Vantage Diagnostics Ltd

Vantage Diagnostics Headquarters

Inspection report

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Overall summary

We carried out an announced comprehensive inspection of Vantage Diagnostics on 29 November 2018, as part of our inspection programme. It had not been inspected previously.

The service provides online dermatology consultancy triaging (known as "teledermatology") to general practitioners using digital photography and dermoscopy. The service allows GPs to submit photographs of rashes and lesions remotely for review by consultant dermatologists, who provide the GPs with a report including diagnosis, triage and treatment advice. Clinical responsibility for patients' healthcare remains with their GPs. The service is not provided directly to patients and does not involve prescribing any medicines.

Vantage Diagnostics has other elements to its business which include the provision of decision support and workflow management software to healthcare providers. These are outside the scope of CQC registration.

Our findings in relation to the key questions were as follows:

Are services safe? – we found the service was providing a safe service in accordance with the relevant regulations. Specifically:

- Arrangements were in place to safeguard people.
- Suitable numbers of staff were employed and appropriately recruited.
- Risks were assessed and action taken to mitigate any risks identified.

Are services effective? - we found the service was providing an effective service in accordance with the relevant regulations. Specifically:

- Information was appropriately shared with a patient's own GP in line with GMC guidance.
- Quality improvement activity, including clinical audit, took place.
- Staff received the appropriate training to carry out their role.

Are services caring? – we found the service was providing a caring service in accordance with the relevant regulations. Specifically:

- The provider carried out checks to ensure reviews met the expected service standards.
- Patient feedback reflected they found the service treated them with dignity and respect.
- Patients had access to information about the consultant responsible their reviews.

Are services responsive? - we found the service was providing a responsive service in accordance with the relevant regulations. Specifically:

Summary of findings

- The provider did not have any direct patient contact, but it took account of the views of the commissioning CCG and participating GPs in delivering services.
- Patients' consent was required before reviews were accepted by the service's IT system.
- Information about how to complain was available and complaints were handled appropriately.

Are services well-led? - we found the service was providing a well-led service in accordance with the relevant regulations. Specifically:

- The provider had clear leadership and governance structures.
- A range of information was used to monitor and improve the quality and performance of the service.
- Patient information was held securely.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Vantage Diagnostics Headquarters

Detailed findings

Background to this inspection

Vantage Diagnostics (the provider) offers an online dermatology consultancy triaging service to general practitioners using digital photography and dermoscopy. A dermoscope is a medical instrument with a light and magnifying lens, that can be attached to a digital camera or phone. The service allows GPs to set up referrals to submit photographs of patients' rashes and lesions remotely for review by consultant dermatologists, who provide the GPs with a report including diagnosis, triage and treatment advice. Clinical responsibility for patients' healthcare remains with their GPs, which includes making any necessary referrals to secondary care. The reports are issued to GPs within three working days. The service is provided under a contract with one NHS Clinical Commissioning Group – West Suffolk – with 24 participating general practices. The service is not provided directly to patients and does not involve prescribing any medicines. Under the terms of the contract, the service is provided only in respect of patients aged over 18 years. The provider was registered by the Care Quality Commission under the Health and Social Care Act 2008 in January 2013, in relation to the regulated activity Transport services, triage and medical advice provided remotely. The provider has other elements to its business which are outside the scope of CQC registration. These include the provision of decision support and workflow management software to healthcare providers. The teledermatology service has been provided since October 2014, during which time approximately 25,000 referrals had been reviewed.

The provider operates from premises at Suite 8, Barkat House, 116-118 Finchley Road, London NW3 5HT, where its management, technical, administrative and support staff are based. Clinical staff are based elsewhere and access the provider's online system remotely using suitable security protocols.

How we inspected this service

This inspection was carried out by a CQC inspector and a GP specialist adviser.

Before the inspection we gathered and reviewed information from the provider. During the inspection we spoke with the provider's Chief Executive, the Clinical Liaison and Transformation Director - who is also the registered manager, the Clinical Safety Officer, and members of the administration team. 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 consultant dermatologist - who is a doctor, registered with the General Medical Council (GMC) with a licence to practice - was not available on the day of the inspection, but our GP specialist adviser spoke with them by phone shortly after the inspection.

We reviewed the provider's operating procedures and governance policies and looked at a number of triage review records.

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

- Is it safe?
- Is it effective?

Detailed findings

- 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.

Why we inspected this service

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The service had not been inspected previously.

Are services safe?

Our findings

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

Keeping people safe and safeguarded from abuse

The provider had up-to-date policies relating to safeguarding vulnerable adults and children. Staff, including clinicians, had safeguarding training to a level appropriate to the role and responsibilities. It was a requirement for clinicians registering with the service to provide evidence of current safeguarding training certification. Under the terms of the contract, the service was provided only in respect of patients aged over 18 years. Staff knew how to recognise signs of abuse. They had online access to the safeguarding policies and guidance and knew where to report a safeguarding concern, having contact details for the relevant safeguarding authority.

Monitoring health & safety and responding to risks

The provider's headquarters was located within modern offices and all staff based there had received training in health and safety including fire safety. No patients attended the premises. We saw the provider had an up-to-date health and safety policy and that a fire risk assessment of the premises had been conducted in November 2018. There was a current business continuity plan which provided for the service to be relocated should the premises be unusable. Electrical appliances, including equipment issued to remote staff, had been PAT tested in November 2018. Staff working from home were required to complete a home working risk assessment to ensure their working environment was safe.

The provider's IT system was run from a secure "Tier 4" data centre. Tier 4 data centres are maximum-rated locations in relation to security and operational aspects, compliant with the relevant standard ISO 27001. Annual penetration tests of the system were carried out. The provider achieved a 100% rating for the NHS Digital IT Governance toolkit. Clinicians carried out their reviews of photographs remotely online. The photographs submitted by GPs did not contain any patient-identifiable data. Clinicians and any home-based workers accessed the system using a secure two-factor authentication.

Staff provided participating GPs with full training and written and video guidance in using the equipment and IT system to set up referrals and submit photographs. Ongoing support was provided both online and via a telephone helpline, which operated between 8.00 am and 6.00 pm, Monday - Friday.

We were shown the provider's up-to-date policies relating to risk management which were available to all staff on the IT system. These set out the reporting process and identified staff responsible for assessing and managing risks, including timescales for investigations and reviews. They also highlighted the need to report certain matters to outside agencies such as the National Reporting and Learning System (NRLS) and to submit statutory notifications to the CQC.

The provider had systems in place for regular auditing of triaging referrals. This involved a review of 10% of referrals every six months. The provide had regular meetings with the service commissioners to discuss issues and concerns. In addition, there was a range of internal staff meetings, where standing agenda items covered topics such as significant events, complaints and service issues.

Staffing and Recruitment

There were enough staff, including clinicians, to meet the demands for the service. The main clinician, an independent consultant dermatologist was employed by the provider as a sub-contractor. There were systems for cover to be provided in the main clinician's absence, there being two other dermatologists working for the provider, but not directly involved in the triaging service, and arrangements were in place with an agency.

The provider had a recruitment and selection policy in place. There were a number of checks that were required prior to staff commencing employment, such as obtaining two 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.

There had been no recent recruitment of clinical staff, but we saw the provider had an induction policy in place to give new staff necessary training. Potential clinicians had to be registered with the GMC. 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. The provider maintained evidence of these, which it showed us. New staff were subject to a

Are services safe?

standard three-month probation period; longer periods applied to particular roles, such as trainers. We were shown various policies relating to staff training, appraisal, supervision and development; and capability and performance. We saw records confirming the clinician's most recent appraisal had been conducted in July 2018 and other staff members' annual appraisals were up-to-date.

The provider kept records for all staff, including clinicians. We saw necessary documentation, including records of professional registration and insurance cover, was maintained. There was a system in place that flagged when registration or cover was due for renewal and when mandatory refresher training should be provided.

Information to deliver safe care and treatment

Patient information submitted with photographs under referrals did not contain any data that could identify patients. However, the service's IT system interfaced with those of participating GPs to ensure patients' identity was verified.

Management and learning from safety incidents and alerts

The provider had up-to-date policies relating to incident reporting and investigation. All staff had access on the IT system to standard incident reporting forms. We were shown the provider's clinical safety hazard log, setting out various possible safety scenarios, relating to the provider's other business, which had been planned for. There had been no significant incidents regarding the dermatology triaging service. But there were systems in place for learning from incidents to be shared at team meetings and via internal newsletters. Any incidents were monitored by management and reviewed in an annual report to identify any trends and bring about improvement where necessary.

We saw the provider had an up-to-date policy "Being Open", which specifically related to the duty of candour. This gave staff guidance on how to respond to people who had been affected by an incident or to those who submit complaints: by providing a chronology of events and facts; explaining to the person what went wrong; offering an apology; and advising them of any action taken.

Are services effective?

(for example, treatment is effective)

Our findings

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

Assessment and treatment

Staff told us that clinicians assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards. This included guidance issued by the National Institute for Health and Care Excellence (NICE), the British Teledermatology Society and the British Association of Dermatologists together with the Quality Standards for Teledermatology, published by Primary Care Commissioning. We noted two minor issues that needed action to meet the Quality Standards, relating to patient information and the consent form. These were actioned straight away by the provider. Guidance was received and reviewed by the Clinical Liaison and Transformation Director or an identified deputy. In addition, guidance issued by the service commissioner was incorporated into operational procedures and local care pathways were set out in the CCG's service leaflet, which was given to patients by participating GPs.

GPs submitting triage referrals used standard templates, which included a medical history and confirmation of the patient's consent being given. The GPs took photographs of the patient's lesion and uploaded it onto the clinical system using the secure NHS link. The consultant dermatologist reviewed the submission and provided a report within three working days. This would offer a diagnosis and a recommendation for treatment, either within the GP practice or secondary care. Clinical responsibility for patients' healthcare remained with their GPs, which included arranging any necessary referrals to secondary care. The provider's system triggered an alert on the third day, prompting help desk staff to contact the dermatologist with a reminder.

Staff demonstrated the system for us and we reviewed 10 referrals, relating to various conditions and diagnoses. We established the referrals had been reviewed and processed appropriately.

An escalation procedure was in place relating to significant healthcare concerns and the need for urgent treatment being identified. In cases of suspected melanoma (skin cancer), a flagged report was passed back to the GP practice so a two-week referral to secondary care could be initiated straight away. An alert was raised on the clinical system when referring GPs had not checked the triage results within a set period. This prompted the provider's administrative and support team to email the GP or contact them by telephone.

Use of the service by participating GPs was limited to appropriate cases, as defined by national and local guidelines. The provider and the service commissioner were aware that working remotely had both strengths (speed, convenience) and limitations (inability to perform physical examinations or discuss issues with patients). We noted this was not made entirely clear in the CCG's service leaflet given to patients by the GPs, as recommended by the Quality Standards for Teledermatology. We discussed this with the provider, which agreed to revise the leaflet. It sent us a copy of the revised document after the inspection.

Quality improvement

The provider collected and monitored information on triage service.

- The provider collected and gave the service commissioner performance data at regular intervals in accordance with the service contract. There were quarterly review meetings with the commissioner and regular meetings with the clinical group of participating GPs to discuss and review service issues and identify where changes and improvements might be made.
- The provider carried out quality improvement activity, for example audits of 10% of triage reviews over a six-month period. The audits were conducted by the three dermatologists working for the provider, reviewing each other's cases. We saw the result of a recent audit of 75 reviews. The audit results were satisfactory, concluding that 74 of the 75 reviews had provided a reasonable diagnosis; 72 of the 75 had provided a reasonable management plan; and 73 of the 75 had provided a reasonable outcome. The auditors provided feedback and comments, which was passed on to the consultant who had undertaken the original reviews, for learning and development purposes. The Quality Standards for Teledermatology state that where excision or biopsy is recommended there should be audit of the clinical diagnosis. We discussed this with the provider and were told the auditing was done by the

Are services effective?

(for example, treatment is effective)

commissioning CCG. The provider confirmed it would liaise with the CCG to link the two auditing processes together and ensure that there are common cases reviewed in future.

Staff training

All staff had to complete induction training which consisted of general health and safety and fire safety; safeguarding; basic life support; information governance; infection prevention and control; equality and diversity. Full training was also provided on the use of the clinical system and staff had recently undertaken training in respect of the General Data Protection Regulation (GDPR). The provider maintained a training matrix which identified when training was due. When the provider's policies and procedures were reviewed and amended, staff were required to acquaint themselves with the documents and sign a log confirming they had done so.

Administration staff received regular performance reviews. The consultant dermatologist had received an appraisal in July 2018. We saw it included their teledermatogy work for the provider, including the audit results, which was also relevant to their revalidation.

Coordinating patient care and information sharing

All the triaging carried out under the service was done following referrals by the participating GPs. The system connected with the GPs' patient records using the secure NHS link. GPs entered relevant information on a standard template and submitted it with one or more digital photographs of the lesions. The consultant provided a report, including diagnosis and a treatment plan.

Are services caring?

Our findings

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

Compassion, dignity and respect

The service did not provide direct patient care or treatment. However, staff had received training in aspects such as customer care and equality and diversity.

Involvement in decisions about care and treatment

The service did not provide direct patient care or treatment.

Participating GPs provided patients with a service leaflet, produced by the commissioning CCG, which explained the triaging process, including the limitations of the service compared with a face-to-face examination. Discussing and agreeing on care and treatment with patients' decisions was the responsibility of participating GPs, in accordance with local care pathways.

Those patients who requested it could be provided with secure access for the system, to see their results. The reviewing consultant was named in the report. The provider told us that approximately 10% of patients had opted for access to their triage reports. It ensured that appropriate terminology was used in the reports, suitable for the patients to see, should they wish.

Regular patient satisfaction surveys were carried out. We saw the most recent data, relating to referrals over the previous three months, which showed positive results: 17 patients had responded, of whom seven (41%) said they were very satisfied with the service; a further seven said they were satisfied; while three had expressed no opinion.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting patients' needs

The provider did not have any direct patient contact, but it took account of the views of the commissioning CCG and participating GPs in delivering services.

There were quarterly meetings with the service commissioner and regular meetings between the provider and the clinical group of participating GPs. In addition, there was ad hoc contact via email and the provider's support line.

Managing complaints

There had been no complaints regarding the service. However, we saw the provider had an up-to-date complaints policy. The policy contained appropriate timescales for dealing with complaints and there was 3-stage escalation procedure allowing for resolution at local level, an internal appeal procedure and thereafter a review by an independent external adjudicator. A template form for recording complaints was in use and was available to all staff, together with the complaints procedure guidance, on the provider's IT system. Complaints were a standing item on staff meeting agendas, allowing for any learning to be shared, and there was a formal management review programmed quarterly for monitoring. The provider had policies to ensure complaints with dealt with in accordance with the duty of candour.

Consent to care and treatment

Patients were required to give their consent to treatment. The provider showed us a form produced by the commissioning CCG, which contained sections for both the patient and the GP to complete and sign. It included specific consent to photographs being taken by digital camera or a smartphone and the patient could give or withhold consent to their photographs being used for educational purposes. We noted the form did not contain a space for the photographer, if other than the GP, to complete, in accordance with the Quality Standards for Teledermatology. We discussed this with the provider and were sent a copy of a revised form, which would be used in future, after the inspection. The review template submitted by participating GPs would be rejected by the IT system unless patients' consent was specifically recorded.

Are services well-led?

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

Our findings

We found that this to be a well-led service in accordance with the relevant regulations.

Business Strategy and Governance arrangements

The provider told us it had a clear vision to work together to provide a high quality responsive service. 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. When changes were made, staff were required to acquaint themselves with the revised policies and sign a log confirming this.

There were a variety of regular checks in place to monitor the performance of the service. This information was monitored by managers to ensure a comprehensive understanding of the performance of the service was maintained. Other monitoring was done in accordance with the service contract and reported back to commissioners. The system flagged when any tasks were due, such as reviews nearing the three-day deadline, or participating GPs not reading reports, triggering action by staff.

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

Leadership, values and culture

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values.
- The provider had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

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

Safety and Security of Patient Information

Triage review records were complete, accurate, and securely kept. The provider achieved a 100% rating for the NHS Digital IT Governance toolkit. There was a clear audit trail of who had access to records and from where and when. The provider was registered with the Information Commissioner’s Office an information processor. There were business contingency plans in place to minimise the risk of losing patient data.

Seeking and acting on feedback

Participating GPs were able to provide ad hoc feedback about the quality of the service. There were regular review meetings with the clinical group and the service commissioner.

Staff were able to provide feedback and recommend improvements. Staff told us there were formal team meetings every six months, where they could raise concerns and discuss service issues. However, as the management and administrative and support teams worked together at the headquarters there was ongoing discussion at all times about service provision.

There was a quality improvement strategy and systems in place to monitor quality and to make improvements, for example, through audits of reviews.

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 Chief Executive Officer was the named person for dealing with any issues raised under whistleblowing.

Continuous Improvement

The provider 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.