Care Quality Commission

Antrobus Medical Limited

Antrobus Medical Limited

Inspection Report

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abney Hall, Suite 11 on 11 May 2017.

Antrobus medical limited operates an online consultation and prescription service through the website www.webmedpharmacy.co.uk which specialises in treatment of conditions primarily concerning sexual health. A medical questionnaire is completed by each patient and a doctor can seek more information prior to prescribing by using a secure messaging system.

Overall, we found this service provided caring, and responsive and well led services in accordance with the relevant regulations; however, we identified some areas relating to the safe and effective provision of services where the provider must make improvements.

Our key findings were:

- The service did not have arrangements in place to coordinate care and share information appropriately. Patients' registered GPs were not directly informed when a prescription was issued for a non-sexual health condition.
- We saw that the computer system allowed patients to have more than one account and accounts were not automatically linked which meant that a prescriber may not have a full list of an individual's treatment. The provider told us that a manual search had been conducted and they were investigating an automatic electronic solution to this.
- We saw that not all conversations regarding a patient were recorded within the clinical records which meant that a full record of the reasoning for decisions made may not be available to all clinicians treating an individual.
- On registering with the service, patient identity was checked through a basic credit card check. However this would not enable them to fully confirm whether the patient is who they said they were, whether they were male or female and over the age of 18.
- There were systems in place to mitigate safety risks including analysing and learning from significant events and safeguarding.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There were appropriate procedures in place in relation to the recruitment of staff, and these were followed.
- An induction programme was in place for all staff and GPs registered with the service received specific induction training prior to treating patients. Staff, including GPs working remotely, also had access to all policies.

Summary of findings

- Patients were treated in line with best practice guidance and appropriate medical records were maintained.
- Information about services and how to complain was available. We found the systems and processes in place to manage and investigate complaints were effective.
- Patient feedback and consultation records we viewed showed that patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There were no formal business plans although the provider discussed the plans for the next two years with us, which included scaling up the current business.
- The service encouraged and acted on feedback from both patients and staff.

We identified regulations that were not being met (please see the requirement notices at the end of this report). The areas where the provider must make improvements are:

- Ensure arrangements are put in place to verify that the identity of each patient is known prior to clinical advice or treatment being provided.
- Ensure that all conversations regarding a patient are recorded in the clinical record.

We identified areas where the provider should make improvements:

- The service should obtain GP details to facilitate information sharing if a safeguarding concern was identified or to allow information sharing in line with GMC guidance.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

- On registering with the service, patient identity was checked through a basic credit card check. This would not enable them to fully confirm whether the patient was who they said they were, whether they were male or female and over the age of 18. The provider felt the privacy afforded patients in a sexual health clinic was able to translate to the online environment, however based on the remote nature the online service offers, confirmation of identity is important.
- In the event of a medical emergency occurring during a consultation, systems were in place to ensure emergency services were directed to the patient. The service had a business contingency plan.
- There were enough clinicians to meet the current demand of the service.
- 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 and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.
- There were enough GPs to meet the demand of the service and appropriate recruitment checks for all staff were in place for clinical staff.
- All staff had received safeguarding training appropriate for their role. All staff had access to local authority information if safeguarding referrals were necessary.
- There were systems in place to meet health and safety legislation.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

- Consent to care and treatment was sought in line with the provider's policy. All of the GPs had an appropriate awareness of the Mental Capacity Act.
- 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 Health and Care Excellence (NICE) evidence based practice. We reviewed a sample of consultation records that demonstrated appropriate record keeping and patient treatment.
- The service did not have arrangements in place to coordinate care and share information appropriately. Patients' registered GPs were not directly informed when a prescription was issued, and no process had been undertaken to assess when this should be done.
- We saw that the computer system allowed patients to have more than one account and accounts were not automatically linked which meant that a prescriber may not have a full list of an individual's treatment. The provider told us that a manual search had been conducted and they were investigating an automatic electronic solution to this.
- We saw that not all conversations regarding a patient were recorded within the clinical records which meant that a full record of the reasoning for decisions made may not be available to all clinicians treating an individual.
- There were induction, training, monitoring and appraisal arrangements in place to ensure all staff had the skills, knowledge and competence to deliver effective care and treatment

Summary of findings

Are services caring?

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

- We were told that GPs undertook consultations in a private room; for example, in the GP's own home or office.
- We did not speak to patients directly on the days of the inspection; however, we reviewed examples of patient feedback and this showed the service was delivered in a caring manner.

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.
- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.
- Patients could access the service by phone or e-mail. The provider's website was available 24 hours a day and the service operated between 9am and 5pm, Monday to Friday.

Are services well-led?

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

- Systems were in place to ensure that all patient information was stored and kept confidential.
- There were no formal business plans although the provider discussed the plans for the next two years with us, which included scaling up the current business.
- 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.

Care Quality Commission

Antrobus Medical Limited

Detailed findings

Background to this inspection

Background

Antrobus Medical Limited, an online service was inspected at the following address: Abney Hall Suite 11, Manchester Road, Cheadle, Cheshire, SK8 2PD.

Antrobus medical limited operates an online consultation and prescription service through the website www.webmedpharmacy.co.uk which specialises in treatment of conditions primarily concerning sexual health. A medical questionnaire is completed by each patient and a doctor can seek more information prior to prescribing by using a secure messaging system.

The service provided medicines to address sexual health needs as well as medicines to aid weight loss and medicines to promote hair growth.

The service is available for patients in the UK only. Patients can access the service by phone or e-mail from 9am to 5pm, Monday to Friday. This is not an emergency service. Subscribers to the service pay for their medicines when making their on-line application.

Antrobus was registered with Care Quality Commission (CQC) on 11 August 2016 and have a registered manager 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.

How we inspected this service

Our inspection team was led by a CQC Lead Inspector accompanied by a second CQC Inspector, a GP Specialist Advisor and a member of the CQC medicines team.

Before visiting, we reviewed a range of information we hold about the service and asked for additional information from the provider.

During our visits we:

- Spoke with a range of staff.
- Reviewed organisational documents.
- Examined patient records.

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.

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.

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations.

Safety and Security of Patient Information

Systems were in place to ensure that all patient information was stored and kept confidential; this included the encryption of data and the security of devices used by clinicians.

The provider made it clear to patients what the limitations of the service were. There were processes in place to manage any emerging medical issues during a consultation. The service was not intended for use by patients with either chronic 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. This was by establishing a current address and communication with the patient through the secure messaging system to aid in organising emergency care.

On registering with the service, and before the medicines were dispatched, the patients' identity was checked by a basic credit card check. The provider wanted to replicate the privacy protections afforded by a sexual health clinic. For this reason they did not feel it was necessary to be assured of a patient's gender or that they were over 18, however this did not fully mitigate the risks of providing such a service in an online format.

Prescribing safety

At the time of the inspection the service had approximately, 10,000 patients registered with prescriptions fulfilled by an in-house pharmacy. If a medicine 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 medicines, which had been devised around suitable treatments for the restrictive conditions the provider had treated, with minimal risk when prescribed in the online environment. The service would include a letter outlining the prescription and reasoning for the treatment in the package which the patient could then take to their registered GP to share the information. However, there was no requirement to have a registered NHS GP recorded on the patients account prior to treatment and there was no direct communication to an NHS GP from the provider following treatment, for conditions other than sexually transmitted diseases.

We were shown the system used by the provider and once a GP selected the medicine and correct dosage of choice, relevant instructions would be given to the patient regarding when and how to take the medicine. This was also included in the patient information leaflet with the dispatched medicine. The service prescribed antibiotics for sexually transmitted infections and urinary tract infections; their prescribing guidelines were based on national guidance.

The service had plans in place to monitor their prescribing activity via audits which would be carried-out by their registered manager. Individual prescribing decisions were made with reference to medical records held by the service and direct messaging between GPs and the patient when additional information was required.

There were minimal protocols in place for identifying and verifying the identity of the patient prior to a prescription being issued, this was primarily a check against the address and bank details. There were no identity checks for consultations where only clinical advice was provided. Following the inspection the provider told us that identity checking had been put in place for new patients and retrospectively conduced for all patients already registered.

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 one incident, which came to the attention of the provider via the patient feedback function, where a patient had commented that they had experienced a side effect after taking the prescribed medicine. As a result of this the provider noted the experience on the patient record and advised the patient to inform their registered GP. The provider also developed a process to follow up patients immediately as well as a week later. This sought to identify effectiveness of treatments and negative side effects to allow for notes to be updated and patient's condition monitored. However the provider did not obtain GP details to facilitate information sharing taking no responsibility for informing other providers of the side effect.

Are services safe?

As a small team, learning from incidents was immediately shared with relevant members of staff via informal discussions in addition to the minuted weekly team meeting.

We saw evidence from three incidents which demonstrated the provider was aware of and complied with the requirements of the Duty of Candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken.

The provider had systems in place at the time of the inspection for dealing with patient and medicine safety alerts. The process was for the lead pharmacist (registered manager) to receive alerts and make a decision about whether it was relevant for distribution to the clinical team or if immediate action was required

Safeguarding

We saw evidence that all staff had received training in safeguarding and whistleblowing to a level appropriate to their role. All staff we spoke to could describe the signs of abuse and to whom to report them. All the GPs had received level three child safeguarding training and adult safeguarding training. All staff had access to safeguarding policies and could access information about who to report a safeguarding concern to. The registered manager accessed a national database to locate safeguarding services across the country if needed.

However, the provider did not obtain GP details to facilitate information sharing if a safeguarding concern was identified or to facilitate information sharing in line with GMC guidance.

Staffing and Recruitment

At the time of the inspection there were enough staff, including GPs, to meet the demands for the service.

The provider had a selection process in place for the recruitment of all staff; however, there had been little recruitment once the initial team had been established. We reviewed three staff files and found the required recruitment checks had been carried out prior to commencement of employment. For example, there were checks to assure the provider that GPs were registered with the General Medical Council (GMC) and on the GMC GP register, on the national performers list, and had valid medical indemnity insurance for working on the online environment, and proof of their qualifications. The files also contained certificates for training the provider deemed mandatory such as safeguarding and mental capacity act training.

Monitoring health & safety and responding to risks

The service had performed a risk assessment of their operational activity and had put in place measures to mitigate the risks identified. For example, they had carefully considered the list of medicines available for GPs to prescribe in order to ensure minimal risks associated with remote prescribing. As a result the service provided medicines to address sexual health needs as well as medicines to aid weight loss and medicines to promote hair growth, the service did not prescribe unlicensed medicines, opiates or other medicines with significant misuse potential.

The provider's headquarters was located within a building appropriately converted to office use, housing the management team, administrative support and dispensing staff. All GPs were home based and carried out online consultations remotely, usually from their consulting rooms or home. Patients were not treated on the premises. Office staff had received training in health and safety including fire safety.

The provider expected that all GPs would conduct consultations in private and maintain the patient's confidentiality. Each GP used a designated tablet to log into the operating system, which was a secure programme.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

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 as well as a downloadable patient information leaflet for the medicine the patient was viewing.

The website had a set of terms and conditions and details on how the patient could contact them with any enquiries. Information about the cost of the treatment was known in advance and if no prescription was issued then the consultation and subsequent advice issued by the GP was not charged for.

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance.

Clinical staff we spoke to could demonstrate that they had a good understanding of their responsibilities in relation to seeking patients' consent to care and treatment in line with legislation and guidance. GPs were able to show formal training about the Mental Capacity Act 2005.

Assessment and treatment

We reviewed a random sample of medical records of consultations that the service had conducted over the past six months. We found 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 there was no limit to the duration of each personalised consultation, and there were processes in place for GPs to contact patients following the initial web chat to check that any treatment suggested or prescribed had been effective.

Patients initially selected the condition they wished to be treated for and then answered a series of both general questions (such as the patient's weight) and questions specific to the condition they had selected. This was reviewed by the lead pharmacist to ensure the information had been fully completed and then sent to a GP to undertake a consultation. The GP would consider the information provided by the patient and request further details about their symptoms and medical history where necessary. In addition to the information supplied by the patient for the current consultation, the GPs also had access to all previous notes generated by the service.

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. If a patient needed further examination they were directed to an appropriate agency or referred to the home test kits the provider could supply which allowed for further results to support in diagnosis.

We saw evidence of three audits being completed and changes made to processes as a result of the findings. For example the service identified that the 'test of cure' packs for Gonorrhoea treatment were only returned in 18.2% of cases. The service now sent out electronic reminders to encourage patients to return these packs. In addition, the service identified that a significant number of orders were being cancelled as patients were ordering medicines on behalf of their partners. Having identified this issue the service had altered their online questionnaire to make it more explicit that this was not acceptable. The prescribing protocol used by the service for treatment of sexually transmitted infections defined a limited number of treatment courses that a patient could receive within a twelve month period. We saw that an audit of STI treatment had identified three people who had reached this limit but that no patient had exceeded the limit, indicating that prescribers were working within their protocol.

GPs were not employed for set sessions, and cover was provided on an informal basis.

Coordinating patient care and information sharing

When a patient entered details via the website, a record was produced, which summarised the information they had entered and displayed it in the clinical system. The provider had sought to emulate a sexual health clinic where anonymity is accepted to aid in the treatment of conditions in privacy. At the time of the inspection the service did not routinely offer to share details of

Are services effective?

(for example, treatment is effective)

consultations with the patient's registered GP and not submitting registered GP details in the questionnaire would not stop a prescription being issued and medicine dispatched.

Patients received a letter with any medicine, which they could take to their GP; this letter outlined the treatment obtained from the provider. However, it did not detail the condition that had been treated, or include a section detailing the patients consent to share information. Following our inspection, the provider told us a system had been put in place to share information with registered GPs, which included the condition treated by the provider.

We saw that not all conversations regarding a patient were recorded within the clinical records. This meant that a full record of the reasoning for decisions made might not be available to all clinicians treating an individual. Following the inspection the provider told us a system had been put in place to ensure all communication was recorded in the patients' medical record.

GPs were able to view the history of each patient including the completed questionnaires; this should have allowed prescribers to identify when patients had altered information erroneously to obtain medicines. However, we saw that one patient receiving a treatment to aid weight reduction, had significantly altered their height from one request for treatment to the next, this did not appear to have been identified by the prescriber and was not picked up by the electronic system. We also saw that if a patient altered an answer on the questionnaire during its completion to allow progression to a prescription the prescriber was not aware of the alteration. This could potentially result in patients entering fraudulent information to obtain prescriptions.

We were told that, when the prescriber declined treatment, the service was able to signpost patients to alternative services offering face to face consultations that would better meet their needs. The registered manager gave an example of this occurring to enable a patient to access sexual health services local to them.

We saw that the computer system allowed patients to have more than one account, and accounts were not automatically linked which meant that a prescriber may not have a full list of an individual's treatment. The provider told us that a manual search had been conducted and they were investigating an automatic electronic solution to this.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and provided links to websites which contained helpful information. For example, we saw that where patients were tested positive for conditions the provider had links with national and local organisations to signpost patients to for more immediate support.

Staff training

All staff had to complete induction training which consisted of learning about the workings of the service's IT systems, an introduction to the service's policies and procedures and responsibilities in relation to patient confidentiality. Staff also had to complete other training on a regular basis such as child and adult safeguarding and information governance. The registered manager was responsible for co-ordinating the induction and training for all staff, and records were kept to ensure training was kept current.

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.

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

We were told that the GPs undertook consultations in a private room and were not to be disturbed at any time during their working time.

We did not speak to patients directly on the day of the inspection. However, we reviewed examples of patient feedback relating to their experiences. Feedback positively reflected the care they had received. When a problem occurred we saw the service provided an apology, fully or partially refunded the fee that the patient had paid, and used the information provided by the patient to identify a problem. These ensured appropriate changes were made to reduce the likelihood of reoccurrences. The overall score from an independent review website averaged 8.7 out of 10 and the provider replied to all comments.

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 lead to respond to any enquiries.

We saw evidence that all GPs introduced themselves to patients at the beginning of a personalised web chat consultation. Patients did not have the option to consult with the GP of their choice or to specify whether they consulted with a male or female GP. At the time of the consultation only two female GPs were available.

The service monitored feedback from patients through external rating websites and replied to any comments received. The overall score from an independent review website averaged 8.7 out of 10.

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 service was accessed through the provider's website, www.webmedpharmacy.co.uk where patients can place orders for medicines seven days a week. The service was available for patients in the UK only. Patients could access the service by phone or e-mail from 9am to 5pm, Monday to Friday; however the preferred method of communicating with patients once they had completed the questionnaire was through the provider's messaging system accessed through the website. The provider aimed to review consultations on the same day with delivery of medicines the next day when appropriate.

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.

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.

There was information on the service's website about the individual GPs who would review the consultations; however patients were unable to choose which GP they consulted with. The website and consultations were conducted in English.

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. The service had received four formal complaints over the past 12 months. We reviewed the way these had been managed and found they had been approached in a transparent, open and timely manner. For example, when a parcel did not arrive at the correct address the provider investigated the reasons for the mistake, dispatched a replacement with an apology and ensured the instructions were clear to ensure the parcel got to the patient.

Are services well-led?

Our findings

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

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 patient care at its heart. The provider discussed business plans that covered the next two years and outlined how the business would be promoted and scaled up.

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 and updated when necessary.

The GPs and pharmacist reviewed consultations on an ongoing basis and through audits. There were weekly meetings in order to discuss the performance of the service and any current matters, and these were minuted.

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, values and culture

The Registered Manager had overall responsibility for the service and one of the GPs held the role of the clinical lead.

The services stated aims and were to offer a professional, easy to navigate website with a very confidential and efficient service.

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

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. 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 through external rating websites

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 registered manager was the named person 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 evidence that weekly clinical meetings were scheduled to allow GPs the opportunity to discuss consultations and other relevant clinical issues.

At the time of the inspection the staff team was small, and therefore, we were told that there were ongoing discussions at all times about service provision. However, we also saw evidence of documented meetings having taken place and of a regular management and clinical meetings being scheduled going forward.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment • The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance • There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to health, safety and welfare of services users and others who may be at risk. In particular: This was in breach of regulation 17, 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.