Now Healthcare Group Limited

Now GP

Inspection report

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Overall summary

We carried out an announced comprehensive inspection of Now GP on 14 June 2017. Now GP provides an online service for patients, via a smartphone application (app). This allows patients access to online video consultations and healthcare advice with a GP. All prescribed medicines are dispensed to patients from either an affiliated or third party pharmacy (which we do not regulate).

We found this service provided safe, effective, caring, and responsive and well-led services in accordance with the relevant regulations.

Our key findings were:

- All clinicians were qualified GPs (general practitioners) who were registered with the General Medical Council (GMC). Patients could access a brief description of the clinicians available and had the choice of a male or female GP.
- There were appropriate recruitment checks and induction programmes in place for all staff. GPs registered with the service received specific induction training and a GP handbook prior to treating patients. All the staff had access to all policies.
- There were comprehensive systems in place to check the patient's identity and to protect personal information about patients.
- The service had clear systems to keep people safe and safeguarded from abuse.
- There were systems to ensure staff had the information they needed to deliver safe care and treatment to patients. Patients were treated in line with best practice guidance and appropriate medical records were maintained.
- With the patient's consent, the service shared information about treatment with the patient's own GP in line with the GMC and the provider's guidance.
- A range of medicines were prescribed in line with the provider's medicine formulary (a list of medicines GPs can prescribe from). Prescribing was monitored to prevent any misuse of the service by patients and to ensure GPs were prescribing appropriately.
- There were systems in place to mitigate safety risks including analysing and learning from significant events and safeguarding.
- 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.
- There were clinical governance systems and processes in place to ensure the quality of service provision.
- The service had a programme of ongoing quality improvement activity, which included regular reviews of consultations.
- There were clear business strategy and future development plans in place.

Summary of findings

- The service encouraged and acted on feedback from both patients and staff.
- Survey information we reviewed showed that patients said they were satisfied with the care, treatment and service they received.
- Staff we spoke with were aware of the organisational ethos and philosophy and told us they felt well supported and that they could raise any concerns.
- Both the company and individual GPs were registered with the Information Commissioner's Office.

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 providing safe care in accordance with the relevant regulations.

- There were safeguarding policies and easy to read flowcharts, informing staff how to manage safeguarding and make a referral to local authority if necessary. All staff had received safeguarding training appropriate for their role.
- Patient identity was checked on registration, at every consultation and when prescriptions were issued. Children were only registered after a verification check of a parent or legal guardian (which included parental/guardian responsibility).
- There were enough GPs and staff to meet the demand of the service. We saw evidence of comprehensive recruitment checks and records in place for all staff.
- In the event of a medical emergency occurring during a consultation, systems were in place to ensure emergency services were directed to the patient.
- The service had a business contingency plan, which was updated as needed.
- Prescribing was constantly monitored and all consultations were monitored for any risks.
- There were systems in place to meet health and safety legislation and to respond to patient risk.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. 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 providing effective care in accordance with the relevant regulations.

- Each GP assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, for example National Institute for Health and Care Excellence (NICE) evidence based practice.
- Patients were requested to provide the details of their own GP and consent to sharing of information with that GP.
- The service had arrangements in place to coordinate care and share information appropriately, with the consent of patients. For example, when patients were referred to other services
- Patients could access information to help support them to lead healthier lives, via the smartphone app. Information on healthy living was provided during consultations as appropriate.
- The service had a programme of ongoing quality improvement activity. For example, audits, review of consultations, feedback to clinicians and reviews of prescribing trends.
- There were induction, training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- GPs were regularly reviewed to ensure consultations and prescribing was appropriate and within guidance.

Are services caring?

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

- We were told that GPs undertook consultations in a private room, for example in their own surgery or own home. We saw evidence that the provider carried out random spot checks to ensure GPs were complying with the expected service standards and communicating appropriately with patients.

Summary of findings

- The provider acted as a 'mystery shopper' and carried out random video spot checks to ensure the GPs were complying with the expected service standards and communicating appropriately with patients.
- We did not speak to patients directly on the day of the inspection. At the end of every consultation, patients were sent an email asking for their feedback. We saw patient feedback, which commented on the "great" service and stated the GPs were professional, knowledgeable and "fantastic". Patients expressed satisfaction that they felt listened to and that their condition had been assessed and explained.

Are services responsive to people's needs?

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

- Details of the service were available on the provider's website. Patients signed up to receiving this service via a smartphone app. There was information available to patients to demonstrate how the service operated.
- Patients could access the service via the smartphone app, email or telephone, 24 hours a day. The GP consulting service operated between 8am and 8pm seven days a week. Consultation times were set at a maximum eight minutes. However, patients could book more than one appointment if needed and the GPs could call the patient back if appropriate.
- The smartphone app allowed people to contact the service from abroad.
- Video consultations supported the GP to assess the well-being of a patient and observe any conditions which were visible, such as a skin infection, rash or sunburn.
- Patients had access to information about the GPs working for the service; this included which GPs were available, a short biography of that GP's experience/speciality, details of any non-English languages they may speak and whether they were male or female. This information enabled patients to book a consultation with a GP of their choice.
- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients and information was made available to patients about how to make a complaint.
- Consent to care and treatment was sought in line with the provider policy. All of the GPs had received training about the Mental Capacity Act.

Are services well-led?

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

- There were business plans and an overarching governance framework to support clinical governance and risk management.
- There was a management structure in place and the staff we spoke with understood their responsibilities. Staff were aware of the organisational ethos and philosophy and they told us they felt well supported and could raise any concerns with the provider or the manager.
- The service encouraged patient feedback at the end of each consultation. There was evidence that staff could also feedback about the quality of the operating system and any change requests were discussed.
- Systems were in place to ensure that all patient information was stored securely and kept confidential. There were systems in place to protect all patient information and ensure records were stored securely. Both the service and the GPs were registered with the Information Commissioner's Office.

Now GP

Detailed findings

Background to this inspection

Now HealthCare Group Limited is the provider of Now GP, an online video GP consulting service, and Now Pharmacy (which is not regulated by the Care Quality Commission). We inspected Now GP at their offices based at Digital World Centre, 1 Lowry Plaza, Salford Quays, Manchester M50 3UB. The provider headquarters are located within modern, purpose built offices; which house the IT system, management and administration staff. Patients are not treated on the premises and GPs carry out the online consultations remotely; usually from their home or their own surgery.

The provider employs an appropriate number of GPs (60% male and 40% female) who are on the General Medical Council (GMC) register and also work within the NHS. The provider has contracts with private medical insurance companies and a travel insurance company; approximately 90% of their patients are from these organisations. The service treats both children and adults.

Now GP has been established since 2015; having previously been known as Dr Now. Now GP is a virtual service, which provides remote medical assessment and healthcare advice via a smartphone application (app). The app is downloaded onto a user's smartphone, where they can access appointments and see which GP is available. Patients are asked to set up a profile and identity checks are undertaken. Once their identity has been verified, patients are able to book an eight minute consultation with a GP between the hours of 8am and 8pm seven days a week. The smartphone app allows users to have video consultations with a GP of their preference.

The consulting GP will ask relevant questions relating to the condition or issue the patient has raised. Following the consultation, if appropriate, a private prescription or a referral letter to another service can be provided. The prescription is sent by secure communication to the patient's preferred pharmacy to collect themselves. Alternatively, patients can pay to have the prescription delivered to their home by 1pm the following day; using a 'track and trace' mail delivery service. Those patients who live in London can also pay for their prescriptions to be delivered direct to them on the same day. (The provider has arrangements in place with partner pharmacies within the London area to provide this service.)

Patients can subscribe to the online service either via a monthly subscription package or pay per consultation. Patients can give feedback about the service via the app.

The Clinical Director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

Now GP had previously been inspected on 10 March and 15 September 2016, as part of a pilot programme to test out CQC methodology for inspecting independent health providers. At that time Now GP were found to be safe, effective, caring, responsive and well-led in accordance with the relevant regulations. The inspection on 14 June 2016 was undertaken using the revised methodology and framework for inspecting independent health providers.

How we inspected this service

Our inspection team comprised of a CQC Lead Inspector, accompanied by a GP specialist advisor and a pharmacist specialist.

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

Detailed findings

During our visit we:

- Spoke with a range of staff
- Reviewed organisational documents
- Reviewed a sample of patient records
- Reviewed patient feedback

To get to the heart of patients' experiences of care and treatment, we always 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 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 providing safe care in accordance with the relevant regulations.

Keeping people safe and safeguarded from abuse

All staff had access to adult and child safeguarding policies. There were easy to read flowcharts informing staff how to manage safeguarding and make any necessary referrals to local authority via a direct link. All staff had received whistleblowing and safeguarding training and knew the signs of abuse and how to report them. All the GPs had received level three child safeguarding and vulnerable adult safeguarding training. It was a requirement for the GPs employed by the service to provide evidence of having completed both safeguarding and mental capacity training. At the time of inspection the two GPs we spoke to were not sure who the safeguarding lead for the service, however, they were clear on how to report concerns. Following the inspection, details of the safeguarding lead (the clinical director) were subsequently cascaded to all the GPs and awareness raised with them.

The service treated children and had systems in place to verify a child's identity; which also included who had parental responsibility or legal guardianship. All children were linked to a parent or legal guardian's profile. Within that profile the child had their own profile/record. This record could not be used until verification had been made of the adult relationship to the child. For example, sight of a birth certificate or a letter of legal guardianship. A photograph of the parent/guardian and child was also provided and uploaded onto their individual profiles (requests were made for photographs to be updated appropriately).

Monitoring health & safety and responding to risks

The provider headquarters were located within modern, purpose built offices; which housed the IT system, management and administration staff. Patients were not treated on the premises and GPs carried out the online consultations remotely; usually from their homes or their surgery.

The provider expected that all GPs would conduct consultations in private and maintain the patient's confidentiality. Each GP used their laptop to log into the clinical operating system, which was a secure format. GPs were required to complete a home working risk assessment to ensure their working environment was safe. We saw evidence that this had been completed by all the GPs. Through reviews of video consultations, GPs' environments could also be monitored. Due to the nature of consultations, no medical equipment was needed. Staff had received training in health and safety awareness, including fire safety awareness.

All clinical consultations were rated by the GPs for risk. For example, if the GP assessed there may be serious mental or physical issues that required further attention. Consultation records could not be completed without a risk rating. Those rated at a higher risk or immediate risk were reviewed with the help of the support team and clinical director. All risk ratings were discussed at weekly clinical meetings. There were protocols in place to notify Public Health England of any patients who had notifiable infectious diseases.

The service monitored risks through a variety of daily, weekly, monthly and annual checks, carried out by the administration and clinical management teams. These included checking patient identity and profile photographs, consultation notes and a range of periodic audits were undertaken. In addition, regular checks of the GMC website were made to ensure that all the GPs working for the service were registered and that there were no fitness to practice concerns. We saw there were records kept of all these checks and evidence they were discussed at clinical and management meetings.

There were processes in place to manage any emerging medical concerns during a consultation and for managing test results and referrals. The service was not intended for use by patients with chronic conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place to ensure the location of the patient at the beginning of the consultation was known, so emergency services could be directed appropriately.

Staffing and Recruitment

There were enough staff, including GPs, to meet the demands for the service. There was a rota system in place for the GPs, who were advised to inform the service as soon as practicable of availability. There were support and IT teams available to the GPs during consultations.

The provider had a comprehensive recruitment and selection process in place for all staff. There were a number

of required checks that were undertaken prior to commencing employment, such as references, qualifications 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.) In addition, DBS checks were undertaken and checked on a six monthly basis for all employees.

Potential GP employees had to have passed the membership examination of the Royal College of General Practitioners (MRCGP), registered with the General Medical Council (GMC) on the GP register and currently be working in the NHS as a GP. They had to provide evidence of participating in the GP appraisal scheme, having professional indemnity cover (to include cover for video consultations), and certificates relating to their qualification and training in safeguarding and mental capacity. We were informed that GMC checks were undertaken for all GPs as a daily task.

We reviewed three recruitment files which showed the necessary documentation was available. The GPs could not be registered to start any consultations until all recruitment checks and induction training had been completed. The provider kept records for all staff including the GPs and there was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

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 successfully completed several test scenario consultations. This also provided assurance they were competent in using the IT system during consultations.

Prescribing safety

We saw that the prescribing systems and processes in place kept patients safe. We saw that the GPs working for the service were able to prescribe treatments in accordance with patient need and within a medicines formulary that the provider had risk assessed. Repeat prescriptions for chronic disease management were not provided as the provider did not consider a remotely-delivered service appropriate for this type of care. In addition, following identifying concerns with potential abuse of opiates, the service no longer provided prescriptions for those medicines or any other controlled drug.

If a medicine was deemed necessary following a consultation, the GPs were able to issue a private prescription to patients. Once the GP selected the medicine and correct dosage of choice, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine, any likely side effects and what they should do if they became unwell.

All medicines prescribed to patients during a consultation were monitored by the provider to ensure prescribing was evidence based. We saw evidence of audits relating to prescribing being undertaken. The information relating to an antibiotic audit was shown to be incorrect on our inspection and replacement information was provided after the inspection. This demonstrated that national guidance was being followed to reduce the risk of antibiotic resistance developing.

We reviewed the prescribing of medicines by Now GP and saw that patients were treated in accordance with national guidance and appropriate follow up advice was given. Medicines were prescribed within their licensed indications and we were told (and saw evidence) that when medicines to be used outside their license were requested, these were refused.

The service allowed patients to either have their medicines dispensed via Now Pharmacy or prescriptions could be sent to a pharmacy of their choice for collection. The provider also offered a same day delivery service for patients based in London. They had arrangements in place with partner pharmacies within the London area to provide this service. The pharmacist employed by Now Pharmacy confirmed that it was easy to contact the provider and queries about prescriptions were answered by clinicians in a timely fashion.

Information to deliver safe care and treatment

The provider had systems in place to protect all patient information and ensure records were stored securely. On registering with the service, at every consultation and when prescriptions were issued, patient identity was verified.

When accessing the service for the first time, the system recognised that a new patient was registering. This

generated a 'task' to check the patient's identity. The provider had commissioned a service where a patient's identity was checked against several national databases such as the electoral roll and credit reference agencies. The patient was asked to upload a photograph of themselves of their head and shoulders (similar to a passport photograph). If the photograph was not appropriate this would be rejected. If a patient's identity could not be identified after several attempts the service would not register that individual. Upon verification of identity, a profile (patient record) was then set up and an individual patient identity number allocated. Once registered, a patient could only change personal details on their profile once. For any further changes, patients were required to make a request to the provider, for them to be reviewed and authorised.

Records of consultations, prescriptions and referrals were kept within the patient's profile. The GPs had access to all the patient's previous records from interactions with the service. Information included patient consent, any known adverse reactions to drugs or allergies, previous medical and prescribing history.

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 six incidents and found that these had been fully investigated, discussed and any actions taken as a result. For example, an urgent referral had been made for a patient, with an appointment being available for the following day. The patient, however, was uncontactable due to the details they had provided. In this instance the patient's GP surgery was contacted, the issue explained and a request made that the surgery contact the patient to inform them of the appointment. As a result of this, a mandatory field was developed where emergency contact details were to be recorded and all GPs were notified of this change.

We saw that learning from incidents was disseminated within the team through meetings, newsletters and email communications with employees. There was analysis of any trends, however, none were noted.

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.

We saw evidence of patient safety alerts being cascaded to staff and acted on as appropriate. For example, in relation to a drug safety update in May 2017 regarding reports of depression and, in rare cases, suicidal thoughts in men taking finasteride 1 mg (Propecia) for male pattern hair loss. GPs were asked to raise awareness with any relevant patients during their consultations.

Are services effective?

(for example, treatment is effective)

Our findings

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

Assessment and treatment

We reviewed 27 patient medical records that demonstrated that each GP assessed patients' needs and delivered 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 were told that each online video consultation lasted for eight minutes. The patient was given a countdown to alert them as to when the consultation time was due to finish. If the GP had not reached a satisfactory conclusion there was a system in place where they could contact the patient again.

There was a set template for each consultation that included the reasons for the consultation and the outcomes. These were to be manually recorded, along with any notes about past medical history and diagnosis. The medical records we reviewed showed they were complete and adequate notes had been recorded. We saw that 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, such as their own GP. If the provider could not deal with the patient's request, this was explained to the patient and a record kept of the decision.

Quality improvement

The service had a programme of ongoing quality improvement activity. For example, audits, reviews of consultations, feedback to clinicians and reviews of prescribing trends.

We reviewed five audits that had been undertaken in the previous 18 months. One of these related to prescriptions for codeine 30mg (codeine is an opiate drug used to treat mild to moderate pain which can cause addiction). The audit had identified some patients were requesting repeat prescriptions of this medicine and the service was at risk of misuse. As a result, and in conjunction with a risk assessment, the provider had made the decision to no longer prescribe codeine 30mg and this was removed from the medicines formulary.

The provider had also undertaken a review of consultation outcomes for patients, between the period June 2015 to February 2017. Analysis of data for that period showed that approximately 80% of calls received advice or a prescription; 13% were referred back to NHS care (either to their own GP or via a referral letter); others were referred either to urgent care services such as accident and emergency (these were generally sports related injuries).

Staff training

All staff had to complete induction training. The GPs employed by the service received this training prior to treating patients. An induction log was held in each staff file and signed off when completed. Supporting material was available, for example, a GP handbook, an IT system user guide, how to conduct a video consultation process, patient identity and security checks and the prescription process.

All staff had to complete mandatory training, which included safeguarding, mental capacity act and information governance. The clinical manager maintained a training matrix which identified when staff training was due.

A newsletter was sent out to staff on a monthly basis, which identified any organisational changes, any updates and key areas for development/improvement. The GPs told us they could access policies and received "excellent support" if there were any technical issues or clinical queries. When updates were made to the IT systems, the GPs received further online training.

Administration staff received regular performance reviews. All the GPs had to have received their own appraisals before being considered eligible at recruitment stage. The clinical director reviewed consultations and prescribing and provided feedback to the GPs if there were any concerns. We were informed the provider was currently in the process of developing an internal GP appraisal system. They also intended to provide an overall summary of feedback of performance and patient comments on a six monthly basis and we saw templates to support this.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

When a patient contacted the service they were asked for details of their registered GP and if the details of their consultation could be shared with them. If patients agreed, a letter was sent to their registered GP in line with GMC guidance and the provider's information sharing policy. However, to reflect patient choice, we were informed that it was not currently compulsory for a patient to provide their GP details. Although many of the patients who used the service came from private medical insurance schemes where their own registered GP details had been recorded. We saw evidence of emails sent to patients advising them to provide their GP details, to support safe and effective delivery of patient care and treatment.

If patients needed a referral to another service, the GP entered the information onto the computer system, including where the patient wanted to attend. The administration team used this information to generate a referral letter, which was then sent to the patient. The patient was then instructed of what to do next. There was a clear procedure for GPs to follow if a patient required a two week cancer referral. In these instances the type of referral, the patient's availability for an appointment and their GP's details were requested and recorded.

The provider had a process to follow up referrals. When the service received a letter, as a result of a referral, the patient was informed that further instructions had been received. They were advised to either book a consultation with Now GP or with their own registered GP. The letter was uploaded onto the patient's electronic record and a copy sent to that patient's GP.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and provided access to a range of information available on the smartphone app, such as healthy eating or sun care advice. We saw evidence in anonymised records, where GPs had provided a variety of health advice. Referrals could be made to other health care services, such as physiotherapy or urology, dependent on the patient's need.

Where the provider could not assist a patient, they directed them to their own GP or an NHS website for services which may be more appropriate for the patient.

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 that the GPs undertook consultations in a private room, either at their surgery or in their own home, and were not to be disturbed at any time during their working time. The provider acted as a 'mystery shopper' and carried out random video spot checks to ensure the GPs were complying with the expected service standards and communicating appropriately with patients. Feedback arising from these spot checks was relayed to the GP. Any areas for concern were followed up and the GP was again reviewed to monitor improvement.

We did not speak to patients directly on the day of the inspection. At the end of every consultation, patients were sent an email asking for their feedback. We looked at 25 reviews, which were all positive; several of which cited a GP by name. Patients commented on the "great" service and stated the GPs were professional, knowledgeable, caring and "fantastic". Patients expressed satisfaction that they felt listened to and that their condition had been assessed and explained.

In the short time prior to our inspection, the provider had emailed patients encouraging them to provide feedback directly to CQC. We received two responses, both of which were positive, stating the service was easy to access and the GP was professional and caring.

Involvement in decisions about care and treatment

When a patient signed up for the service via the smartphone app, this enabled them access to patient information guides about how to use the service. There was a dedicated team to respond to any queries or technical issues which may arise.

Patients had access to information about the clinicians available, which included gender and medical experience.

Feedback from patients showed they felt their condition had been explained and they were involved in decisions about their care and treatment.

We saw evidence of 'spot check' assessments of GP consultations which showed them involving patients in decisions about their care and treatment.

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

Details of the service were available on the provider's website www.nowgp.com, where patients could download the smartphone app to use the service. Patients could access the service via the smartphone app, email or telephone, 24 hours a day. The GP consulting service operated between 8am and 8pm seven days a week. The smartphone app allowed people to contact the service from abroad, however all employed GPs were required to be based within the United Kingdom.

This was not an emergency service. The provider made it clear to patients what the limitations of the service were. 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. We were informed, that should it arise during consultation that there was an emergency, the GP would contact the emergency services directly. In these instances, all GPs were required to clarify and record the patient's location and contact details.

Patients booked a video consultation with a GP. A text notification was sent to the patient ten minutes prior to the appointment time, to remind the patient to log onto the app and turn on the volume on their phone. The patient was then contacted at the allocated time for the consultation to begin. The maximum length of time for a consultation was eight minutes. However, we were told that GPs were able to contact the patient back if they had not been able to make an adequate assessment or give treatment.

The GP spoke directly with the patient via a video/audio consultation. In conjunction with verbal descriptions, this supported the GP to assess the well-being of a patient and observe any conditions which were visible, such as a skin infection, rash or sunburn. Care, advice and treatment could then be tailored to the need of the patient.

The patient did not have access to the actual prescription but was able to see, via the smartphone app, what had been prescribed. Issued prescriptions were securely faxed to a pharmacy of the patient's choice for collection, or the prescribed medicines could be delivered direct to their home or place of work. (A hard copy of the prescription was sent to the pharmacy, in line with guidance.) In cases where patients were away on holiday, prescriptions could also be delivered to a pharmacy outside of the UK, via a European Economic Area (EEA) prescription. (EEA prescriptions allow a pharmacist to provide an emergency supply at the request of a doctor from an EEA country or Switzerland.) At the time of inspection, we were informed there had been no current instances where these prescriptions had been issued.

Tackling inequity and promoting equality

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

Patients had access to information about the GPs working for the service; this included which GPs were available, a short biography of that GP's experience/speciality, details of any non-English languages they may speak and whether they were male or female. This information enabled patients to book a consultation with a GP of their choice. However, the provider's website and app only had written English. We were informed that as part of future service development, the provider was looking into additional services to improve access for patients.

Managing complaints

Information about how to make a complaint was available via the smartphone app. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint, escalation guidance and supported Duty of Candour. (Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)

We reviewed the complaint system and noted that comments and complaints made to the service were recorded. There had been 19 complaints/comments in the past 12 months. Themes and trends were noted; ten related to connection issues, four said they did not have enough time during consultation and five were miscellaneous. We discussed the complaints, the responses and action undertaken by the service in relation to them. For example, connection could sometimes be an issue dependent on where the patient was using their mobile phone and the strength of signal. In those

Are services responsive to people's needs?

(for example, to feedback?)

circumstances where there were issues with connections, the provider had reimbursed the patient with a credit. (When a patient subscribed they received credits, which were equivalent to a consultation.)

The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. The provider used complaints as an opportunity to learn, improve and use towards developing services. We were informed how they were currently reviewing and evaluating the eight minute consultation time, with a view to extending this.

Consent to care and treatment

There was clear information on the provider website and the smartphone app, with regards to how the service worked and what costs applied, including a set of frequently asked questions for further supporting information. There was also a set of terms and conditions and details on how the patient could contact the service with any enquiries.

Information about the cost of the consultation was known in advance and paid for before the consultation appointment commenced. Patients could subscribe on a monthly basis or pay per consultation. The costs for any resulting prescriptions were paid for at time of collection or prior to any medicines being delivered direct to the patient (this also included a postage charge), via the app.

All GPs and staff 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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant 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. The process for seeking consent, in line with the provider's policy, was monitored through audits of patient records.

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 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 work together to provide a high quality responsive service that put caring and patient safety at its heart. We reviewed the business plan that covered the next 12 months. This identified what service improvements the provider was planning to undertake. These included introducing an internal GP appraisal system, reviewing the length of consultation time and adding in pop up notifications and alerts to the smartphone app to enable timely information sent to patients.

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

There were a variety of daily, weekly, monthly and annual checks in place to monitor the performance of the service. These included random spot checks for consultations. The information from these checks was used to produce a clinical weekly team report that was discussed at weekly team meetings. This ensured that a comprehensive understanding of the performance of the service was maintained. We saw minutes from meetings which supported this.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There were a range of meetings, including information governance, operational, clinical and IT, where risks could be discussed.

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

Leadership, values and culture

The clinical director had responsibility for any medical issues that arose. They attended the service on a daily basis and were visible and available to staff. There were arrangements in place to cover any leave or absence.

The service had an open and transparent culture, with an understanding of the Duty of Candour. 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.

Staff based at the headquarters and GPs working remotely were positive about the support they received from the provider and felt able to contact either the managers or the clinical lead with concerns.

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, from where and when. Both the service and the GPs were registered with the Information Commissioner's Office. There were business contingency plans in place to minimise the risk of losing patient data and to maintain data securely, in line with guidance in the event that the provider ceased trading.

Seeking and acting on feedback from patients and staff

Patients could rate the service they received. This was constantly monitored and if ratings 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 email any comments or suggestions. The provider used patient feedback to look at how improvements to the service could be made. For example, reviewing the length of the appointment time.

GPs told us they were encouraged to 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 whistleblower is someone who can raise concerns about practice or staff within the organisation.) The clinical director was the named person for dealing with any issues raised under whistleblowing.

Continuous Improvement

The service consistently sought ways to improve. All staff were involved in discussions about how to run and develop

Are services well-led?

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

the service, and were encouraged to identify opportunities to improve service delivery. We saw from minutes of staff meetings where previous interactions and consultations were discussed.

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

The provider informed us of their plans for the next year, which included increasing their contracts with corporate organisations who provide private medical healthcare insurance for their employees. They were also looking at alternative courier services where they could offer same day delivery for all patients nationwide.