Alto House

Inspection report

29-30 Newbury Street
London
EC1A 7HZ
Tel: 02076003193
Website: www.polypill.com

Date of inspection visit: 26 Feb 2020
Date of publication: 25/03/2020

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**

Overall summary

Letter from the Chief Inspector of General Practice

We rated this service as Good **overall.** We last inspected the service in May 2019 – when we rated the location as Requires improvement for providing safe and effective service and Good for providing caring, responsive and well-led services.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

We carried out an announced focused inspection at Alto House (Polypill) on 26 February 2020 to follow up on breaches of regulations in regard to two key questions: are services safe; and are services effective.

Alto House (Polypill) is an online health programme for the prevention of cardiovascular disease, intended for patients aged 50 and above. The programme combines the prescribing of medicines with the provision of lifestyle advice. Patients initially complete a free online assessment, and if suitable for the programme patients can then request a prescription for the medicines. Prescriptions are sent to Polypill's designated pharmacy who dispense the medicines and dispatch them to the patient's address. When patients require a further supply of medicines, they complete another online questionnaire before a repeat prescription is issued.

At this inspection we found:

- The service had changed the information on its website to make clear to patients not all medicines being prescribed were licensed for use as preventative of the conditions for which the service was prescribing them.
- It required a signature on delivery to ensure medicines were delivered to the correct recipient.
- The prescribing doctor had received training in the protection of vulnerable adults and children to a level appropriate to their role.
- The service had implemented identity checks to ensure the service could not be accessed by anyone under the age of 18.
- The service had introduced patient identity checks in line with NHS Digital standard for Identity verification and authentication when using digital health and care services
- The service had introduced a programme of regular audit.
- It had developed a strategy to encourage more patients to agree to information sharing with their NHS GP.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a specialist adviser, a member of the CQC medicines team and an inspection manager observer.

Background to Alto House

The provider, Polypill Limited, was incorporated in 2001 to offer an online health programme which aims to contribute to the prevention of cardiovascular disease, the service is provided to patients aged 50 and above, who are based in the United Kingdom. Its management offices are at 29-30 Newbury Street, London, EC1A 7HZ.

The service was established following the findings of research projects. undertaken by the founders of the service. and published in 2003 this is supported by a further study undertaken in 2012, in which 84 people participated, together with more recent research findings. It carries out asynchronous (text based) consultations and where there is a need for any clarification of a patient's suitability for the programme the clinician contacts them to clarify any issues. Patients participating in the programme are prescribed medicines and also provided with lifestyle advice via the services website. At the time we inspected, there were approximately 135 active participants in the programme.

The clinical leadership team are based in the nearby Wolfson Institute for Preventive Medicine and at Alto House. The prescribing doctor works remotely. One prescribing doctor works for the service and is supported by two members of the clinical leadership team who are also doctors and cover the prescribing duties as necessary.

Two members of staff employed by another company run by the Registered Manager provide administrative support; there are formal arrangements in place to support this relationship.

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 the service manager.

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

- Is it safe?
- Is it effective?
-

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

Good

Are services safe?

At our previous inspection in May 2019, we found the service was not meeting the requirements of the regulations in providing safe services and issued a requirement notice in relation to concerns with:

- The service was intended for people aged 50 years and over, however it did not have safeguards in place to ensure patients were over 18.
- There were limited checks undertaken to confirm patients' identities.

At this inspection we found the service had addressed the issues identified at the last inspection.

We rated safe as Good because:

- The service had implemented identity checks to ensure the service could not be accessed by anyone under the age of 18.
- The service had introduced checks in line with NHS Digital standard for Identity verification and authentication when using digital health and care services

Keeping people safe and safeguarded from abuse

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies and knew where to report a safeguarding concern. the service had contact details for the local (City of London) adult and children safeguarding teams. The prescribing doctor had received adult and child safeguarding training to a level appropriate to their role. It was a requirement for the doctors registering with the service to provide evidence of up to date safeguarding training certification.

The service did not treat children. Since our last inspection the service had implemented safeguards to ensure no one under 18 years of age could access the service. it had implemented identity checks requiring new participants to upload a current photo of themselves together with photo ID (such as a driving licence), from which it could ascertain the participants age.

Monitoring health & safety and responding to risks

The service carried out risk assessments following the completion of the initial consultation before issuing a prescription. It discussed and assessed risks at six-monthly clinical governance meetings. In addition, the prescribing doctor was in regular contact with the leadership team, so was able to raise any issues promptly.

The providers headquarters was located within offices which housed the IT system and the administration team. Patients were not treated on the premises as doctors carried out the online consultations remotely; either from their office or home. All staff based in the premises had received training in health and safety including fire safety.

The provider expected the prescribing doctor to conduct consultations in private and maintain patient confidentiality. Each doctor used an encrypted, password secure laptop to log into the operating system, which was a secure programme. Doctors were required to complete a home working risk assessment to ensure their working environment was safe.

The service was not intended for use by patients with either long term conditions or as an emergency service, though there were processes in place to manage any emerging medical issues during a consultation. In the event an emergency did occur during a consultation, the doctor would advise the patient to contact their NHS GP or, in case of urgency, to phone the emergency services on 999.

All clinical consultations were rated by the doctor for risk, for example, to ascertain whether there may be serious mental or physical issues which required further attention. Consultation records could not be completed without a risk rating. All risk ratings were discussed at six-monthly clinical governance meetings. There were protocols in place to notify Public Health England of any patients who had notifiable infectious diseases.

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 significant events.

Staffing and Recruitment

There were enough staff, including doctors, to meet the demands for the service. There was a support team available to the doctor during consultations and a separate IT team.

Good

Are services safe?

The provider had a selection and recruitment processes in place for all staff. A number of checks 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 doctor employees had to be currently working in the NHS 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 qualifications and training in safeguarding and the Mental Capacity Act.

No new staff had been employed since our last inspection in May 2019. The provider kept records for all staff including the doctors 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 prescribed a limited range of four medicines (atorvastatin for lowering cholesterol and amlodipine, irbesartan and hydrochlorothiazide used for a range of cardiac conditions). At the time of our inspection these were delivered to patients as three tablets, as part of a programme to help prevent heart attacks and stroke. Potential patients completed an online form to assess their suitability for the programme. This questionnaire was then reviewed by the prescribing doctor who decided whether the individual was eligible for the programme. Eligible patients were invited to participate, having paid the appropriate fee, and completed identity checks, a prescription would be generated and sent to the designated pharmacy to be dispensed and posted to the patient.

Once the doctor 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.

The service prescribed licenced medicines. However, the service prescribed them for a different medical condition than listed on their licences. The service provided us with evidence to confirm it was making this distinction clear to patients. Use of a medicine for a different medical condition than listed on its licence is called unlicensed (off-label) use and is a higher risk because less information is available about the benefits and potential risks. Medicines in the UK are given licences after trials have shown they are safe and effective for treating a particular condition.

The service offered repeat prescriptions, on a three-monthly basis, to patients who were part of the programme. Each time a patient requested a prescription they were required to complete a declaration confirming any changes in their health and any changes of medicines received from other sources. It did not prescribe to patients with long-term conditions who would need to be monitored, nor did it prescribe antibiotics. When replacement or additional supplies of medicines were requested there was a clear record of the decisions made, and the service confirmed why the patient was requesting a further supply outside of their standard three-monthly schedule. It told us almost all such requests were to replace misplaced medicines. Other patients had requested supplies to cover periods of time when they would be away from home.

Prescriptions were issued electronically to the designated pharmacy. The dispensed medicines were sent by courier to the patient's nominated address. Following our last inspection in May 2019, the service had put a system in place to ensure the correct person received the medicines by requiring the recipient to provide a signature.

Information to deliver safe care and treatment

When we last inspected the service had limited arrangements in place to confirm patients' identities. Following our last inspection in May 2019, the service had implemented identification checks for new patients based on the NHS Digital Identity Verification and Authentication Standard for Digital Health and Care Services. Hence, potential participants were required to upload a current photo of themselves and a photo ID document (such as a passport or driving licence), this information was also used to verify their age. A record was kept of the identification documents, then the originals were deleted from the computer system.

The service had also amended its patient identification procedure when patients phoned the service. At our last

Good

Are services safe?

inspection the service was asking phone callers to confirm their date of birth, since that inspection it had updated its procedures to require phone callers to provide their date of birth and postcode before the conversation could proceed.

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 two incidents which the service had recorded since our last inspection and found that these had been fully investigated, discussed and as a result action taken in the form of a change in processes.

We saw evidence from both recorded 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, where appropriate offering an apology and advising them of any action taken.

Good

Are services effective?

At our previous inspection in May 2019, we found the service was not meeting the requirements of the regulations in providing effective services and issued a requirement notice in relation to concerns with:

- The service had not undertaken any completed two-cycle audits, where findings were used to drive quality improvement, together with limited evidence of other quality improvement activities, to demonstrate the medicines being prescribed were effective in preventing in the conditions for which they were prescribed. Following our inspection, the service carried out four single-cycle audits which they subsequently provided to us.
- It did not ensure that all patients had consented to information sharing with their NHS GPs to obviate any risks associated with interactions of the medicines it prescribed with other medicines prescribed by patients NHS GPs. The service subsequently provided us with a copy of a procedure it implemented in November 2018 requiring all new patients joining after that point to agree to the sharing of information with their NHS GP. However, this did not retrospectively apply to patients who were already participating in the programme prior to the implementation of the procedure.

At this inspection we found the service had addressed the issues identified at the last inspection.

We rated effective as Good because:

- The service had introduced a programme of regular audit.
- It had developed a strategy to encourage more patients to agree to information sharing with their NHS GP.

Assessment and treatment

We reviewed five medical records which demonstrated the prescribing doctor 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.

The service carried out asynchronous (text based, not in real-time) consultations and where there was a need for any clarification of a patient's suitability for the programme the clinician contacted them, either by phone or secure message through the patients account with the service, to clarify any issues. Patients participating in the programme were prescribed medicines and also provided with lifestyle advice via the services website.

Prior to joining the programme patients completed an online form which included their past medical history, with particular reference to any cardiovascular issues. There was a set template to complete for the consultation which included the reasons for the consultation with the outcome to be manually recorded, along with any notes about past medical history and diagnosis.

The doctors 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.

The service monitored consultations and carried out prescribing audits to improve patient outcomes. These were reviewed in clinical governance meetings.

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, including audits and reviews of consultations. For example:
  - A survey of 113 patients carried out in August 2018 asked for patients views about the service. Of the 47 respondents 42 were satisfied with the level of information provided about the programme, while five patients expressed no opinion, with no patients stating they were dissatisfied. The service had used feedback to make improvements to the way the programme was delivered.
  - In 2019 it carried out a two-cycle to review the number of patients who had provided their GP contact details. During the first cycle it found there were 122 participants on the programme and 95 (78%) had given the information. At the time of the second cycle it had 130 patients of whom 119 (91%) had provided their GP contact details.

Good

Are services effective?

Staff training

The only employee of the service was the prescribing doctor. During the inspection the service was not able to provide evidence the doctor had completed all training relevant to their role. However, following the inspection the service provided us with evidence the doctor had already received up to date training in all areas the service considered mandatory. The service manager had developed a training matrix to identify when training was due.

The prescribing doctor had received specific induction training prior to treating patients. When updates were made to the IT systems, the doctor received further online training.

The doctor had to have received their own appraisal before being considered eligible at the recruitment stage. The doctor received a regular annual in-house appraisal covering their work with the service.

Coordinating patient care and information sharing

Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. When information provided indicated further investigation was needed, the service would refer the patient on to a named specialist, if the patient did not wish to see the chosen person, then they were advised to contact their NHS GP.

All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service, and the benefits of information sharing were explained where a patient refused consent. Of the five patients who had joined the programme since November 2019, all had consented to information sharing with their NHS GP.

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 including links to NHS websites. For example, the services' website contained links to information about the benefits of regular exercise, a balanced diet, controlling alcohol consumption and stopping smoking.