

# Wells Menopause Clinic – online service

## Inspection report

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

## Ratings

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

# Overall summary

**This service is rated as Good overall.**

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 Wells Menopause Clinic – online service on 9 June 2022 as part of our ongoing inspection programme.

This is the first inspection since the service registered with the Care Quality Commission on 1 October 2019. The provider applied to change the conditions of their registration and in March 2022 removed a location and became an online service to be known as Wells Menopause Clinic – online service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provided. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The health and Social Care Act 2008 (regulated Activities) Regulations 2014. Wells Menopause Clinic – online service provides support and lifestyle advice to women regarding menopause which is not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

At this inspection we found:

- The provider had good systems to safeguard adults and children, manage safety alerts and learn from any significant events.
- The provider had implemented safe systems to prescribe medicines for patients.
- The provider had made adjustments to their appointment system to increase access to their service. However, there was still a long waiting list of patients who had not been provided with an appointment. The provider had temporarily closed the waiting list but signposted alternative services they could access if needed.
- Patients received effective care and treatment which met their needs. The provider followed national best practice guidelines and ensured care and treatment was based on up to date evidence. However, the provider had not reviewed or audited the care and treatment provided which could drive improvement.
- The provider had the skills, knowledge and experience to carry out their role. They were a GP and had undertaken specialist training in women's health.
- The provider involved and treated people with compassion, kindness, dignity and respect.
- The facilities were appropriate for the services delivered. The provider operated the service from a home office and ensured the confidentiality and security of patient's personal information.
- There were clear and effective processes for managing risks, issues and performance.

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

# Overall summary

- Consider auditing the care and treatment provided as quality assurance of the outcomes for patients.

**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 had access to advice from a specialist adviser. The site visit was attended by two CQC inspectors.

## Background to Wells Menopause Clinic - online service

Wells Menopause Clinic – online service was set up by the registered provider – Dr Juliet Balfour, who is a practicing GP and is recognised as a specialist menopause clinician by the British Menopause Society.

The service provided is an online service with consultations provided by telephone or video calls. The service operates from Beryl Cottage, Hawkers Lane, Wells, Somerset, BA5 3JP. As an online service, no patients are seen directly at this location. We visited this office as part of the inspection to review records and documentation. Information regarding the service can be found on the website: <https://www.wellsmenopauseclinic.co.uk/>

The provider does not employ any staff and services are provided solely by them.

The service is provided for women over the age of 18 who mainly self-refer to the clinic. Referrals can be made by the patients GP. The service is provided to approximately four women per week.

Consultations are provided on a Monday from 2pm to 6pm.

Services offered include an initial consultation and assessment to discuss the patients' medical history, symptoms and concerns, impact of the menopause on the patient's life, advice and options for treatment. The provider can, if appropriate, prescribe Hormone Replacement Therapy (HRT) for the patient. Lifestyle advice can be provided but this was not reviewed at this inspection as it was not part of the regulated activity the provider is registered for.

# Are services safe?

**We rated the service as good for providing safe services.**

## **Safety systems and processes**

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider carried out the online consultation service from their home. The service is run by a single individual and no other staff are employed. The provider understood the requirements to carry out safety risk assessments and implement policies and procedures, should the service develop and employ staff or see patients face to face. For example, infection prevention and control, Control of Substances Hazardous to Health (COSHH) and Health & Safety policies. The provider had completed a risk assessment to ensure continuity of the business in June 2022. This identified action to take in response to risks, such as IT failure, sickness and supply issues for certain medicines.
- The provider had systems to safeguard vulnerable adults and children from abuse. The safeguarding policy and procedure for adults and children had been reviewed and updated in March 2022. The policy and procedure provided information and guidance on recognising signs of abuse when discussing care and treatment needs with a patient by telephone or video calls.
- The registered provider had completed Safeguarding adults and children level 3 training in line with national recommendations. At the time of their registration they had completed an enhanced Disclosure and Barring Service (DBS) check and planned to renew this at intervals in line with DBS guidance. (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).
- The provider told us the actions they would take to support patients and protect them from neglect and abuse. They told us when they would contact the patient's GP and the local authority to safeguard patients.

## **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

- The provider had started a waiting list in 2021 due to demand for the service outweighing the availability of appointments. This waiting list was closed in March 2022 to new patients due to the length of time a new patient would have to wait to be seen. Patients who contacted the service were advised the waiting list was closed and information was provided of other services and action the patient could take. This reduced the risk to patients from experiencing long waits for care and treatment.
- The provider contacted patients on the waiting list by email to advise of the estimated date appointments could be offered and alternative services which could be accessed if the patient did not wish to wait. There was no formal risk assessment to identify the priority of need of individuals on the waiting list or if patients on the waiting list had experienced any risk to their well being. However, if patients contacted the provider and expressed a deterioration in their symptoms the provider endeavoured to book them an earlier appointment.
- The provider responded to all emails and queries from patients following their initial appointment and between follow up appointments. This meant patients were given prompt advice and guidance, including when to return to their GP for medical care and treatment.
- The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Consultations with patients were remote and no patients attended the premises. The provider knew how to identify and manage patients who required a referral to other specialist services. The provider gave an example of when they had seen a patient sooner than planned due to their complex and extreme symptoms.

## **Information to deliver safe care and treatment**

# Are services safe?

The provider obtained the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available and able to be referred to during later consultations if required.
- Patient records were stored electronically. Paper records (consultation notes made by the provider) were scanned onto the electronic patient record at the end of each clinic session and the paper record then shredded.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. A summary of each consultation was sent to the patients' GP. If the patient did not consent to this sharing of information the provider would not prescribe medicines for the patient and the reasons for this were discussed with the patient. We saw the records for one patient who had initially not wanted information shared with their GP. In this instance the provider had given advice only. At a subsequent appointment the patient had agreed for their information to be shared with their GP.
- The provider had a process to follow when an urgent NHS referral was needed. The provider liaised with the patient's GP, providing any necessary information to enable the GP to consider making an appropriate referral.
- The provider attended a British Menopause Society (BMS) members forum which provided the facility to confidentially discuss patients with complex care and treatment needs and share learning and information. The provider also had access to a menopause specialist who was a qualified trainer in the speciality.

## Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The provider did not administer or hold medicines at the service. They did not have emergency equipment or medicines as no patients were seen face to face at the registered location.
- The provider ensured the security of prescriptions. All prescriptions were produced electronically using a computer accessible only to the provider due to the need for finger print access. Prescriptions were provided following an assessment and consultation with the patient. The provider followed guidelines in obtaining appropriate information, including confirming the patient identity, prior to prescribing medicines. Electronic prescriptions were sent to an online pharmacy who posted the medicines to the patient. For patients who preferred to use the services of their local pharmacy, the provider prescribed medicines and posted the prescription to the patient.
- The provider gave written and verbal advice to patients on the prescribed medicines in line with legal requirements and current national guidance.
- Medicines which were not licenced in the UK were only prescribed following guidelines from the British Menopause Society (BMS) and International Menopause Society. Patients were provided with written and verbal information regarding the medicines and licencing to enable them to give informed consent prior to obtaining a prescription. A record of the discussion held with the patient was included in the patient electronic medical record.
- The service had not carried out regular medicines audits. However, medicines prescribed were based on an assessment of the patient and the provider followed guidance from the BMS and national formularies prior to prescribing. The provider had considered and had aspirations to carry out relevant audits within the service. As a GP the provider had an annual appraisal to keep their clinical registration up to date. They told us they had discussed the care and treatment of patients attending this service in their annual appraisal.
- Patients were involved in regular reviews of their medicines. Following assessment and consultation, the patient was given an initial three month supply of hormone replacement therapy if their clinical needs indicated this. The patient was reviewed after three months of taking the medicine. The review included a recent blood pressure reading and weight. Patients were able to choose to be reviewed either by the provider or return to their own GP. If the patient chose to return to the provider, advice was provided on how to obtain a weight and blood pressure reading before their follow up consultation.

# Are services safe?

## Track record on safety

The service had a good safety record.

- The provider had developed comprehensive assessments which patients were required to complete prior to their consultation. This included information about the patient's medical history which enabled the provider to more effectively assess the safety of medicines and treatment.
- The provider was aware of the need to act on and learn from relevant external safety events as well as patient and medicine safety alerts. The provider was able to access support from the British Menopause Society regarding agreed national guidance on action to take in response to relevant safety alerts.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There had been no significant events identified since the service registered with the Care Quality Commission. The provider understood the need to record and act on any future significant events and incidents. They described the importance of investigating when things went wrong, informing the patient and complying with the Duty of Candour regulation. The process was outlined in a Duty of Candour policy and procedure.

# Are services effective?

**We rated the service as good for providing effective services.**

## **Effective needs assessment, care and treatment**

The provider had systems to keep up to date with current evidence based practice. We saw evidence that the provider assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- The provider had access to guidelines and resources from the British Menopause Society (BMS) and the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that patients' needs were met.
- As a member of the BMS the provider attended a national or International Menopause Society scientific conference at least once every three years. The conferences provided information and training on up to date care and treatments. The next conference was scheduled for 2022.
- Telephone consultations were carried out and were based on an assessment tool, which the provider had developed following national guidelines and best practice recommendations. The patient was required to complete a self-assessment and then the provider followed up any queries or questions during the consultation.
- We reviewed the electronic records of four patients and found that their needs had been fully assessed. This included clinical, mental and physical well being. Where a patient's needs could not be met by the service, the provider advised them to contact their GP and they would send a letter to the GP with the patient's consent regarding the consultation. One patient had requested and been referred to a private consultant to discuss their health care needs.
- After a consultation a written summary was sent to the patient using an electronic secure system. The patient was requested to confirm their agreement with the summary and with their consent, a copy was posted to their GP.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Following the initial appointment, the provider recommended a follow up appointment at three and six months. If requested, patients were able to seek their follow up care and treatment from their GP. The provider shared information with the GP to enable this to happen. When required, the provider gave advice and guidance to patients in between appointments.
- The provider used video conferencing and telephone meetings to provide the remote service.

## **Monitoring care and treatment**

The service did not have a comprehensive programme of quality improvement activity and had not audited the effectiveness and appropriateness of the care provided. However:

- The provider demonstrated they followed national guidelines and provided recommended care and treatment.
- The provider had aspirations to audit care and treatment provided and had given thought to the audit process and how this could have a positive effect on the quality of care and outcomes for patients.

## **Effective staffing**

The provider had the skills, knowledge and experience to carry out their role.

- The service was operated by a single individual who was

was appropriately qualified to deliver care and treatment and had access to clinical support when required.



# Are services effective?

- The provider was a GP registered with the General Medical Council (GMC) and undertook an annual medical appraisal which was due to be revalidated in October 2023. The GMC maintains a GP Register which is a list of doctors who are eligible for appointment as a general practitioner in the UK. A medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work and shared and discussed with an approved clinical appraiser.
- The provider had undertaken specialist training to deliver this service. For example, they held the advanced certificate for menopause care awarded by the faculty of sexual and reproductive health and were recommended by the British Menopause Society (BMS) as a menopause specialist. (The BMS is the specialist organisation for menopause and post reproductive health in the UK. The BMS educates, informs and guides healthcare professionals, working in both primary and secondary care, on menopause and all aspects of post reproductive health.)

## Coordinating care and treatment

The provider worked well with other organisations to deliver effective care and treatment.

- We saw records which showed provider assessed, planned and delivered care and treatment.
- Patients received coordinated and person-centred care with information shared with their GP so that the GP was aware of the need for further action.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available.
- There were clear and effective arrangements for booking follow up appointments.

## Helping patients to live healthier lives

The provider supported patients to manage their own health.

- Where appropriate, patients were provided with information and/or advice so they could self-care. Information was accessible on the service website and links to external organisations available so that the patient could seek further support.
- Risk factors, where identified, were highlighted to patients and to their GP so additional support could be given. For example, the ongoing prescribing of specific medicines or when it was not advisable to prescribe certain medicines.
- Where patients needs could not be met by the service, the provider redirected them to the appropriate service for their needs.

## Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- A policy provided guidance on assessing mental capacity and providing information to patients so they could make an informed decision. If the provider considered the patient did not have the mental capacity to consent to care and treatment, they would not provide the service by telephone or video. They would seek to refer the patient to their own GP for assistance and treatment.
- The provider only shared personal information with third parties when the patient had provided their consent unless it was considered to be in the best interest of the patient.

# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

The provider treated patients with kindness, respect and compassion.

- The provider demonstrated through discussions with us that they understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental attitude to all patients.
- The service gave patients timely support and information. The appointments were 45 minutes long with a planned 15 minutes break between appointments. We were told this allowed for an appointment to last up to one hour should a patient require additional time.
- The provider sought patient feedback on the quality of the care and treatment provided. Patient feedback was visible on the service website. The feedback was positive, and patients said the the provider had listened to them, was empathetic, sympathetic and knowledgeable.

## **Involvement in decisions about care and treatment**

The provider helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- The provider had considered how they would support patients who did not have English as a first language. They were aware of how to access written information in other languages and would use a recognised system to translate verbal conversations. Information leaflets could be made available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs the provider would consider the involvement of family, carers or social workers. However, they clearly demonstrated the need for the patient to consent to this and recognised their online service may not be the most appropriate platform to support the patient.
- After each consultation, the patient was sent a summary of their consultation through the electronic system. The patient was asked to confirm their agreement with the summary of the care and treatment plan prior to the information being shared with their GP.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- The provider respected confidentiality at all times.
- The provider understood the requirements of legislation and guidance when considering consent and decision making.

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## **Responding to and meeting people's needs**

The provider organised and delivered services to meet patients' needs.

- The provider understood the needs of its population and had tailored services in response to those needs. During the COVID 19 pandemic face to face appointments had been stopped due to national guidelines. The service had continued through the COVID 19 pandemic by the provision of remote consultations and based on patient feedback had continued.
- The provider reviewed information to identify any specific safety or clinical need of a patient using the service. A pre-appointment assessment questionnaire was required to be completed by the patient. The provider had developed the assessment questionnaire since the registration of the service to ensure health and care needs were identified. If the needs of the patient were not able to be met by the service, the provider would provide the patient with information on where to seek help. For example, the provider did not at the time of the inspection provide care and treatment such as hormone therapy for transgender patients due to the requirement for additional training.
- The facilities were appropriate for the services delivered. The remote consultations were carried out in an office which was secure, not used by anyone else and ensured confidentiality of the patient information.
- The service made reasonable adjustments when people found it hard to access the service. For example, if a patient did not have access to electronic conferencing the provider would carry out the consultation by telephone.

## **Timely access to the service**

Patients were not always able to access care and treatment from the service within an appropriate timescale for their needs. This was because of high demand for the service and only being run by one individual. There was a waiting list to access the service which had had to be closed temporarily due to capacity. However, all patients wanting to access the service were provided with timescales for appointments and information on alternative services if advice was needed sooner.

- Patients were able to access care and treatment and book an appointment at a time to suit them from the service website. However, the service only opened on a Monday from 2pm to 6pm so access to the service was limited.
- The service was not currently accepting new patients and had closed the waiting list. Advice was provided on the website of where new patients could seek alternative specialist care and treatment from other similar services. Patients who were already receiving care and treatment were able to book follow up appointments to meet their needs.
- Waiting times, delays and cancellations were managed appropriately with information clearly identifiable on the service website. The provider contacted patients while they were waiting for an appointment to update them on the next available appointments and to ensure they were not in need of more urgent treatment.
- Referrals to other services were undertaken in a timely way. Following each consultation, the provider liaised with the patients GP by providing a letter which detailed the care, treatment and advice provided.

## **Listening and learning from concerns and complaints**

The service took complaints and concerns seriously and had a system to respond to them appropriately to improve the quality of care.

# Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available on the service website. The complaints policy provided detail on how the provider would respond to complaints and the timescales in which the complainant would receive a response.
- The service had not received any complaints.

# Are services well-led?

## **We rated the service as good for leadership.**

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The provider had the experience and skills to deliver the service and were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider explained the main challenge was that demand for the service outweighed the availability of appointments. Action had been taken which took account of patient needs reducing risks and maintaining a safe service by the provider reviewing the information the patient provided at the time of requesting an appointment.

## **Vision and strategy**

The service had a clear vision to deliver high quality care and promote good outcomes for patients.

- The service had developed a strategy and identified priorities. The provider recognised that in order to deliver a high quality service for those currently accessing the service they would have to close the current wait list and work through the backlog before admitting new patients. There was a plan in place to address this with suggested timescales.

## **Culture**

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- The provider had not identified any incidents or received any complaints. Through discussion the provider demonstrated they would respond with openness, honesty and transparency if required to respond to incidents and complaints. The provider had a policy and procedure to ensure compliance with the requirements of the duty of candour.
- The service actively promoted equality and diversity, a policy provided information on ensuring patients were treated fairly and with respect. The provider had completed equality and diversity training.

## **Governance arrangements**

The provider understood their responsibilities and accountability to support good governance and management.

- The provider was clear on their roles and accountabilities including in respect of safeguarding, safe evidence based prescribing and information governance.
- The provider had established some policies, procedures and assessment tools to ensure safety and demonstrate that they were operating as intended. However, the provider was also aware of other policies and procedures that would be required should they appoint any staff and relocate the service to provide face to face consultations.

## **Managing risks, issues and performance**

There were clear and effective processes for managing risks, issues and performance.

- There was a written risk assessment which identified current and future risks. For example, the action to take in the event of IT failure and maintaining security of patient records.
- The provider completed an annual appraisal with an approved clinical appraiser. This included a review of their practice and provision of evidence to enable them to remain registered as a GP.

# Are services well-led?

- The provider had oversight of and took action following The Medicines and Healthcare products Regulatory Agency (MHRA) alerts and discussed these with the members forum and clinicians at the British Menopause Society (BMS).

## **Appropriate and accurate information**

The service acted on appropriate and accurate information.

- The provider had completed general data protection regulation (GDPR), information governance and Caldicott training. Caldicott principles are eight principles which ensure people's personal information is kept confidential and used appropriately.
- The service used information technology systems to monitor and improve the quality of care. All patient records were maintained electronically with computers password protected for confidentiality and security. Any paper records (consultation templates) were scanned onto the paper record and shredded at the end of the clinic. Confidential or personal identifiable information was sent, to the patient or another health care professional, by an electronic system which ensured the information was only accessible by the patient in a secure form.
- The provider was knowledgeable of when any incident or suspected incident would be reported to the Information Commissioner's Office (ICO). The ICO require a notification of any incident that is likely to present a risk to the rights and freedoms of individuals. Since registration there had been no incidents where a notification was required to be reported.
- The information governance policy outlined the arrangements, in line with data security standards, for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. A summary of this policy was available for patients on the service website.
- The provider was unable to evidence that quality and operational information was used to ensure and improve performance as there had been no audit or review of the care and treatment provided to patients.

## **Engagement with patients.**

The service involved patients to support high-quality sustainable services.

- Patients were encouraged to provide feedback following each consultation. They were able to do this through an independent electronic survey tool. The feedback was available on the service website. All feedback received had been positive.
- The provider provided up to date information relating to the menopause, for patients and the public, on their website and social media platforms.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- The provider had reviewed the timings of appointments and found most patients did not require a full hour consultation. The provider had reduced the length of appointments and included a 15-minute gap to enable additional time if the patient required this but if not required to formulate the letter to the patients' GP.
- The provider had shared learning and communicated with similar services in their local area. They had also worked jointly with an oncology and menopause specialist to improve services for women with a history of cancer.