

# New Model Medicine Ltd

## Inspection report

33 Tetherdown  
London  
N10 1NH  
Tel:

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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

**This service is rated 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 inspection at New Model Medicine Limited. This was as part of our inspection programme. The service had not previously been inspected or rated.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 for the services it provides.

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.

## **Our key findings were:**

- The service had systems to manage risk so that safety incidents were less likely to happen. Processes were in place to learn from incidents.
- 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.
- People were treated with compassion, kindness, dignity, and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement.

Whilst we found no breaches of regulations, the provider **should:**

- Continue to develop clinical audits to include more areas of practice such as prescribing and referrals.

**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 specialist adviser.

## Background to New Model Medicine Ltd

New Model Medicine Limited provides online consultation, treatment and prescribing services for patients going through the menopause. Healthy lifestyle advice is also provided. Services are provided from 33 Tetherdown, London, N10 1NH.

Services are provided by a single-handed doctor. Administrative support is provided through a third-party administration agency, with one agent assigned to assist the provider.

Patients are able to access consultations via video. Appointments are booked online through the provider's website ([www.newmodelmedicine.com](http://www.newmodelmedicine.com)) and are available for two days per week (Tuesday and Wednesday).

The doctor is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

Before the inspection we gathered and reviewed information from the provider. During the inspection we spoke to the Registered Manager. We also reviewed organisational documents including policies, procedures and patient consultation records. No patients were available for [GA1] interview on the day of inspection; however, we reviewed the online feedback provided to the provider following patient consultations.

The provider is registered with CQC to carry out the following regulated activities: diagnostic and screening procedures; treatment of disease, disorder or injury.

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?

## **We rated safe as Good because:**

- There were systems in place to keep people from harm which included a robust safeguarding policy and procedure;
- Staff had all information available to them to deliver safe care and treatment;
- Medicines were appropriately handled. Checks for off-label prescribing was closely monitored.
- There was a culture of learning and improvement when things went wrong.

## **Safety systems and processes**

### **The service had clear systems to keep people safe and safeguarded from abuse.**

- The doctor providing the service was a lone worker who carried out consultations through video conferencing. Safeguarding training had been completed to the required level and safeguarding policies and procedures were in place. The requirement to break patient confidence if appropriate in an urgent safeguarding situation was understood.

### **There were systems to assess, monitor and manage risks to patient safety.**

- The provider carried out a service in a self-contained extension to their private residence. A health and safety policy was in place and risk assessments were up to date.
- Consultations were carried out in a private office which maintained patient confidentiality. The doctor used an encrypted, password secure computer to log into the operating system, which was a secure programme containing medical notes and video call facility.
- Meetings were held between the doctor and the administration support staff to discuss any concerns and any safety alerts that were relevant to the service. The doctor also discussed cases within their peer support network to review outcomes and best practice.
- The provider recognised the lack of resilience inherent in a single-handed practice and had considered relevant procedures to ensure continuity of care for patients in the event that she was indisposed.
- At the beginning of each consultation, the doctor established the identity, location and contact details for the patient. The doctor also ensured that they were in a private location, or whether any person that accompanied the patient had their consent to be in the consultation.

## **Information to deliver safe care and treatment**

### **Staff had the information they needed to deliver safe care and treatment to patients.**

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## **Safe and appropriate use of medicines**

### **The service had reliable systems for appropriate and safe handling of medicines.**

- The service only prescribed medicines for the treatment of menopause. No emergency medicines were held as patients were not seen on the premises.

# Are services safe?

- The service had not yet carried out a medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. This was due to the length of time that the service had been in business. A prescribing audit was planned for when there was enough data available.
- The service did[WJ1] not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither[WJ2] did they prescribe schedule 4 or 5 controlled drugs.
- The doctor prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Some medicines were prescribed off licence using extensive research and current best practice as guidance. The doctor explained to patients what these medicines were, what they were used for, and any possible side effects there may be. The provider had a process of monitoring patients who were prescribed medicines off licence. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the British Menopause Society. NICE Guidance NG23 states that clinicians must explain to women that the efficacy and safety of unregulated compounded bioidentical hormones are unknown.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. No significant events had been recorded by the provider to date. Systems were in place to manage, investigate and learn from events when they occur.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

## We rated effective as Good because:

- Up to date legislation, standards and guidance was used to assess and treat patients;
- Quality improvement activity was being carried out. However, this was an area the service was developing;
- The service worked well with other professionals and organisations;
- The service gave patients the support needed to live a healthier life;
- Systems were in place to gain appropriate consent.

## Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- The provider assessed and delivered care in line with relevant and current evidence-based guidance.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The doctor had enough information to make or confirm diagnosis within the initial 30 minute consultation.
- We saw no evidence of discrimination when making care and treatment decisions.
- Consultations were carried out by video link. This ensured that patients' needs were taken into account, with any adjustments being made on an individual basis.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. This included feedback from patients following consultations.
- Due to the length of time the service had been operating, there was little data available to carry out many clinical audits. A prescribing audit was planned for later in 2023. However the service had carried out an audit of patient outcomes to map which symptoms improved when patients undertook treatment, it was noted in the audit that there was a general improvement in patient symptoms following a course of treatment.

## Effective staffing

**Staff had the skills, knowledge and experience to carry out their roles.**

- The current staff team consisted of an onsite doctor, remote administrator and another remote administrator from a larger administration service company. All had received appropriate training.
- The doctor was registered with the General Medical Council (GMC) and was up to date with revalidation and appraisals.
- The provider understood the need for learning and development of staff as the business increased. Policies and procedures had been developed to ensure any new staff received appropriate training and ongoing support.

## Coordinating patient care and information sharing

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Before providing treatment, the doctor ensured that adequate knowledge of the patients' general health and wellbeing was known. This included any relevant test results and their medical history.

# Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. Due to the type of service, this was rarely shared with the GP unless there was an urgent need to inform their GP.
- The provider had risk assessed the treatment offered. Medicines that were not suitable for prescribing if a patient did not provide consent to share information with their GP had been identified. Medicines that were used off-licence were risk assessed and closely monitored.
- Patients who required a referral for necessary tests were signposted to a service linked to the provider. Test results were returned to the provider. Any abnormal results discussed with the patient and if appropriate, a decision would be made whether to contact the patients' GP at that point.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- The service offered a range of services to help patients live a healthier life with the aim to reduce the symptoms of menopause. For example, diet advice, smoking cessation advice and help with sleep problems.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## **We rated caring as Good because:**

- Patients were treated with kindness, respect and care;
- Patients were involved throughout their journey of care;
- Patient's privacy and dignity was respected.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- Consultations were undertaken in a private room so the doctor would not be disturbed.
- The provider sought feedback from patients on the quality of the clinical care received.
- Feedback from patients was positive about the way they were treated.
- Patients' personal, cultural, social and religious needs were understood. An understanding and non-judgmental attitude to all patients was displayed.
- Timely support and information was given.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids were available.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.



# Are services responsive to people's needs?

## **We rated responsive as Good because:**

- Services were provided to meet the needs of patients;
- Timely access to services was available. There were no waiting times;
- There was a clear complaints policy available to patients. Although no complaints had been received, effective systems were in place to manage any complaints if they arrived.

## **Responding to and meeting people's needs**

### **The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs. For example, offering appointments out of hours for those patients who worked during the day.
- The facilities and premises were appropriate for the services delivered.

## **Timely access to the service**

### **Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- There were no waiting times for the service, and if a patient cancelled, a further appointment was offered straight away.
- Patients reported that the appointment system was easy to use. Patients signed up to receive the service via an app on their mobile phone or tablet or by logging on to their account on the providers' website. Flexible appointments were offered to meet patients' needs.[GA1]
- Referrals and transfers to other services were undertaken in a timely way.
- The digital application allowed people to contact the service from abroad. However, the prescriptions and referrals could only be accessed within the United Kingdom.

## **Listening and learning from concerns and complaints**

### **The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available.
- 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.
- The service had a complaints policy and procedure in place. At the time of inspection the provider had not received any complaints.

# Are services well-led?

## **We rated well-led as Good because:**

- The lead doctor had the skills, knowledge and capacity to deliver high-quality, sustainable care;
- There was a clear vision for the service with a manageable strategy on how the vision could be achieved;
- Clear governance arrangements were in place;
- External risk to the service was managed effectively;
- Performance was monitored and strategies put in place to improve it;
- Data used was in line with data security standards.

## **Leadership capacity and capability;**

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

- The doctor was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The doctor was visible and approachable and worked closely with the remote administration support.
- The service was still in its infancy and the Doctor had not considered planning for future leadership of the service.

## **Vision and strategy**

### **The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service 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 monitored progress against delivery of the strategy.

## **Culture**

### **The service had a culture of high-quality sustainable care.**

- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between the doctor and the off-site administration team.

## **Governance arrangements**

### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Policies, procedures and activities to ensure safety were established and staff assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through appraisals. Leaders had oversight of safety alerts, incidents, and complaints.
- The clinical audit programme was in its early stages due to the minimal data available to the service at the time of inspection. An audit had been carried out into patient outcomes following treatment which showed a positive result. More audits were planned once data was available.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients and external partners and acted on them to shape services and culture. An automated questionnaire was sent to patients following a consultation to request feedback on the service. This was then used to improve future patient experience.
- There were systems to support improvement and innovation work.
- The provider was continuously looking at ways to expand the service. This included reviewing the type of services offered to patients, to see if they could be developed further while keeping to the core business of menopause support, and whether to offer telephone consultations as well as video consultations.
- The service was transparent, collaborative and open with stakeholders about performance.

# Are services well-led?

## Continuous improvement and innovation

**There was evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The service objectives, processes and performance were constantly reviewed.