Now GP (also known as Dr Now)

Quality 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.

Contents

Overall summary

This inspection was undertaken as part of the Independent Health pilot to test out the Care Quality Commission's methodology. At the inspection it became clear that we needed to focus specifically on the appropriateness of the methodology in relation to these new types of service i.e. digital health care providers. As a result of this we have used the learning from the initial pilot to further refine the methodology for digital health providers, hence the decision to undertake the inspection of Now GP (also known as Dr Now) on two separate occasions.

Our findings were:

Summary of findings

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Our key findings were:

- Appointment availability was good. Patients could access a brief description of the GPs available. Patients could choose either a male or female GP or one that spoke a specific language or had a specific interest.
- There were recruitment checks in place for all GPs and the provider stipulated GPs had to also be working within the NHS and have a minimum qualification of MRCGP.
- GPs registered with the service had to receive specific induction training prior to treating patients. GPs also received access to all policies, handbooks on how the IT system worked; the consultation process and a newsletter when any changes were made. GPs told us they received excellent support if there were any technical issues or clinical queries.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- Systems were in place to protect personal information about patients. Both the company and individual GPs were registered with the Information Commissioner's Office.
- Patients were treated in line with best practice guidance and appropriate medical records were maintained. Prescribing was monitored to prevent any misuse of the system by patients and to ensure GPs were prescribing appropriately.
- Staff we spoke with were aware of the organisational ethos and philosophy and told us they felt well supported and that they could raise any concerns with the provider or the manager.
- There were clinical governance systems and processes in place to ensure the quality of service provision including, the use of consultation and prescribing audits, random spot checks, weekly monitoring reports and meetings.
- Patients could rate the service they received. This was constantly monitored and if 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.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The provider was aware of the requirements of the Duty of Candour and encouraged a culture of openness and honesty.
- On registering with the service, patient identity was verified by demographic information and some credit / financial checks. Patients completed their own medical history details and any symptoms so that GPs could review the information prior to the consultation. Patient information (known as the patient profile) was then locked to prevent any changes and patient identification was verified at each consultation. There were systems in place to protect all patient information and ensure records were stored securely. Both the service and the GPs were registered with the Information Commissioner's Office.
- Appropriate recruitment checks were in place and all GPs had to be working for the NHS. There were enough GPs to meet the demand of the service.
- All staff had received safeguarding training appropriate for their role. GPs had access to local authority information if safeguarding referrals were necessary.
- In the rare event of a medical emergency occurring during a consultation, systems were in place to ensure emergency services were directed to the patient.
- Prescribing was constantly monitored and all consultations were monitored for any risks.

Are services effective?

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

- We were told that each GP assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, for example, National Institute for

Summary of findings

Health and Care Excellence (NICE) best practice guidelines. We reviewed a sample of anonymised consultation records that demonstrated appropriate record keeping and patient treatment.

- Consent to care and treatment was sought in line with the provider policy. All GPs had received training about the Mental Capacity Act.
- There were induction, training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

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

- Systems were in place to ensure that all patient information was stored and kept confidential.
- We were told that GPs undertook consultations in a private room of their surgery or own home. The provider carried out random spot checks to ensure GPs were complying with the expected service standards and communicating appropriately with patients.
- We did not speak to patients directly on the days of the inspection. However, we reviewed the latest survey information. At the end of every consultation, patients were sent an email asking for their feedback. Patients' responses indicated that GPs were polite, made them feel at ease and that they were listened to by the GP. Patients expressed satisfaction that their condition had been assessed and explained.

Are services responsive to people's needs?

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

- There was information available to patients to demonstrate how the service operated. Patients could access help from the service.
- The service offered flexible appointments between 8:00am and 8:00pm. Consultation times were set at a maximum eight minutes.
- Patients could access a brief description of the GPs available. Patients could choose either a male or female GP or one that spoke a specific language or had a specific interest.

Summary of findings

- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a management structure in place and the staff we spoke with understood their responsibilities. Staff were aware of the organisational ethos and philosophy and they told us they felt well supported and could raise any concerns with the provider or the manager.
- There were clinical governance and risk management structures in place.
- The service encouraged patient feedback. There was evidence that GPs could also feedback about the quality of the operating system and any change requests were discussed.

Now GP (also known as Dr Now)

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector accompanied by a medical specialist advisor, a Deputy Chief Inspector and a member of the CQC policy team in March 2016.

At the second visit in September 2016, the inspection was led by a CQC inspector and accompanied by a regional GP specialist advisor.

Background to Now GP (also known as Dr Now)

Now GP (also known as Dr Now) was set up in 2015 to address an identified need for patients who may be unable to get an appointment with their NHS GP or who prefer a more flexible service. The service enables patients to have a medical consultation with a GP via an online application. The service treats both adults and children of any age.

Patients pay for this service on a 'pay as you go' package or via a monthly subscription. The consultation consists of an online video appointment with a GP. Following the consultation, and if appropriate, a sickness certificate and / or a private prescription or a referral to another service can be provided. The prescription can either be delivered direct to the patient, or to their preferred local pharmacy for collection.

The service only works with GPs that are currently working within the NHS. Patients are able to book an eight minute consultation with a GP between the hours of 8.00am and 8.00pm every day. This is not an emergency service.

The provider headquarters is located within modern purpose built offices, housing the IT system, management and administration staff. Patients are not treated on the premises and GPs carry out the online consultations remotely usually from their home or a GP surgery.

The Clinical Director is the registered manager. 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.

Patients are able to give feedback on line.

Why we carried out this inspection

We inspected this service as part of our of new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory function. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

Detailed findings

How we carried out this inspection

This inspection was undertaken as part of the Independent Health pilot to test out the Care Quality Commission's (CQC) methodology. At the inspection it became clear that we needed to focus specifically on the appropriateness of the methodology in relation to these new types of service i.e. digital health care providers. As a result of this we have used the learning from the initial pilot to further refine the methodology for digital health providers, hence the decision to undertake the inspection of Now GP (also known as Dr Now) on two separate occasions.Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew.

During our visits we:

- Spoke with a range of staff.
- Reviewed organisational and anonymised patient records and documents.
- Observed a short demonstration via a mobile phone app of how the GP would be seen during an online call.

To get to the heart of patients' experiences of care and treatment, we always 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?

Our findings

Reporting, learning and improvement from incidents

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 process.

The support team that worked at the headquarters provided a weekly performance report for discussion at weekly meetings. The performance reports included any incidents. Any information needed to be cascaded to GPs would be either by email alert or newsletter.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Reliable safety systems and processes (including safeguarding)

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them. All GPs had received level three child safeguarding training and adult safeguarding training. It was a requirement for GPs registering with the service to provide safeguarding training certification. GPs had access to safeguarding policies and could access information about who to report a safeguarding concern to via a link to the local authorities' websites dependant on where the patient resided.

On registering with the service, patient identity was verified by demographic information and some credit / financial checks. Patients completed their own medical history details and any symptoms so that GPs could review the information prior to the consultation. Patient information (known as the patient profile) was then locked to prevent any changes and patient identification was verified at each consultation. There were systems in place to protect all patient information and ensure records were stored securely.

Medical emergencies

The service is not intended for use for patients with either chronic conditions or emergencies. In the rare 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. We discussed one case with a GP which involved a potential medical emergency and how this had been handled appropriately to ensure the safety of the patient.

At the end of every consultation, the patient was sent an email which advised patients to contact the service if symptoms did not improve or to contact emergency services if required.

Staffing

There were enough GPs to meet the demand of the service and there was a GP rota. There was a support team available to the GPs during consultations and a separate IT team.

The provider had a selection process in place for the recruitment of GPs. Potential candidates had to be working in the NHS and continue to do so and be registered with the General Medical Council and had their appraisal. Those candidates that met the specifications of the service then had to provide documents including their medical indemnity insurance, proof of registration with the General Medical council, Disclosure and Barring check, photographic identification, two references, proof of their qualifications and certificates for training in safeguarding and the Mental Capacity Act. We reviewed three recruitment files which showed the necessary documentation was available. GPs could not be registered to start any consultations until these checks and induction training had been completed.

Monitoring health & safety and responding to risks

The provider kept records for all GPs and there was a system in place that flagged up when any documentation was due for renewal such as their professional registration. The service also checked the GMC website daily.

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

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

Are services safe?

rating. Those rated at a higher risk or immediate risk was reviewed with the help of the support team and clinical director. All risk ratings were discussed at weekly clinical meetings.

Premises and equipment

The provider headquarters is located within modern purpose built offices, housing the IT system, management and administration staff. Patients are not treated on the premises and GPs carry out the online consultations remotely usually from their home.

The provider expected that all GPs would conduct consultations in private and maintain the patient's confidentiality. Each GP used their 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.

Due to the nature of the service provided, no medical equipment was required to carry out the digital consultations.

Safe and effective use of medicines

All medications prescribed to patients during consultation were monitored by the provider. If medication was deemed necessary following a consultation, the GPs were able to issue a private prescription to patients. The GPs could only prescribe from a set list of medications There were no controlled drugs on this list. Once the GP selected the medication of choice, the computer system would also give the dosages available and any other instructions for the patient.

When a prescription had been generated it was sent back to the head office for processing. This enabled the Clinical Director to monitor the prescribing of medicines. There were protocols in place for identifying and verifying the patient and General Medical Council guidance was followed. The Clinical Director described how they monitored potential abuse of the system in relation to requests which might indicate habitual drug use or abuse. For example, we saw evidence that demonstrated that an audit had been carried out on the prescribing of certain pain killers and larger doses of this medication had been removed from the available prescribing list.

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

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

GPs 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) best practice guidelines.

Each consultation lasted for eight minutes. If the GP had not reached a satisfactory conclusion there was a system in place where the GP could contact the patient back. The patient was given a reminder three minutes before the consultation was due to finish. The provider and GPs we spoke with confirmed that the majority of consultations were completed within the eight minute appointment slot.

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 six anonymised medical records which demonstrated notes had been adequately completed. GPs had access to all previous notes within the Dr Now system,

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.

Staff training and experience

GPs registered with the service had to receive 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 GP handbook, using the GP system and how the IT system worked and aims of the consultation process. There was also a newsletter sent out when any organisational changes were made. 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, GPs received further training.

Administration staff received annual performance reviews. All GPs had to have received their own appraisals before being considered eligible at recruitment stage. The service had plans to have annual performance reviews for GPs at a later date as it was a relatively new service. However, there was consistent monitoring of performance.

Working with other services

When a patient contacted the service they were asked if the details of their consultation could be shared with their NHS GP.

If patients wanted to be referred to another clinic, GPs entered the referral information onto the computer system including where the patient wanted to attend. The head office used this information to generate a referral letter which was sent to the patient. The patient was then instructed as to what to do next.

When the service received a letter from the specialist consultant with any further details or actions, the patient was emailed to inform that further instruction has been received and to book another consultation to follow up with either the service or their own NHS GP. The letter content was then uploaded to the patient profile for the GPs to have access to. If the patient had provided their NHS GP Surgery details, the information was also sent to them.

Consent to care and treatment

By using the service patients were consenting to the consultation. If the patient was not satisfied with the outcome of the appointment they could refuse the medication and ongoing advice given to them.

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 or medical certificate were handled by the administration team at the headquarters following the consultation.

Patients could have a copy of their video consultation only if they made a written request for a copy of the recording to the provider.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

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

We were told that GPs undertook consultations in a private room of their surgery or own home and were not to be disturbed at any time during their working time. The provider carried out random spot checks to ensure GPs were complying with the expected service standards and communicating appropriately with patients.

We did not speak to patients directly on the days of the inspection. However, we reviewed the latest survey information. At the end of every consultation, patients were sent an email asking for their feedback. Patients that responded (nine) indicated they were satisfied (1) or very satisfied (8) that GPs were polite, made them feel at ease and they were listened to by the GP.

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 GPs available and could book a consultation with a GP of their choice. For example, whether they wanted to see a male or female GP. GPs available could speak a variety of different languages.

The latest survey information available from nine responses indicated that two patients were satisfied with the explanation of their condition and seven were very satisfied.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The service was provided seven days a week, 8:00am and 8:00pm. This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if appropriate to contact their own GP or NHS 111.

The digital application allowed people to contact the service from abroad but all GP practitioners were required to be based within the United Kingdom. Any prescriptions issued were delivered within the UK.

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. Patients could choose either a male or female GP or one that spoke a specific language or had a specific interest.

Access to the service

Patients signed up to receiving this service on a mobile phone (iPhone or android versions that met the required criteria for using the app). The service offered flexible appointments between 8:00am and 8:00pm to meet the needs of their patients.

Patients requested an online consultation with a GP and the GP contacted them at the allotted time. The length of time for a consultation was eight minutes. However, we were told that GPs were able to contact the patient back after eight minutes if they had not been able to make an adequate assessment or give treatment.

Concerns & complaints

The provider had developed a complaints policy and procedure. The policy stated that the provider would use complaints as an opportunity to learn and improve services and to put things right for the complainant. 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 to the service were recorded. The provider was able to demonstrate that all complaints were handled correctly and patients received a satisfactory response.

Are services well-led?

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

Our findings

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.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. There was a range of service specific policies and process flow charts which were available to all staff. These were reviewed quarterly 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, legible and accurate, and securely kept.

Leadership, openness and transparency

The Clinical Director had responsibility for any medical issues arising. They attended the service daily. There was a Deputy Clinical Director available to oversee the service in the absence of the Clinical Director.

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.

Learning and 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 that a team meeting was held each Monday where the previous week's interactions and consultations were discussed. Actions from these meetings were then added to a 'to do list' which would support all aspects of the service.

Clinical and administrative audits were used to monitor quality and to make improvements. For example, there had been a recent patient profile audit, this had included whether patients were completing relevant medical history information. The service had identified that sometimes the information had been left blank. As a result of the audit, patients now had to select 'none' in this section of the profile to ensure they had read this before they could submit their details.

Provider seeks and acts on feedback from its patients, the public and staff

Patients could rate the service they received. This was constantly monitored and if 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.

There was evidence that GPs were able to 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 provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation. The Clinical Director was the named person for dealing with any issues raised under whistleblowing.

Staff told us that the Monday morning 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 was ongoing discussions at all times about service provision.