MSF Medical Services Limited

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Inspection report

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Overall summary

Letter from the Chief Inspector of General Practice

We undertook an announced comprehensive inspection of MSF Medical Services on 8 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Breaches of Regulation 12 (Safe care and treatment) of the Health & Social Care Act 2008 were found. The full comprehensive report following the inspection on 8 May 2017 can be found by selecting the 'all reports' link for MSF Medical Services on our website at www.cqc.org.uk.

This inspection was a follow up desk based focused inspection of MSF Medical Services carried out on 10 October 2017 to confirm that the service had implemented their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. This report covers our findings in relation to those requirements.

The service is now providing safe, effective and well led care in accordance with the relevant regulations.

Our key findings were:

- Following the previous inspection, the service had introduced quality assurance processes to ensure that medicines were prescribed in line with national guidance and internal policy.
- The service had reviewed their system for the storage of patient safety and medicine alerts and made changes to ensure that they maintained a clear audit trail.
- The service had re-assessed the risks associated with the medicines they had available to prescribe, and had made changes to mitigate the risks identified to ensure that they were prescribing safely.
- The service had put processes in place to flag when staff training and registrations were due for renewal.
- The service had introduced a programme of team meetings which were attended by all GPs.
- The service had revised the contract of employment for all of their GPs to include the requirement that GPs should provide evidence that they have discussed their role in online prescribing with their appraiser as part of their NHS appraisal.
- The provider had considered the risks associated with patients being able to revise the answers given in the prescribing questionnaire, and as a result they had amended their system to alert GPs where this had happened.

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?

At our previous inspection on 8 May 2017 we found that the service was not compliant with section 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of their arrangements for processing medicines alerts, and a warning notice was issued.

When we re-inspected in October 2017 we found that the service had addressed this issue and was now compliant with regulations in respect of this. The service is now providing safe care.

- The service had developed their process for reviewing medicines alerts, and had updated their policy, to stipulate that copies of all medicines alerts, including those which were not relevant to the service, should be saved to their system in order to ensure they had a complete audit trail.

Are services effective?

At our previous inspection on 8 May 2017 we found that the service was not compliant with section 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of their arrangements for monitoring prescribing decisions, and a warning notice was issued.

When we re-inspected in October 2017 we found that the service had addressed this issue and was now compliant with regulations in respect of this. The service is now providing effective care.

- Following the initial inspection, the service reviewed their prescribing and updated their risk assessment and mitigation plan for the medicines available. The service also introduced a process of periodically reviewing their prescribing of the medicines they had available to ensure that all prescribers were adhering to internal and national guidance, and had made improvements to the prescribing process as a result of these reviews.

Are services well-led?

At our previous inspection on 8 May 2017, we found that that service was not providing well-led services because they lacked the governance processes to provide safe and effective care.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The service is now providing well led care.

- Following the initial inspection the service had reviewed their prescribing processes and put comprehensive arrangements in place to improve safety and effectiveness, such as reviewing their prescribing risk assessment and mitigation plan, and enhancing their programme of clinical audit to ensure compliance to internal and national prescribing guidance. The service had also developed their process for reviewing medicines alerts to ensure that this included a complete audit trail.

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Detailed findings

Background to this inspection

MSF Medical Services provides prescribing services to two online pharmacies (Assured Pharmacy and Men's Pharmacy. The service is run by a GP (who is the registered manager) who provides the prescribing service along with two additional GPs who are contracted by MSF and work remotely. GPs from MSF have access to the online systems for both of the online pharmacies they prescribe from, and can view patient records when considering prescription requests.

A registered manager is in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Why we carried out this inspection

We undertook a comprehensive inspection of MSF Medical Services on 8 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Breaches of Regulation 12 (Safe care and treatment) of the Health & Social Care Act 2008 were found. The full comprehensive report following the inspection on 8 May 2017 can be found by selecting the 'all reports' link for MSF Medical Services on our website at www.cqc.org.uk.

This inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of MSF Medical Services on 10 October 2017. This involved reviewing evidence that:

- A quality assurance process had been introduced to ensure that medicines are prescribed in line with national guidance and internal policy.
- An effective system was in place for the management of patient safety and medicine alerts, which included a clear audit trail.

Are services safe?

Our findings

At our previous inspection on 8 May 2017 we found that the service was not compliant with section 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of their arrangements for processing medicines alerts, and a warning notice was issued.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The practice is now providing safe services.

Management and learning from safety incidents and alerts

During the previous inspection in May 2017 we found that the service had systems in place to deal with medicine safety alerts; however, these did not provide a comprehensive audit trail. The service provided evidence that they had processes in place to receive, action and record medicines alerts which were relevant to the service; however, no record was kept of those alerts which they reviewed and considered not relevant.

Following the inspection, the service reviewed their process and amended their policy relating to the handling of medicines alerts. They provided a copy of their updated policy, which had been amended to stipulate that copies of all medicines alerts, including those which were not relevant to the service, should be saved to their system.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 May 2017 we found that the service was not compliant with section 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of their arrangements for monitoring prescribing decisions, and a warning notice was issued.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The practice is now providing effective services.

Assessment and treatment

During the previous inspection in May 2017 we found examples of prescriptions being issued outside of the service's own prescribing guidelines and NICE standards. For example, a patient had been issued with a prescription for Orlistat (a weight loss medicine) on two occasions despite their weight not having reduced. We also noted examples of patients being issued prescriptions for large quantities of medicines as an initial prescription. For example, a patient was issued with an initial prescription for Sildenafil (a medicine to treat erectile dysfunction) of 64 tablets despite not knowing whether the medicine would be effective for him.

At the time of the initial inspection, the service had conducted some clinical audits relating to the prescribing of certain medicines; however, they did not have a process in place to regularly review prescribing decisions to ensure all clinicians were complying with NICE standards or the service's own prescribing guidelines.

Following the initial inspection, the service reviewed their prescribing and updated their risk assessment and mitigation plan for the medicines available. The service also introduced a process of periodically reviewing their prescribing of the medicines they had available to ensure that all prescribers were adhering to internal and national guidance, and had made improvements to the prescribing process as a result of these reviews.

For example, the service had conducted a review of the prescribing or Orlistat (a medicine to aid weight loss) to check that it was being prescribed in line with national guidance, which stipulated that it could only be prescribed for individuals whose Body Mass Index (BMI) was between certain parameters, and that subsequent prescriptions should only be issued to patients who had lost 5% of their body weight as a result of the previous course. The initial audit of the prescribing of this medicine found an error rate of 2% in prescribing to patients whose weight fell within the guideline parameters and an error rate of 8% in re-issuing a prescription to patients who had not lost 5% of their body weight since the previous prescription. Following this the service had implemented a change to their IT system to "flag" both prescription requests from patients whose BMI was not within the guideline parameters and requests from patients requesting a further prescription of Orlistat whose weight indicated they had not lost 5% of their body weight since the last prescription. A further audit found 100% adherence to prescribing guidelines for this medicine.

In the case of Orlistat, the service had also further assessed the risks of patients with eating disorders accessing this medicine, and had put additional safeguards in place to manage this risk; for example, the IT system was set to notify GPs of prescription requests whereby the patient had amended the weight they entered. They had also introduced a policy of always notifying patients' registered GP when it was prescribed.

Are services well-led?

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

Our findings

At our previous inspection on 8 May 2017, we found that that service was not providing well-led services because they lacked the governance processes to provide safe and effective care.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The practice is now providing well led services.

Business Strategy and Governance arrangements

During the previous inspection we found that there was no formal process in place for checks to be made to monitor the quality and performance of the service. We also found that, whilst the service had systems in place to deal with medicine safety alerts, these did not provide a comprehensive audit trail.

Following the inspection the service had reviewed their prescribing processes and put comprehensive arrangements in place to improve safety and effectiveness, such as reviewing their prescribing risk assessment and mitigation plan, and enhancing their programme of clinical audit to ensure compliance to internal and national prescribing guidance.

The service had also developed their process for reviewing medicines alerts, and had updated their policy, to stipulate that copies of all medicines alerts, including those which were not relevant to the service, should be saved to their system in order to ensure they had a complete audit trail.