Online Clinic (UK) Limited

Online Clinic (UK) Limited - Taybridge Road

Inspection report

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Overall summary

Letter from the Chief Inspector of General Practice

This inspection was an announced focused inspection undertaken on 6 June 2017. Previous inspections included an announced comprehensive inspection at Online Clinic (UK) Limited on 21 March 2017, and a further inspection on 21 April 2017.

Following our March 2017 inspection, we found the service was not providing safe, effective or well-led services in accordance with the relevant regulations. However, we found they were providing caring and responsive services in accordance with the relevant regulations. As a result, we took urgent action and suspended the provider's registration, which took effect from 22 March 2017.

This suspension remained in force following a focused inspection on 21 April, when we found there had not been adequate improvements.

The full comprehensive report on the March 2017 inspection and the report for the focused inspection of 21 April can be found by selecting the 'all reports' link for Online Clinic (UK) Limited on our website at www.cqc.org.uk.

Our key findings across the areas we inspected were as follows:

- The provider had developed guidance for all conditions they treated and these referenced relevant national guidance
- The registered manager and clinical lead had reviewed policies and systems in place, updated them to ensure they were relevant, and reflected what happened in practice
- We saw evidence to show there was effective oversight of staff recruitment and training, with all staff having completed the provider's mandatory training.
- There were systems in place to reduce the likelihood of unsafe treatment. The provider had ceased to offer treatment for some conditions, as the provider now deemed them unsafe for the online environment.
- There was a new clinical lead in post. They worked six sessions per week for the provider in this role. We saw evidence of a close working relationship between the registered manager and clinical lead and numerous positive changes had been made to the service since our last inspection, due to clinical leadership.

Summary of findings

- The computer system had been reviewed and changes made to the dashboard view the clinicians and clinical lead had, to improve the way information was displayed, and aid decision making and audits.
- The use of contemporaneous notes in the patient record was being encouraged and audited by the clinical lead.
- An availability schedule had been implemented for GPs to ensure cover was provided seven days a week.

The areas where the provider should make improvements are:

- As identified by the provider during the inspection, prescribing guidance should reflect the manner in which the provider operates.

At this inspection on 6 June 2017 found the provider had made substantial changes in a systematic way, with clinical leadership at the heart of improvements. The suspension ended on 7 June 2017.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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 this service was operating in accordance with the relevant regulations.

- The provider had developed guidance for all conditions they treated and these referenced relevant guidance, for example the National Institute for Health and Care Excellence (NICE).
- The registered manager and clinical lead had reviewed policies and systems in place, updated them to ensure they were relevant, and reflected what happened in practice.
- An effective policy had been developed to ensure those medicines which were used 'off-label' were explained to the patient and there was clarity in the manner in which to take the medicine for the patient.
- We saw evidence to show there was effective oversight of staff recruitment and training, with all staff having completed required training.
- There were systems in place to reduce the likelihood of unsafe treatment. The provider had ceased to offer treatment for some conditions, as the provider now deemed them unsafe for the online environment.

Are services well-led?

We found this service was operating in accordance with the relevant regulations.

- There was a new clinical lead in post. They worked six sessions per week for the provider in this role. We saw evidence of a close working relationship between the registered manager and clinical lead and numerous changes had been made due to clinical leadership.
- The provider had worked with the clinical lead to design a new dashboard to aid in their role. This ensured oversight of prescribing and decision-making and included an audit function for scheduled and impromptu audits.
- There were quarterly clinical meetings, which all GPs were expected to attend along with the clinical lead and the registered manager. In addition, the GPs had a weekly call to stay in touch with changes whilst working remotely.
- There was a rota system in place to ensure medical cover seven days a week and timely treatment.

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Detailed findings

Background to this inspection

Online Clinic (UK) Limited was registered with the Care Quality Commission on 1 October 2010. The service offers online consultations to patients, through online forms and text based messaging, for a condition selected by the patient themselves. A doctor will then review the request, may ask for further information and then, if appropriate, provide a private prescription to be dispensed by a third party pharmacy. The services are delivered by the provider via two websites; www.theonlineclinic.co.uk and www.privatedoctordirect.com.

At the time of our inspection there were four clinicians working for the service, all of these clinicians were UK based GMC registered doctors. An additional clinical lead was also in place and working with the registered manager.

A registered manager was 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.

During our inspection, we spoke with the registered manager, office based staff, and a clinician who worked remotely as the clinical lead. We looked at policies and protocols, medical questionnaires, other documentation and anonymised patient records.

Our inspection team was led by a CQC inspector, and included a CQC Pharmacist Specialist, and a GP specialist adviser.

Are services safe?

Our findings

At our previous inspection on 21 March 2017, we found the provider was not providing safe services in accordance with the relevant regulations. Adequate systems were not in place to ensure the safety of patients when prescribed 'off-label' medicines. There was no system in place to ensure safety or medicines alerts were received, understood or actioned by all relevant staff and there was no oversight of prescribing through formal protocols.

At the follow up inspection on 6 June 2017, we specifically looked at the areas which led to the suspension of the provider's registration and whether the provider had implemented changes to address these serious concerns.

We found this service was operating in accordance with the relevant regulations.

Overview of safety systems and processes

- The provider had employed an external consultant to develop guidance for all conditions they treated and this referenced generic guidance; for example the National Institute for Health and Care Excellence (NICE), however the provider had implemented limits to treatment options that were more restrictive than NICE recommendations and this was not reflected in the guidance documents. The limitations would however be implemented through the exclusions built into the operating system. The clinical lead had the development of the guidance as a priority to ensure they were relevant to the manner in which the provider operated.
- The registered manager and clinical lead had reviewed policies and systems in place, updated them to ensure they were relevant, and reflected what happened in practice. For example, the complaints policy had been updated to replicate the process a complaint would go through, and how subsequent learning points would be implemented. Guidance on how to complain had been made clearer on the website for patients to access a form, which was then sent to the registered manager to investigate.
- During the initial inspection on 21 March 2017, we found that medicines used 'off-label' were dispatched with the standard manufacturer's patient information leaflet. If a medicine is used in a way, which is different from that described in its licence, this is called 'off-label' use. This is higher risk because less information is available to show the benefits of the medicine for an unlicensed condition, and less is known about the potential risks. At this inspection we found the provider had put in place additional measures to mitigate the risk, this took the process to four stages to alert the patient including:
- An alert at the questionnaire stage to tell patient the medicine is being issued off-label
- The patient has to acknowledge (tick box on dashboard) that the treatment is off-label
- The patient receives a further message outlining how to take the medicine and that they are being prescribed a medicine off-label
- An information leaflet, specifically for the off-label use, is sent in the packaging for the medicine, when dispatched.

There had been some changes made following the initial inspection, which had improved patient safety. These included:

- During the inspection, we saw evidence to show a contract to provide identity verification for all patients had been arranged and would be implemented, once the provider could resume the provision of a service.
  - The identity check included matching data provided by the patient against information held with sources such as the electoral roll and passport information. This ensured the patient was living at the address provided. If a match was not made, or only a partial match, further ID evidence was required from the patient for example a passport or driving licence. It was not possible to obtain a prescription from the provider without passing this check.
- At this inspection, we reviewed five staff files; these included three GPs and two office staff. There was now a systematic approach to the management of qualifications and training. A member of staff had oversight of staff files from initial induction to ongoing training. They monitored training by means of a computerised file that automatically alerted individual staff when training, the provider deemed mandatory, was to expire. All staff, including office staff, had

completed safeguarding, mental capacity act and information governance training and the remote GPs had provided certificates for any training they had undertaken prior to employment with the provider.

- We reviewed a number of historic prescribing decisions to patients, which we found unsafe on the initial inspection of 21 March 2017. We found that updates to the system, when used in conjunction with GP guidance for prescribing, with the added oversight of a clinical lead and auditing were unlikely to allow a reoccurrence of similar prescribing. For example:
  - It was mandatory for patients requesting any opioid medicines (opioids are medicines with potential for misuse) to share their registered GP details, in order to receive a prescription. This allowed the provider to inform the registered GP in writing following any treatment. This had not been the case at the initial inspection on 21 March 2017.
  - Patients would not be prescribed opioids if they had not provided a registered GP in their account and consented to them being informed of any treatment. On previous inspections we saw that a prescription triggered an automatic letter to the patients GP to inform them of the treatment received from the provider. If the patients registered GP declared they were not registered at their practice or provided reason for the treatment not being appropriate the provider froze the account and no longer provided treatment to the patient.
  - Limitations were placed on the number of opioids prescribed at one time. This ranged from 56 to 60 tablets, depending on the pack size available, which equated to a seven-day supply.
  - No prescriptions for inhalers, used in the treatment of asthma, would be prescribed without the patient consenting to their registered GP being informed. The provider would then communicate with the patient's GP to ensure they were aware of any prescriptions. The number of inhalers prescribed had also been restricted in the clinical system.
- The provider had ceased in providing services to patients with diverticulitis, incontinence or men with urinary tract infections as it had been decided it was potentially unsafe to provide care for these conditions in an online environment.

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 21 March 2017, we found the provider was not providing well-led services in accordance with the relevant regulations; we were not assured of sufficient clinical leadership.

We found the leadership at the service had taken all the required actions to address our concerns, when we undertook a follow up inspection on 6 June 2017.

We found this service was operating in accordance with the relevant regulations.

Leadership, and culture

- During the inspection, we saw evidence of clinical leadership through minuted meetings and historic email conversations, which had been taken place between the registered manager and the GPs.
- There was a new clinical lead in post. They worked six sessions per week for the provider in this role. We saw evidence of a close working relationship between the registered manager and clinical lead and numerous changes had been made due to clinical leadership. For example, there was now a change management process for the questionnaires which patients completed, this was:
- Change requirement identified by GPs due to update to guidance or clinical need.
- Changes made to the website on a trial system are put forward to clinicians for their view/comments.
- Once reviewed by GPs the clinical lead signs off on the changes and they are implemented by the registered manager.

This ensured a team approach with clinical oversight, which was a significant change from the initial inspection (21 March 2017) where we saw the registered manager making changes to the system with no clinical input.

- The provider had worked with the clinical lead to design a new dashboard to aid in their role. This had included:
- An audit tool to review prescribing and decision making
- The ability to review other clinicians work.
- A read-only view of the operating system so they can confirm the implementations that have been agreed have been actioned correctly.
- Oversight of all prescriptions and consultations going through the system on a given day and they can perform historic searches based on clinician or type of action taken.
- An alert function for any patients who attempt to request opioids earlier than previous prescription would last if taken as instructed.
- In consultation with the GPs and clinical lead the provider had improved the clinical dashboard to include the following:
- If a prescription was refused, this would be made clear in the record to aid transparency in patient history.
- The patient phone number is made available in the record in case the review brings up any emergency treatment the patient requires e.g. chest pain, so rapid contact can be made.
- An audit trail is included so the clinician can see who has viewed the record and when.
- Historic data from the general health questionnaire is displayed and time stamped to show how recent the change was made.
- The note area is more apparent and there is a shift in culture to prompt the use of the note section and treat the record as a contemporaneous patient record. We were told this was positively received by the GPs and had been included in an audit scheduled for later in the year.
- All GPs had received a new system induction at the provider's office from the registered manager. The clinical lead had completed a clinical induction with the General Medical Councils guidance on online prescribing at the core, to ensure all clinicians were aware of the difficulties in diagnosis and treatment in the online environment.
- There were quarterly clinical meetings scheduled at the office. The clinical lead and registered manager have a weekly call to remain in touch and review issues.
- The provider had appointed a pharmacist to advise on prescribing protocols and formulary. A risk-based formulary had been developed by the pharmacist and clinical lead, to ensure medicines of higher risk were monitored and would be a priority for future audit.
- GPs working for the provider had historically only been paid if a prescription was issued. As a change since our

Are services well-led?

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April inspection, the clinical lead and registered manager had decided to pay GPs per consultation unrelated as to whether a prescription was issued or not.

- A change in staffing had been implemented to ensure availability of GPs seven days a week. If there were times when there was no cover scheduled, following sickness or leave, the clinical lead would cover.