

The GP Service (UK) Ltd

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Inspection report

Lloyds Chambers,
5th Floor
1 Portsoken Street
London
E1 8BT

Tel: 02031050352

Website: www.thegpservice.co.uk

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Overall summary

We previously inspected The GP Service (UK) Ltd on 27 July 2017. The full comprehensive report for this inspection can be found by selecting the 'all services' link for The GP Service(UK) Ltd on our website at www.cqc.org.uk.

At the July 2017 inspection we found the service was not meeting certain areas of the relevant regulations in that it was not providing Safe and Well-led services. We did however, find that the provider delivered Caring, Effective and Responsive services in accordance with the relevant regulations.

We carried out an announced focused inspection at The GP Service (UK) Ltd on 22 February 2018. This inspection covered the Safe and Well Led key questions to confirm the provider had carried out their plan to meet legal requirements in relation to the breaches of regulations identified in our July 2017 inspection. This report covers our review of the Requirement Notices and findings in relation to those requirements.

Our findings in relation to the key questions were as follows:

Are services safe? – We found the service was providing a safe service in accordance with the relevant regulations. Specifically:

- There was clear information on the consultation form to explain that the medicines were being used outside

of their licence, and patients had to acknowledge that they understood this information. An email reinforcing this and a guide on when and how to use these medicines safely was supplied to patients following the consultation.

- A policy was now in place that provided guidance to prescribers when issuing prescriptions for medicines for management of long-term conditions. These medicines were only supplied in emergency situations and if the patient had given consent for the information to be shared with their own GP.
- A risk assessment and clear process to follow was in place should a patient refuse to give consent for information about their treatment to be shared with their own GP.

Are services well-led? - We found the service was providing a well-led service in accordance with the relevant regulations. Specifically:

- The provider had strengthened their identity checking processes by initiating additional checks. Due to these additional steps, photographic ID was no longer mandatory when prescriptions were collected by the patient from an affiliated pharmacy.
- We saw that policies had been strengthened regarding identifying incidents, near misses and clinical errors which ensured management oversight.

Summary of findings

- All relevant staff were now signed up to receive email alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and had been trained on actions to be taken and had ensured that there was consistent management oversight.
- When a patient booked a consultation, they were sent the details of the GP they would be consulting with at that point.

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 the service was providing a safe service in accordance with the relevant regulations; and found the issues in the Requirement Notices had been addressed.

Are services well-led?

We found the service was providing a safe service in accordance with the relevant regulations; and found the issues in the Requirement Notices had been addressed.

The GP Service (UK) Limited

Detailed findings

Background to this inspection

The GP Service (UK) Ltd launched its online service in February 2017, and is based in central London. At the time of the inspection, 1500 patients were registered with The GP Service (UK) Ltd. Patients are able to consult with a qualified General Medical Council registered GP via online assessment questionnaires or through secure video calling. The operating model of the service enables any medicines prescribed following consultations, to be available for collection through independent pharmacies that The GP Service (UK) Ltd has signed up as affiliated pharmacies. Patients then choose to collect their medicine from one of these affiliated pharmacies or to have them delivered to them by that pharmacy. The service also allows GPs, to provide prescriptions where appropriate, as well as referral letters and fit notes. If there is no affiliated pharmacy close to the patient, prescriptions can be posted to the patient. If patients choose to consult via an online assessment questionnaire, any medicines prescribed must be collected from an affiliated pharmacy, selected by the patient.

We inspected the online service The GP Service (UK) Ltd at the following address from where the provider is registered to provide services:

Lloyds Chambers 5th Floor, 1 Portsoken Street, London E1 8BT.

The service is led by a chairman and a chief executive officer (CEO) and supported by a leadership team of five, which included medical, technological and sales expertise. There were four GPs who carried out the online consultations remotely; usually from their home, one of whom was based outside the UK.

A registered manager is 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.

How we inspected this service

The inspection was carried out by a CQC Inspector.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew.

During our visit we:

- Spoke with three members of staff which included directors of the organisation, the registered manager and a GP who carried out online consultations.
- Reviewed policies and guidance documents.

We carried out an announced focussed inspection to follow up on breaches of Regulations identified at our previous comprehensive inspection on 27 July 2017. We inspected the service on the following two key questions:

- Is the service safe?
- Is the service 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

At our previous inspection on 27 July 2017 we found that the service was not providing safe services and issued a requirement notice in relation to safe care and treatment and good governance.

At the previous comprehensive inspection on the 27 July 2017, we found:

- There was no evidence that informed consent had been obtained from patients receiving medicines prescribed outside of their licensed use.
- The provider had failed to ensure patients who had been diagnosed with a long term condition and for whom they were prescribing medicines, had received appropriate monitoring.

At the previous inspection we also told the provider that they should:

- Undertake risk assessments to cover situations where patients refused permission for information to be shared with their own GP.

At this inspection on 22 February 2018, we found the service had addressed the issues identified at the last inspection. We now found them to be providing safe services in accordance with the relevant regulations.

Prescribing safety

- The service prescribed some unlicensed medicines, and medicines for unlicensed indications, for example for the treatment of jet lag and altitude sickness. Medicines are given licences after trials have shown they are safe and effective for treating a particular condition. Use of a medicine for a different medical condition that is listed

on their licence is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks. There was now clear information on the consultation form to explain that the medicines were being used outside of their licence, and the patient had to acknowledge that they understood this information. An email reinforcing this and a guide on when and how to use these medicines safely was supplied to the patient following the consultation. This meant patients were now better able to make an informed choice.

- A policy was now in place that provided guidance to prescribers when issuing prescriptions for medicines for the management of long-term conditions. These medicines were only supplied in emergency situations and if the patient had given consent for information about their treatment to be shared with their own GP. It also stated that a patient would not be prescribed two consecutive emergency supplies of a treatment. We also saw that the service was now seeking clarification that the patient was receiving long term condition monitoring and ensuring that the patient understood the risks of not receiving regular monitoring. During the video consultation further steps were in place to ensure that patients received appropriate medicines. For example a patient may be asked to produce a recent repeat slip which showed the medicine listed as repeatable by the patient's NHS GP.
- A risk assessment and process to follow was in place should a patient refuse to give consent for information about their treatment to be shared with their own GP. This detailed that the patient would be referred back to their NHS GP.

Are services well-led?

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

Our findings

At our previous inspection on 27 July 2017 we found that the service was not providing well led services and issued a requirement notice in relation good governance. At this inspection on 22 February 2018, we found the service had addressed the issues identified at the last inspection. We now found them to be providing well led services in accordance with the relevant regulations.

Specifically we found:

- Policies were not always adhered to, which the provider was unaware of until raised with them during the inspection, for example, the checking of photo ID at the affiliated pharmacies when they dispensed the medicines.
- There was a lack of oversight in some areas of the business, for example, identifying incidents, near misses and clinical errors.
- The Chief Executive Officer (CEO) received alerts in relation to his role as a community pharmacist and a GP received alerts in relation to another post he held within the NHS. This meant that there was no oversight by the provider of alerts being received and actioned and no person responsible for these alerts if the CEO was away from the business.

At the previous inspection we also told the provider that they should:

- Review information available to patients about the GPs they were able to consult with.

At this inspection on 22 February 2018, we found the service had addressed the issues identified at the last inspection. We now found them to be providing well led services in accordance with the relevant regulations.

Business Strategy and Governance arrangements

- The provider had strengthened their identity checking processes by initiating additional checks. For example a Know Your Customer (KYC) check which checked patient registration credentials against a number of identification databases. Patients were informed at the point of registration that an ID check was about to be carried out, where the choice could then be made whether to continue or not. If the patient did not pass the KYC check, only a video consultation could be carried out where photographic ID would be asked for. If

the patient was unable to provide this, the consultation could be continued with but the GP would only be able to provide advice and would not prescribe any medicines. Due to these additional steps, photographic ID was no longer mandatory when prescriptions were collected from an affiliated pharmacy.

- We saw that policies had been strengthened regarding identifying incidents, near misses and clinical errors. No clinical incidents had been reported since the previous inspection. However we did see that a significant event had been raised regarding information about a patient being sent to the wrong NHS GP. We saw that this had been appropriately dealt with, actions taken to minimise the risk of a similar occurrence. To ensure management oversight, this event was on the agenda to be discussed at the monthly medical advisory committee meeting.
- The prescribing policy and guidance to GPs regarding when patients should be contacted by telephone had been updated. The policy stated that this would be down to the GP's clinical judgement. Regular audits of GP consultations were carried out to ensure appropriate judgements had been made.
- The prescribing policy also stated that for any new treatments and services that were added to the provider's portfolio and were requested by consultation forms additional follow up by GPs in the form of a telephone call or video consultation was required. This was to ensure the patient had received all the information necessary to make an informed decision and that the new service was easily understood by patients.
- All GPs that were registered to offer consultations for The GP Service (UK) Ltd, the

The Registered Manager and other relevant staff were now signed up to receive email alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and had been trained on actions to take in the event of receiving an alert,. This ensured appropriate actions were taken and that there was consistent management oversight.

Seeking and acting on feedback from patients and staff

- Patient feedback was published on the service's website (s). At the last inspection in July 2017 the service had only been operating for three months and had only

Are services well-led?

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

received four reviews via Trust Pilot. At this inspection we saw that 58 patients had posted feedback all of which were positive and 53 patients rated the service five stars.

- The provider had taken the decision not to post details of individual GPs that were available to be consulted

with on their website. However we were told that when a patient booked a consultation they were sent the details of the GP they would be consulting with at that point.

Continuous Improvement

- Since the inspection in July 2017 health promotion advice had been added to the website and consultation forms, for all treatment areas.