would be introduced.

The provider had a selection and recruitment process in place for all staff. There were several checks that were required to be undertaken prior to commencing employment, such as references and Disclosure and Barring service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

Potential GP employees had to be currently working in the NHS as a GP and be registered with the General Medical Council (GMC). They had to provide evidence of having professional indemnity cover and up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act. We were shown certificates to confirm training, however there was no system in place to monitor dates where refresher training was required or when professional registration needed to be renewed. We were told that one would be introduced immediately and the day after the inspection we were supplied with a document confirming this.

Newly recruited GPs were supported during their induction period and an induction plan was in place to ensure all processes had been covered. We were told that GPs did not start consulting with patients until they had successfully completed several test scenario consultations.

Prescribing safety

All medicines prescribed to patients from online forms were monitored by the provider to ensure prescribing was evidence based. Each medicine had a bespoke questionnaire to ensure prescribing decisions were safe and appropriate. If a medicine was deemed necessary, the GPs could issue a private prescription to patients. The GPs

Are services safe?

could only prescribe from a limited set list of medicines which the provider had risk-assessed. There were no controlled drugs on this list. The service's website provided access to treatment for a limited range of conditions.

Once the GP prescribed the medicine and dosage of choice, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine and any likely side effects and what they should do if they became unwell.

The service was aware of antimicrobial stewardship and only prescribed one type of antibiotic for treating simple urinary tract infections (UTI). We questioned this prescribing which was not based on national guidance. The service had made a decision to use trimethoprim rather than nitrofurantoin (generally accepted as first line of treatment for urinary tract infections). There was a logical clinical reason to do this, based on a decision to never treat people with low kidney function accidentally, this was currently under review. Public Health England (PHE) advice states that nitrofurantoin is preferable because of concerns about antimicrobial resistance.

There were protocols in place for identifying and verifying the patient and General Medical Council guidance on remote prescribing was followed.

Prescriptions could be dispensed and delivered direct to the patient or a preferred nominated location for collection by the patient. There were systems in place to ensure that the correct person received the correct medicine.

Information to deliver safe care and treatment

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

All test results were received in encrypted emails and managed the same day so that patients received their results in a timely manner. We noted there had been very positive feedback from patients regarding the timeliness of their test results. We were told about one incident where the results were fed back late into the night to one patient who was keen to have the results before the following day. Arrangements were in place to ensure patient records were retained safely in the event the service ceased to operate.

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 one incident and found that this had been fully investigated, discussed and as a result action taken in the form of a change in processes. For example: a patient had not completed the questionnaire accurately, leading to an ineffective treatment. All incidents were discussed in weekly clinical meetings, these meetings were documented.

The provider was aware of and complied with the requirements of the duty of candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken.

The service had a system in place to assure themselves of the quality of the dispensing process. There were systems in place to ensure that the correct person received the correct medicine.

Are services effective?

We rated effective as Good :

Assessment and treatment

Patients completed an online form which included their past medical history. There was a set template to complete for the consultation that included the reasons for the consultation and the outcome was manually recorded, along with any notes about past medical history and diagnosis. Each template was condition specific and had been reviewed and updated to ensure they were fit for purpose. We reviewed 10 anonymised medical records, we saw that adequate notes were recorded, and the GPs had access to all previous notes.

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

The service monitored requests for treatments and carried out consultation and prescribing audits to improve patient outcomes. We were shown four audits which had been undertaken, one in relation to test of cure results for a sexually transmitted disease showed that between May 2017 and November 2018 the provider had increased the return rate from 18.2% to 20.4%. This had been achieved following an additional message being sent to the patient to remind them to return their test of cure results. All results returned had been negative.

We discussed the provider's approach to prostate specific antigen (PSA) testing. A PSA test can assist in detecting prostate cancer. Although the provider's approach did not directly match the guidance issued by the UK Screening Committee in the context of a self-funded service, their approach was reasonable and had been thought through.

We reviewed 10 examples of medical records that demonstrated that each GP assessed patients' needs and delivered care generally in line with relevant and current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence-based practice.

Quality improvement

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

- The service used information about patients' outcomes to make improvements.
- The service took part in quality improvement activity, for example audits, reviews of consultations and prescribing trends. We looked at a completed audit in relation to cancelled orders, this audit showed that 49% of cancelled orders had been due to a failure in the ID verification. This provided us with confidence that the ID verification process was effective.

Staff training

All staff completed training consisted of e-learning and face to face training and included safeguarding, sexually transmitted diseases and the Mental Capacity Act. The service manager told us that a comprehensive training matrix which identified when training was due was being introduced now that the company had become established since it commenced trading in 2016.

A full induction was undertaken by GPs working for the service (currently one with another GP trained and ready to deliver services as demand dictated). Regular discussions were held between the two GPs, who were co-located, regarding clinical issues. Any potential changes to the service were discussed at documented meetings by the clinicians. Any changes or updates were communicated to all staff and information was available on IT systems to support all areas of service delivery.

Staff received regular performance reviews in weekly documented meetings, however there was no formal documented annual appraisal for the GP, superintendent pharmacist or operations manager. We were told these would be documented from August 2019 and were later sent an appraisal schedule for all three members of staff. All the GPs had to have received their own appraisals in their GP role before being considered eligible to deliver services for the provider.

Coordinating patient care and information sharing

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

Are services effective?

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 service was aware and compliant with the standards published by the relating to online sexual health services. The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

The provider did not make formal referrals to third parties but confirmed that the service actively and specifically supported patients in relation to signposting to face to face sexual health services.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and had a range of information available in the form of links on their website or blogs. For example: sexual health, weight loss, menopause advice, GBS as well as diabetes and cholesterol.

Are services caring?

We rated caring as Good :

Compassion, dignity and respect

We were told that the GPs undertook online consultations in a private room and were not to be disturbed at any time during their working time. Any areas for concern or issues arising were discussed in minuted weekly discussions between the prescribing GP and the superintendent pharmacist.

We did not speak to patients directly on the days of the inspection. However, we reviewed the latest provider survey information (1 May 2018 to 30 April 2019). At the end of every consultation, patients were sent an email asking for their feedback, 97% of the patients that responded (1.1% of all patients) indicated they were satisfied or very satisfied with the service provided, 94% said the service was excellent. Patients said that the discreet and confidential nature of the service was most important to them.

Involvement in decisions about care and treatment

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

Patients had access to information about the clinicians and GPs working for the service. The service was offered in English only, the vast majority of transactions were questionnaire based or via the secure chat facility.

A provider survey conducted from 1 June 2018 to 20 May 2019, with a sample of 90 cards evidenced that patients found the live chat functionality particularly helpful in clarifying or confirming information about various medicines and options.

The practice maintained a series of “blogs” on its website providing patients and anyone who wished to browse information on symptoms, treatments, myths and other information in relation to a variety of conditions, the most recent relating to erectile dysfunction.

Are services responsive to people's needs?

We rated responsive as Good :

Responding to and meeting patients' needs

Applications for medicines could be submitted at any time and the service was open five days a week, 9:00am to 5:00pm, but access via the website to request a treatment was all day every day. 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.

Patients were asked to complete an online and secure questionnaire. Each questionnaire was specific to the condition they required treatment for. Each questionnaire was reviewed by the prescribing GP and if any further information or clarification was required this could be conducted via a secure online live chat. The prescribing GP made an evidence-based decision on whether to prescribe or not.

All medical practitioners were based within England. Any prescriptions issued were delivered within the UK to a patient's home address or to a nominated pick up point via a courier service providing a next day delivery.

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

Tackling inequity and promoting equality

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

Patients could access a brief description of the GPs available. A live chat facility or a telephone conversation was available to patients should they require clarification or further information. The provider had reviewed the content of these additional requests for clarification and information and concluded that most if not all this information had been available on their website.

Managing complaints

Information about how to make a complaint was available on the service's web site. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for the recording of complaints has been developed and introduced for use. We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed four complaints out of 23 received in the past 12 months. The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following complaints and had been communicated to staff. For example, there had been several complaints regarding a significant increase in the price of one specific tablet. Each complainant was offered an explanation and apology as the price increase had been due to the manufacturer and not the 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 were applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries. Information about the cost of the consultation was known in advance and paid for before the request for medicines commenced. The costs of any resulting in a prescription were handled by the administration team at the headquarters following the consultation.

All GPs had received training about the Mental Capacity Act 2005. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and recorded the outcome of the assessment.

Are services well-led?

We rated well-led as Good :

Business Strategy and Governance arrangements

The provider told us they had a clear vision to work together to provide a high-quality responsive service that put caring and patient safety at its heart. We reviewed and discussed the provider's business plans that covered the next three years. The leadership team were clear on what they wished to achieve and the marketplace they wished to target, which was described as "to offer information, advice and treatments for awkward and embarrassing conditions. Delivered compassionately, confidentially and discreetly."

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

There were a variety of checks in place to monitor the performance of the service. These included audits of consultations and other areas of the operation, for example cancellations of orders and specific conditions. The information from these checks was used to produce a clinical weekly team report that was discussed at weekly team meetings. This ensured a comprehensive understanding of the performance of the service was maintained.

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

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

Leadership, values and culture

The operations manager and the superintendent pharmacist were responsible for the day to day running of the service and currently one GP was responsible for making clinical decisions regarding the prescribing of medicines. There were systems in place to address any absences and we were told that when the service demand increased, one additional GP would become operational to support the current GP and the management team.

The core values of the service were to be safe and suitable, to have honesty and integrity, to be professional and discreet, to promote health and well-being and to "go the extra mile".

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.

There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. The service was registered with the Information Commissioner's Office. There were business contingency plans in place to minimise the risk of losing patient data. All data relating to clinical records was retained in line with the Department of Health and Social Care (DHSC) guidance.

Seeking and acting on feedback from patients and staff

Patients could rate the service they received. This was constantly monitored and if it fell below the provider's standards, this would trigger a review of the consultation to address any shortfalls. In addition, patients were emailed at the end of each consultation with a link to a survey they could complete or could also post any comments or suggestions online. Patients could also complete comment cards on the live chat to provide feedback on the service's performance and their satisfaction. We noted that very high levels of satisfaction were achieved in those responses received. Patient feedback was available on "Trustpilot" which demonstrated very high levels of satisfaction. On the rare occasion there was negative feedback, the provider took time to investigate concerns and, in every case, provided a detailed response and an apology where appropriate.

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

The provider had a whistleblowing policy in place. (A whistle blower is someone who can raise concerns about practice or staff within the organisation.)

Continuous Improvement

Are services well-led?

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

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

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement. However, as the management team worked together at the headquarters there were always ongoing discussions about service provision.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through clinical audit.

We noted that the provider offered GBS self-test kits, which were able to detect the presence of GBS in the weeks prior to childbirth. Positive tests would be shared with the patient's midwife so that their management in labour was appropriate. Seventeen percent of the tests conducted in 2018/19 had proved positive where the patients were in need of treatment. This test is not routinely offered on the NHS. The provider was proud of the work they were doing in this area as they had reduced risk for many patients and their new-born babies, which otherwise may not have been identified.