Online Clinic - UK - Limited - Wingate Square

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 Online Clinic UK Limited as part of our inspection programme.

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.
- 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Maintain arrangements for auditing GPs clinical assessments.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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 CQC Inspection, a specialist adviser.

Background to Online Clinic - UK - Limited - Wingate Square

Online Clinic (UK) Limited provides online consultations to patients, through online forms and a messaging system conducted within the patients online record, for a condition selected by the patient themselves. A GP will then review the request, may ask for further information and if appropriate, provide a private prescription to be dispensed by a pharmacy chose by the patient.

The service is located at:

Office 2 Wingate Business Exchange

64-66 Wingate Square

London

SW4 0AF

A registered manager is 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.

The clinical GP team is led by a clinical lead who provides oversight of clinical practice. The service has 15 UK registered GPs who are registered with the GMC and work remotely. The GPs are of self-employed status working for the provider under a practising privileges agreement. At the headquarters there is a service manager, patient coordinator, administration and IT staff.

Online Clinic (UK) Limited are registered with the Care Quality Commission for the regulated activity of treatment of disease, disorder or injury.

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 and administration team.

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.

Good

Are services safe?

We rated safe as Good because:

Keeping people safe and safeguarded from abuse

Staff 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 had received adult and level three child safeguarding training. It was a requirement for the GPs registering with the service to provide evidence of up to date safeguarding training certification.

The service did not treat children. However, the provider had safeguards in place to ensure only patients over 18 could access the service.

Monitoring health & safety and responding to risks

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 carried out the online consultations remotely. All staff based in the premises had received training in health and safety including fire safety.

The provider expected that all GPs would conduct consultations in private and maintain patient confidentiality. Each GP used an encrypted, password secure laptop to log into the operating system, which was a secure programme. GPs 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 consultation and for managing test results and referrals. The service was not intended for use by patients with either long term 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 called.

All clinical consultations were rated by the GPs for risk. For example, if the GP thought there may be serious mental or physical issues that required further attention. Consultation records could not be completed without 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.

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 improvements to the consent policy, a significant incident and clinical pathways in line with national guidance.

Staffing and Recruitment

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

Good

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.)

All doctors were currently working in the NHS and were registered with the General Medical Council (GMC) with a license to practice. The provider had indemnity cover (to include cover for video consultations), an up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act.

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 had successfully completed several test scenario consultations.

We reviewed three recruitment files which showed the necessary documentation was available. The GPs 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 there was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

Prescribing safety

All medicines prescribed to patients from online forms/ during a consultation were monitored by the provider to ensure prescribing was evidence based. If a medicine was deemed necessary following a consultation, the GPs could issue a private prescription to patients. The GPs could only prescribe from a set list of medicines which the provider had risk assessed. There were no controlled drugs on this list. When emergency supplies of medicines were prescribed, there was a clear record of the decisions made and the service contacted the patient's regular GP to advise them.

The service could only prescribe certain medicines for a short-term period. This ensured that patients with some conditions for example long term conditions received appropriate monitoring form their own GP. The service had a clear policy as to how many prescriptions could be issue, with some medicines only prescribed twice per year or once every six months as the expectation was that the patient should be accessing their own GP.

Once the GP 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 encouraged good antimicrobial stewardship by only prescribing from a limited list of antibiotics which was based on national guidance. We saw a number of examples, where patients who were requesting antibiotics for unjustified clinical reasons were denied access.

The service prescribed some unlicensed medicines, and medicines for unlicensed indications. 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 consultation form to explain that the medicines were being used outside of their licence, and the patient had to acknowledge that they understood this information. Additional written information to guide the patient when and how to use these medicines safely was supplied with the medicine.

Good

Are services safe?

There were protocols in place for identifying and verifying the patient and General Medical Council guidance, or similar, was followed.

We were advised that patients could choose a pharmacy where they would like their prescription dispensed. The prescription could be dispensed and delivered direct to the patient or to their preferred local pharmacy for collection by the patient. 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.

Information to deliver safe care and treatment

On registering with the service, and at each consultation patient identity was verified. The GPs 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 five incidents 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 one incident 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.

There were systems in place to ensure that the correct person received the correct medicine. We were shown records of the action taken in response to recent patient alerts.

Good

Are services effective?

Assessment and treatment

Medical records we viewed 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 telephone/online consultation lasted as long as clinically required, there was no set targets to ensure clinicians went through a set number of consultations . If the GP had not reached a satisfactory conclusion there was a system in place where they could contact the patient again.

Patients completed an online form-describe details requested which included their past medical history. 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. We reviewed 10 anonymised medical records which were complete records. We saw that adequate notes were recorded, and 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. The providers policy did not allow clinicians to work for more than two consecutive hours at a time without taking a break for clinical safety. If a patient needed further 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 kept of the decision. The provider had a strict exclusion criterion with safe guideline led protocols. The information provided to by the provider, records we viewed as well as patient feedback demonstrated this was adhered to.

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes. We saw that the provider had a system that allowed each GP to audit a colleague. However, it was our view that the auditing for these purposes should be restricted to the clinical lead only. Following our feedback, the provider wrote to us and stated that they had reviewed their systems and process with auditing now restricted to two clinically nominated staff only. The provider stated that privileges will only be extended to other clinicians when they are required to undertake an audit, and access will be restricted to the specific information required for the audit.

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.

Staff training

All staff completed induction training which consisted of topics such as information governance safeguarding and mental capacity .Staff also completed other training on a regular basis. The service manager had a training matrix which identified when training was due.

The GPs 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. Supporting material was available, for example, a GPs handbook,

how the IT system worked and aims of the consultation process. There was also a newsletter sent out when any organisational changes were made. The GPs told us they received excellent support if there were any technical issues or clinical queries and could access policies. 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.

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. 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 for consent to share 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 which included prescribing only from a very strict formulary. 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, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. They were also restrictions as to how many prescriptions could be issued per year. For example, the policy was only to issue medicines for long term conditions for a few days only with the patient being re-directed to their own GP.

The provider offered patients referrals to private specialists when appropriate. When a referral was offered, a letter would be generated and sent to the patient to take to the specialist of their choice. The service provided the contact details of two national provider organisations. A letter would be sent to a patients NHS GP if the patient consented.

Supporting patients to live healthier lives

The service identified patients who may need extra support and had a range of information available on the website (or links to NHS websites or blogs). For example: smoking cessation, diet advice.

Good

Are services caring?

We rated caring as Good because:

Compassion, dignity and respect

We were told that the GPs undertook online and telephone consultations in a private room and were not to be disturbed at any time during their working time. The provider carried out random 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.

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 team to respond to any enquiries.

Patients had access to information about the clinicians working for the service. Information on the providers website explained how patients could access care. Patients completed a questionnaire that was reviewed by dedicated staff. In some instances, a further telephone call was made to the patient for further discussion about suitability of the treatment requested.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting patients' needs

The provider understood the needs of their patients and improved services in response to those needs. The provider made it clear to patients what the limitations of the service were. The online facilities were appropriate for the services delivered. All information about how to access the service was available on the website. The service had an option for patients to place requests over the phone for patients unable to use the internet. Waiting times, delays and cancellations were minimal and managed appropriately. Email responsiveness during the working day within 30 minutes, outside of working times patients may wait overnight.

Patients requested an online consultation with a GP and were contacted at the allotted time. GPs were identified to the patients on their consultation by initials and the website had all the details of the GP on it.

Tackling inequity and promoting equality

The provider offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against any client group. Patients could access a brief description of the GPs available.

Managing complaints

Information about how to make a complaint was available on the service's web site. The provider 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. Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed 6 complaints out of 12 received in the past 12 months. The provider 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.

Consent to care and treatment

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. All GPs 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. 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 was monitored through audits of patient records.

Good

Are services well-led?

We rated well-led as Good because:

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 business plans that covered the next two years.

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. The registered manager had overall responsibility of the day to day operation of the service. They were in daily contact with the clinical lead who had responsibility for any clinical issues arising and the performance of the GPs working remotely for the provider. The registered manager and clinical lead communicated daily with each other vis phone and email and they met face to face to review all areas of the service on a six-weekly basis. There was resilience within the availability rota of GPs to cover any absence and the clinical lead was able to provide consultations if 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 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.

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 and from where and when. The service was 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 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 post any comments or suggestions online. Patient feedback was published on the service's website and patients had given the service a 4.8-star rating.

There was evidence that the GPs 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.

Good

Are services well-led?

The provider had a whistleblowing policy in place. (A whistle blower is someone who can raise concerns about practice or staff within the organisation.) The registered manager and clinical director were the named people 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. Staff could provide feedback through regular staff meetings. held monthly. There was a smart phone messaging app used as a forum where staff could ask questions, seek advice and support each other on clinical and non-clinical topics. No patient identifiable information was used on this platform.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through clinical audit. Other examples of planned innovative activities included;

Successful implementation of a service that allows patients to use phlebotomy services with a national pharmacy to speed up access.