

Numan

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

Letter from the Chief Inspector of General Practice

We rated this service 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 Numan on 14 and 17 March 2023 as part of our inspection programme.

Numan is a digital health service providing online consultations on a specified range of health conditions including men's health, hair loss and weight management. The service offered a range of supplements. It is a service aimed at adults; all patients must be over 18 years of age. It operates through the following website: www.numan.com.

At this inspection, we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was evidence of quality improvement activity including clinical audits.
- Consultations were comprehensive and undertaken in a professional manner.
- Consent procedures were in place and these were in line with legal requirements.
- Staff members were knowledgeable and had the experience and skills required to carry out their roles.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The service had systems to manage and learn from complaints.
- The service held regular clinical governance meetings and minutes were maintained.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Numan

Background

Numan is a digital health service providing online and telephone consultations on a specified range of health conditions. It is a service aimed at adults; all patients must be over 18 years of age. The service is mainly aimed at men's health addressing conditions affecting their self-esteem, confidence and lifestyle. The conditions treated are erectile dysfunction, hair loss and premature ejaculation. The service also offers weight loss treatment and supplements which are available to both men and women.

Patients sign up for the service through the service website, they complete online questionnaires which are reviewed by the GPs, prescribing pharmacists or a prescribing nurse with the support of the chief medical strategy officer and the clinical lead. Prescriptions are dispensed by a partner pharmacy and delivered to patients. Patients can also purchase blood test kits which are sent to an independent laboratory for screening. GP consultations following a blood test are provided by the service.

The clinical team comprises of GPs, prescribing pharmacists, clinical pharmacists and a prescribing nurse. Clinical oversight is provided by a clinical lead and the chief medical strategy officer. There is a management and administration team and a customer services team.

The service is registered with the CQC to carry out the following Regulated Activities: Transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

Numan has a registered manager in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

How we inspected this service

Before the inspection, we gathered and reviewed information from the provider. During this inspection, we spoke to the Registered Manager and members of the management, clinical and administration teams.

To get to the heart of patients' experiences of care and treatment, we ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions, therefore, formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

- The service provided care in a way that kept patients safe and protected from avoidable harm.
- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen the service learnt from them.
- The service prescribed medicines in a safe way and made improvements where required.

Keeping people safe and safeguarded from abuse

Staff employed at the service had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies and where to report a safeguarding concern. All the GPs and prescribing pharmacists had received adult and level three child safeguarding training. It was a requirement for the GPs and prescribing pharmacists registering with the service to provide evidence of up to date safeguarding training certification.

The service did not treat children and safeguards were in place to ensure patients were over 18 years.

Monitoring health & safety and responding to risks

The supporting team carried out a variety of checks either daily or weekly. These were recorded and formed part of a clinical team weekly report which was discussed at clinical meetings.

The provider headquarters was located within modern offices which housed the IT system and a range of administration staff. Patients were not treated on the premises as GPs and prescribing pharmacists carried out the online consultations remotely; usually from their homes. All staff based in the premises had received training in health and safety including fire safety.

The provider expected that all GPs and prescribing pharmacists would conduct consultations in private and maintain patient confidentiality. Each clinician used an encrypted, password secure laptop provided by the provider to log into the operating system, which was a secure programme. Clinicians were required to complete a home working risk assessment to ensure their working environment was safe.

There were processes in place to manage any emerging medical issues during a telephone consultation and for managing test results. The service was not intended for use by patients as an emergency service.

Risks identified during the completion of the consultation questionnaire were flagged for review by the prescribing pharmacist or the GP.

A range of clinical and non-clinical meetings were held with staff, where standing agenda items covered topics such as significant events, complaints and service issues. Clinical meetings also included case reviews and clinical updates. We saw evidence of meeting minutes to show where some of these topics had been discussed, for example, a significant incident and clinical pathways in line with national guidance.

Staffing and Recruitment

There were enough staff, including GPs and prescribing pharmacists, to meet the demands for the service and there was a rota for the GPs and prescribing pharmacists. There was a support team available to the GPs and prescribing pharmacists during consultations and a separate IT team.

Are services safe?

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

Potential GP employees had to be currently working in the NHS as a GP and be registered with the General Medical Council (GMC) with a license to practice. They had to provide evidence of having professional indemnity cover, an up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act. Potential pharmacist employees had to be registered with the General Pharmaceutical Council (GPhC) with an independent prescriber qualification for those employed as prescribers.

Newly recruited GPs and prescribing pharmacists were supported during their induction period and an induction plan was in place to ensure all processes had been covered. We were told that prescribing pharmacists only worked on consultations for conditions within their competence.

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

Prescribing safety

The service offered treatments related to men's health, hair loss and weight management. In addition, the service offered a range of supplements and nutrients.

We noted the service was prescribing a weight loss medicine, which could be harmful for patients with end stage chronic kidney disease (CKD). (CKD is a long term condition where the kidneys do not work effectively). The service was relying on patients to disclose this information when completing the online consultation form. However, a few days after the inspection, the service revised its protocol and implemented changes to ensure the safety of weight loss patients with end stage renal failure. The service decided they would not prescribe this medicine if the patient refused to share their GP details. The service changed the wording of the emails that were sent to the patient's GP, specifically asking if a patient had end stage chronic kidney disease or renal failure. The service implemented satisfactory safety net protocols to ensure safe care treatment.

All medicines prescribed to patients from online forms were monitored by the provider to ensure prescribing was evidence based. If a medicine was deemed necessary following a consultation, the GPs or the prescribing pharmacist could issue a private prescription to patients. The GPs and prescribing pharmacists could only prescribe from a set list of medicines which the provider had risk-assessed. There were no controlled drugs on this list. The service did not provide emergency supplies of medicines. The service did not prescribe any antibiotics or deal with patients with long term conditions.

The service was based on the provision of treatment plans. Patients paid a monthly subscription for information and advice relating to their condition and a regular prescription which was dispensed by the affiliated pharmacy. The number of repeat prescriptions was determined by the prescriber, based on information supplied by the patient in the consultation questionnaire.

Are services safe?

Once the GP or prescribing pharmacist prescribed the medicine and dosage of choice, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine and any likely side effects and what they should do if they became unwell. They were also informed of the number of times the prescription would be repeated.

The service prescribed some unlicensed medicines, for example for the treatment of hair loss, premature ejaculation and weight management. Medicines are given licences after trials have shown they are safe and effective for treating a particular condition. Use of a medicine for a different medical condition that is listed on their licence is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks. There was clear information on the website to explain that the medicines were being used outside of their licence, and the patient had to acknowledge that they understood this information. It was made clear in the questionnaire on the website. Additional written information to guide the patient when and how to use these medicines safely was supplied with the medicine.

If a patient requested a new medicine when they had repeat prescriptions outstanding for a similar medicine, the prescriber would contact them to find out the reason for the request. If for example, it was because the patient wanted a different dose, the first subscription would be cancelled so there was no duplication.

There were protocols in place for identifying and verifying the patient and General Medical Council guidance, or similar, was followed. The service was using electronic software to carry out identity checks and photographic identification was requested if required.

All medicines were supplied by a partner pharmacy. Prescriptions were transmitted to the pharmacy using a system which met the requirements of the Human Medicines Regulations in relation to electronic signatures. The service had a system in place to assure themselves of the quality of the dispensing process. There were systems in place to ensure that the correct person received the correct medicine.

The service carried out regular prescribing audits and achieved a 98% compliance rate according to their internal protocols.

Information to deliver safe care and treatment

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

Management and learning from safety incidents and alerts

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. We reviewed one incident and found that this had been fully investigated, discussed and as a result action taken in the form of a change in processes. For example, it had been decided that the patients with a past or current medical history of severe mental health conditions would receive an additional communication on the prescription of Finasteride (a medicine used to treat hair loss), alerting them to the risk of potential worsening mental health condition whilst taking this medicine, and what to do if this occurred. Patients were also asked to discuss this with their GP or consultant prior to prescribing and share the evidence to ensure safe prescribing.

We saw evidence from incidents which demonstrated 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.

Are services safe?

There were systems in place to ensure that the correct person received the correct medicine.

Patient safety alerts were cascaded to the clinical team by the chief medical officer and we were shown evidence to confirm this. We were also shown records of the action taken in response to recent patient alerts.

Are services effective?

We rated effective as Good because:

- Care was delivered in line with relevant and current evidence-based guidance.
- The service demonstrated quality improvement activity.
- Staff received support and training to carry out their roles effectively.
- The service sought patient consent appropriately.

Assessment and treatment

We reviewed 20 examples of medical records that demonstrated that each GP and prescribing pharmacist 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 saw that adequate notes were recorded and the GPs and pharmacists had access to all previous notes.

Patients completed an online form which included their past medical history and details relevant to the condition they were experiencing. Each questionnaire was reviewed by a GP or prescribing pharmacist. They made a clinical decision to prescribe a medicine or request additional information or direct the patient to other healthcare providers such as their GP. There was a set template to complete for the consultation that included the reasons for the consultation and the outcome to be manually recorded, along with any notes about past medical history and diagnosis.

The GPs and pharmacists 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 physical examination they were directed to an appropriate agency. If the provider could not deal with the patient's request, this was explained to the patient and a record was kept of the decision.

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes. A sample of 25 consultation records was reviewed each month to ensure that the prescriber recorded the reasons for rejecting a request, and that correspondence with the patient was of appropriate quality.

Quality improvement

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

The service used information about patients' outcomes to make improvements.

The service took part in quality improvement activity, for example, audits, reviews of consultations and prescribing trends.

The service carried out an audit on rejected prescriptions in August 2022 and identified areas of good practice and areas for improvement. As a result of this audit, they implemented a process for higher dose orders by the prescribers, updating the online consultation to ensure medicine safety, and improving prescriber use of prompts and follow ups.

The service carried out repeated consultation review audits which demonstrated improvement over time.

Are services effective?

Patient feedback was routinely monitored. The service carried out an audit on 'Bad Satisfaction Tickets' in March 2022 and identified areas of good practice and areas for improvement. They reviewed protocols to ensure all prescribers were practising in a similar manner, and arranged one-to-one sessions with prescribers to ensure continual feedback and improvement. The service also improved the communications sent out to patients about reasons for being unable to provide treatment.

The service was offering blood tests for up to 21 biomarkers with an offer to claim a full refund if all results fall within the normal range. We found the service was following up on pathology results and had an effective monitoring system in place to ensure that all abnormal results were managed in a timely manner and saved in the patient's records.

The service carried out regular blood review audits to ensure effective monitoring of the quality of the service.

Staff training

All staff completed induction training which consisted of health and safety training and role specific training. Staff also completed other training on a regular basis which included safeguarding, medical emergencies, information governance, equality and diversity, mental capacity act and complaints handling. The service had a training matrix which identified when training was due.

The GPs, pharmacists and a prescribing nurse registered with the service received specific induction training prior to treating patients. An induction log was held in each staff file and signed off when completed.

The clinical staff told us they had access to support from the lead GP or a clinical lead at all times if there were any technical issues or clinical queries. Cases were reviewed at monthly meetings.

Administration staff received regular performance reviews. All the GPs had to have received their own appraisals before being considered eligible at the recruitment stage.

Coordinating patient care and information sharing

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

All patients were asked if they consented to sharing details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, those for the treatment of hair loss. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and had a range of information available on the website. For example, articles related to men's health, sleep, hair loss and weight management were available on the website.

Are services effective?

The service offered a range of supplements and nutrients to support men's health, a vitamin D boost and a better night's sleep.

Are services caring?

We rated caring as Good because:

- Patient satisfaction was generally positive in relation to the caring aspects of the service.
- The service had achieved 4.2 out of 5 stars based on 12,328 online reviews with 71% rating the service as excellent.
- Where feedback was negative, the service responded to the concerns.

Compassion, dignity and respect

We were told that the GPs, the prescribing pharmacists and the prescribing nurse undertook online consultations in a private room and were not to be disturbed at any time during their working time. The service carried out random spot checks to ensure the clinical staff were complying with the expected service standards and communicating appropriately with patients. Feedback arising from these spot checks was relayed to the clinical staff. Any areas for concern were followed up and the clinical staff was again reviewed to monitor improvement.

We spoke to three patients over the telephone who told us they were treated with dignity and respect. We also reviewed online feedback from people who had used the service and did not note any common themes in relation to patients not being treated with compassion, dignity and respect.

Involvement in decisions about care and treatment

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

The clinical staff available could speak a variety of different languages to support patient involvement in decisions about care and treatment where their first language was not English.

Online feedback we reviewed showed that patients were satisfied with the explanation of their condition.

Patients could request information about themselves including consultation history only if they made a written request to the provider. Requests were dealt with by the data protection officer in line with General Data Protection Regulation (GDPR) requirements.

Are services responsive to people's needs?

We rated responsive as Good because:

- Patients could access consultations at a time that suited them.
- Complaints were handled in a timely way and the service learnt from them.
- Consent to care and treatment was sought by the service.

Responding to and meeting patients' needs

Patients signed up to receive this service via the service's website. The service offered flexibility in that access was 24 hours a day, seven days a week (consultations were provided seven days a week from 6am to 12am, but access via the website to request a consultation through completing an online questionnaire was all day every day.)

All GPs and prescribing pharmacists were required to be based within the United Kingdom. The service's website allowed people to contact the service from abroad but they did not supply medicines outside of the UK. The patient had to confirm their UK address which was verified as part of the identity checks.

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

Tackling inequity and promoting equality

The service informed us they offered healthcare services to adults only.

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

All staff had received training in equality and diversity and different languages were spoken amongst staff. Therefore, the service could respond to the communication needs of patients whose first language was not English.

Managing complaints

Information about how to make a complaint was available on the service's website. The service had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for the recording of complaints has been developed and introduced for use. We reviewed the complaint system and noted that comments and complaints made about the service were recorded. We reviewed two complaints out of 45 received in the past 12 months.

The service was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following complaints and had been communicated to staff. For example, a tracking link was shared by email with the patients and they were also able to pay extra for a priority courier.

The service was registered with the Centre for Effective Dispute Resolution (CEDR).

Consent to care and treatment

Are services responsive to people's needs?

There was clear information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries. Information about the cost of the consultation was known in advance and paid for before the consultation appointment commenced. The costs of any resulting prescription were handled by the administration team at the headquarters following the consultation.

All clinical 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. The process for seeking consent was monitored through audits of patient records.

Are services well-led?

We rated well-led as Good because:

- The leadership, governance and culture were used to drive and improve the delivery of care and treatment provided.
- There were effective systems to monitor risk and the quality of service provided.
- The provider sought and acted on feedback from patients and staff.

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 strategy for 2023 that covered the provider's strategic direction including priorities, clinical and governance aims, incentives and benefits for the team.

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

There were a variety of daily, weekly and monthly 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 a comprehensive understanding of the performance of the service was maintained.

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

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

Leadership, values and culture

The chief medical strategy officer had responsibility for any medical issues arising. They attended the service seven days a week. A clinical lead was available on an on-call basis seven days a week for any clinical advice. The GPs were also available to the prescribing pharmacists if they required any specific clinical advice. There were systems in place to address any absences to ensure effective clinical oversight.

The values of the service were reflected in the business strategy plan which included to provide a stellar customer care experience that listens and responds to improve the patient experience.

The service had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy.

There was a strong emphasis on the safety and well-being of all staff. For example, health insurance, employee assistance programme, registration to health apps and access to the GP service were offered to the staff. Staff were able to access discounted gyms and classes in the UK. Additional leave days, flexible working hours and volunteer days were also offered. The service recognised long service and offered two weeks of paid leave after the fifth anniversary.

Safety and Security of Patient Information

Systems were in place to ensure that all patient information was stored and kept confidential.

Are services well-led?

There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. Both the service and the clinicians were registered with the Information Commissioner's Office. There were business contingency plans in place to minimise the risk of losing patient data.

Seeking and acting on feedback from patients and staff

Patients could rate the service they received. This was constantly monitored and if it fell below the service'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 feedback form they could complete. Patients were also encouraged to leave online feedback and quarterly surveys were sent out to patients. The service compiled a monthly patient satisfaction report to monitor and act upon patient feedback. Improvements made to the service as a result of patient feedback included improvements to the prescription delivery service and improving the website contents.

There was evidence that the clinicians could provide feedback about the quality of the operating system and any change requests were logged, discussed and decisions made for the improvements to be implemented. The minutes of the clinical governance meetings showed that points raised were discussed and guidance was updated where appropriate.

The service had a whistleblowing policy in place. (A whistleblower is someone who can raise concerns about practice or staff within the organisation.) The chief medical strategy officer 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 the service, and were encouraged to identify opportunities to improve the service delivered.

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

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

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through quality improvement initiatives. For example, we noted that after the staff feedback, the service was planning to develop a guiding document with a list of possible side effects for each product offered by the service that required urgent escalation.