Push Dr Limited

Push Dr Main Office

Inspection report

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Overall summary

We previously inspected Push Dr Main Office in March 2017 when the service was found not to be meeting some areas of the regulations.

We carried out an announced focused inspection at Push Dr Main Office on 9 August 2017 to follow up on breaches of regulations identified during the previous inspection in the safe, effective and well-led domains.

Push Dr is an online service that patients can use to access a GP appointment using video calling services from 6am to 11pm seven days per week. Patient services can be accessed through the provider's website at www.pushdoctor.co.uk using any smartphone, Android, tablet or PC device.

Patients are able to use the service for any health condition they may have. However, this is not an emergency service. Subscribers to the service pay for their prescription when their application has been assessed and approved. Once approved by the prescriber, prescriptions are sent to a

pharmacy of the patient's choice.

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

Are services safe? – we found an area where the service was still not providing a safe service in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. Specifically:

- The provider had improved their identity verification and safeguarding arrangements to govern the treatment of children under the age of 16.
- The provider had a system in place to seek consent from patients to share information with their usual GP when registering with the service and at the start and end of every consultation. However, this information was not visible to the GPs so could not help them in determining whether treatment in an online environment was appropriate. In addition, the provider had not considered which medicines were appropriate for prescribing where consent to share the information had not been granted.
- The provider had reviewed and improved the system for managing blood and other test results.
- Patient safety alerts were cascaded appropriately and a system was in place to ensure relevant alerts had been acted upon.
- Recruitment policies and procedures had been reviewed and retrospective pre-employment checks had been completed.
- Prescriptions were being produced in accordance with The Human Medicines Regulations 2012.

Summary of findings

Are services effective? - we found the service was providing an effective service. Specifically:

- The majority of care was being delivered in line with relevant and current evidence based guidance and standards, for example, National Institute for Health and Care Excellence (NICE) evidence based practice. However, patient records we reviewed were not always comprehensive and lacked details such as assessment of severity of condition and discussion regarding unlicensed use of medicines.
- Staff had undertaken training in relation to the Mental Capacity Act (MCA) 2005. The consent policy had been updated to reflect roles and responsivities in relation to the MCA.
- All staff had undertaken training in relation to equality and diversity

Are services well-led? - we found some areas where the service was not providing a well-led service in accordance with the relevant regulations. Specifically:

- Although there was limited evidence of clinical audit activity a schedule for future development had been implemented.
- There was evidence of staffing and service delivery audit and quality improvement activity.
- The provider had appointed additional members of staff and contracted an external care consultancy to aid improvement and support clinical development.
- Governance board arrangements had been reviewed and included strengthened clinical oversight.
- Policies had been reviewed and updated and a policy control tool was in operation. However some policies we viewed were undated and did not contain a version number or date for review.
- A staff appraisal system was now in place for all staff, including non-clinical staff.
- A schedule of meetings had been implemented and minutes were recorded for all meetings, including significant event meetings.
- We found that the provider had taken actions to ensure improvement and support development of the service. However, it was clear that some changes needed additional time to fully embed.

The areas where the provider should make improvements are:

- Improve the system for recording the unlicensed use of medicines and to ensure patients are being given clear information in relation to unlicensed use, that they acknowledge they understand this information and that they are issued with additional written information to guide the patient when and how to use these medicines safely.
- Review the operational policies available to their staff to ensure they are up to date and in line with current processes.
- Ensure GP's are able to easily see whether consent to share information with a patient's usual GP has been granted to enable them to make an informed judgement as to whether treatment in an online environment is appropriate. The provider should also consider which medicines are unsafe to prescribe if consent to share the information is not granted.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards.

You can see full details of the regulations not being met at the end of this report.

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?
Please refer to the letter from the Chief Inspector of General Practice

Are services effective?
Please refer to the letter from the Chief Inspector of General Practice

Are services well-led?
Please refer to the letter from the Chief Inspector of General Practice

Push Dr Main Office

Detailed findings

Background to this inspection

Push Dr is a digital service that patients can use to access a GP appointment online using video calling services from 6am to 11pm seven days per week. Each consultation lasts approximately 10 minutes and costs £20. If the consultation results in a prescription being issued this costs a further £8. There is also an option for patients to sign up to a subscription membership at the cost of £20 per month which includes consultation and prescription costs. Patient services can be accessed through the provider's website at www.pushdoctor.co.uk using any smartphone, Android, tablet or PC device. Patients are able to use the service for any health condition they may have. However, this is not an emergency service. Subscribers to the service pay for their prescription when

their application has been assessed and approved. Once approved by the prescriber, prescriptions are sent to a pharmacy of the patient's choice.

Push Dr carries out several thousand consultations per month, approximately 64% of which result in a prescription being issued. They employ a large team of GPs and non-clinical staff, including management, administrative, IT and customer service staff. We visited the providers location at Queens Chambers, 5 John Dalton Street, Manchester, M2 6ET which houses the non-clinical staff as part of this inspection.

Push Dr Ltd registered with the CQC at their current location in March 2014. A registered manager is in place. A registered manager is a person who is registered with the 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.

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser, a CQC pharmacist specialist and a second CQC inspector. We undertook a review inspection of Push Dr Ltd on 9 August 2017 to check whether progress had been made to

address the concerns we had identified during our previous inspection on 7 March 2017. The review inspection focused on three of the five questions we ask about services; is the service safe, effective and well-led. This is because concerns were identified in these three areas during our previous inspection.

Are services safe?

Our findings

We found that in an area this service was not providing safe services in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

At our previous inspection on 1 March 2017 we found that the provider was not providing safe services. This was because:

- No consideration had been applied to the risk of consulting and prescribing medicines for children.
- GPs had prescribed medicines from the providers 'do not prescribe' list.
- GPs were not recording their rationale for prescribing the unlicensed use of medicines in consultation notes.
- Patients prescribed such medicines were not provided with any additional information on unlicensed use.
- Some staff were unfamiliar with the process for managing blood test results.
- There was no system in place for clinical staff to receive patient safety and medicine alerts from the service The provider had not risk assessed the process for managing electronic and paper prescriptions to minimise the risk arising from having two copies of each prescription in existence or to ensure they contained an appropriate advanced electronic signature (in accordance with The Human Medicines Regulations 2012).

When we undertook this follow up inspection on 9 August 2017 we found that the provider had addressed the majority of the concerns highlighted during our previous inspection but that some further improvement was still required. We felt assured that their planned programme of improvement would address these issues. However, the provider was still not providing a safe services in one area.

Prescribing safety

The provider had put in place a process which assessed the suitability of medicines for remote prescribing, and had updated their system to ensure that prescribers could not prescribe medicines which had been assessed as not suitable. Prescriptions for medicines which had not yet been assessed were peer-reviewed before being issued. This process restricted the prescribing of medicines such as those liable to misuse, but the provider had not considered those medicines which they would only prescribe if the patient consented to the information being shared with their usual GP. In addition, GPs were not easily able to see whether a patient had or had not given their consent to information being shared with their own GP so were unable to make an informed judgement as to whether treatment in an online environment was appropriate if consent had not been given.

We saw examples of prescriptions for patients with complex long term conditions who might be at risk if their usual GP was not aware of their treatment. We were told that none of those consultations had been shared with a patient's GP, and there was no documentation to detail clinical rationale to prescribe despite this. The provider had not issued guidance on this to their prescribers in the form of a policy or procedure.

The provider had determined which high-risk medicines it was appropriate to prescribe and a system was in place to ensure relevant blood tests and monitoring was undertaken. A GP we spoke with told us that clinicians were able to prescribe high-risk medicines that were not included on the list if the patient had the relevant test results available.

We saw that the provider had recently introduced the facility for GPs to record whether a prescription was for a medicine that was being used outside of the terms of the product licence. Medicines are given a licence after trials have shown they are safe and effective for treating a particular condition. Use of a medicine for a different medical condition than that listed on their licence is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks. One of the 16 patient records we reviewed during this inspection showed that a patient had been prescribed a medicine outside of the licensed use and there was no record of a discussion with the patient about this. We were assured that in future this information would be recorded.

The system for managing blood test results had been reviewed and a flow chart and guidance was now in place to assist staff who were unfamiliar with these processes.

Are services safe?

Management and learning from safety incidents and alerts

The provider had implemented a system to ensure that patient safety alerts were cascaded to GPs. They had introduced a bulletin system to their portal where any new patient safety alerts were displayed. When a GP signed on to the portal they were required to acknowledge that they had read the alert before they could progress to using the system or carry out consultations. The provider had also carried out a retrospective review of previous patient safety alerts to ensure that all necessary action had been taken.

Safeguarding

During our previous inspection we had raised concerns in relation to the arrangements regarding the treatment of children. There had been no formal identification process in place for the child and the system in place to ascertain the relationship between the child and the consulting adult had been poor. The provider did not have separate child and adult safeguarding policies and the policies that were in place needed updating to reflect local and national guidance. As a consequence we imposed a condition on the provider to prevent them from treating children until identification and safeguarding arrangements had been improved.

The provider had immediately responded to our findings and had reviewed and updated their safeguarding policies. In addition, they had introduced a system to ensure that a child's identity and relationship to the consulting adult was verified as far as practicably possible. This involved the consulting adult having to show their passport or photographic driving licence as well as the passport or birth certificate of the child prior to the consultation taking place. If the adult was unable to provide appropriate personal identification the consultation was declined. If the adult was unable to provide photographic identification for the child, GPs used their clinical judgement depending on the age of the child and child's presentation and responses to questions during the consultation. We were told the decision to prescribe and what identification had been viewed by the clinician would be noted on the child's record.

Staffing and Recruitment

The provider had introduced a recruitment policy shortly after our initial inspection in March 2017. They had also introduced a system to ensure that all relevant pre-employment checks were carried out. This included obtaining references, photographic ID, proof of qualifications, registration with professional bodies, disclosure and barring services (DBS) checks and medical indemnity. Retrospective checks were being made for those members of non-clinical staff where it was identified that the provider did not have a record of pre-employment checks made by the recruitment agencies they had used during our previous inspection. We reviewed five recruitment files for both clinical and non-clinical staff during this inspection and identified no concerns.

Management, monitoring and improving outcomes for people

We saw that the provider had made improvements in the way that prescriptions were produced to ensure they were signed in accordance with The Human Medicines Regulations 2012, and they had addressed the risks associated with duplicate prescriptions. However, they had not issued up to date guidance to their prescribers in the form of a policy or procedure.

Are services effective?

(for example, treatment is effective)

Our findings

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

At our inspection on 1 March 2017 we found that the provider was not providing effective services. This was because:

- Some care was not being delivered in line with current evidence based guidelines and standards.
- Not all relevant fields had not been completed in some of the medical records we reviewed, for example, no record of a diagnosis. It was noted that clinicians did not record observations, for example, if the patients appeared to be having difficulty breathing. Proper clinical assessments and red flag symptoms were not always recorded.
- Non-clinical staff did not received annual performance reviews
- GPs had prescribed high risk medicines without checking whether the patients had received correct monitoring and blood tests.
- We had seen no evidence of formal training in relation to the Mental Capacity Act 2005. The providers consent policy had not met the requirements of the Mental Capacity Act
- Training on equality and diversity had not been provided. The provider did not have a training needs assessment.

When we undertook this follow up inspection on 9 August 2017 we found that the provider had addressed the majority of the concerns highlighted during our previous inspection. The provider was providing effective services.

Consent to care and treatment

Since our previous inspection all clinical staff had undertaken training in relation to the Mental Capacity Act (MCA) 2005. A training needs assessment had been introduced to monitor when this, and other mandatory training, was due for renewal.

The provider had also reviewed and updated their consent policy to include information and guidance relating to the MCA and assessment of mental capacity.

Assessment and treatment

We reviewed 16 records of consultations that took place between 14 July 2017 to 9 August 2017 during this inspection, including three in relation to consultations in respect of children. We found:

- The diagnosis field had been completed correctly for 15 of the 16 records. One record stated the diagnosis as being 'prescription'
- We saw evidence of clinician observations and red flag symptoms being recorded
- There was evidence of patients being advised to register with a NHS GP

However, the records of two patients who had been prescribed medicine for asthma showed no recording of an assessment of the severity of the condition.

Staff training

All staff had received training on equality and diversity since our inspection on 1 March 2017. Policies and flow charts had also been developed to ensure this training was a core requirement following recruitment. A training needs assessment was in place.

The provider had also implemented a system of appraisal for non-clinical staff. The HR lead told us that they were in the process of ensuring all staff had the opportunity of an annual appraisal and had completed approximately 90% of these. In addition to an annual appraisal staff were also

given the opportunity of quarterly supervision meetings during which development and training requirements were discussed.

Are services well-led?

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

Our findings

We found that in some areas this service was not providing a well-led service in accordance with the relevant regulations.

When we inspected on 1 March 2017 we found that the provider was not providing well-led services. This was because:

- There had been little evidence of quality improvement activity. We had only been shown one single cycle audit which had recently been started relating to the prescribing of antibiotic medicines.
- Some service specific policies needed review and additional information. For example, the provider did not have separate policies for safeguarding adults and safeguarding children and both lacked information on important issues such as female genital mutilation and modern day slavery.
- Minutes of significant event meetings were unstructured and, in some cases, undated. There was no evidence of formal whole staff team meetings.
- There was no evidence that the governance board was effective. Governance board meetings were not documented and any feedback was given verbally to the provider's Chief Executive Officer, who was not a clinician. There was no evidence of the governance board contributing to quality improvement.

When we undertook this follow up inspection on 9 August 2017 we found that the provider had addressed the majority of the concerns highlighted during our previous inspection but that some improvement was still required. We found that in some areas the provider was still not providing well-led services.

Business Strategy and Governance arrangements

We saw little evidence of clinical quality improvement activity leading to improvements in patient care and outcomes. We were shown an audit relating to antibiotic prescribing but it did not include information on prescriptions which did not meet the appropriate criteria that could be used by GPs to improve the standard of their prescribing. The provider told us that the role of their newly recruited pharmacist would be to carry out quarterly audits and that the pharmacist was due to commence an audit looking at the prescribing of Hormone Replacement Therapy (HRT).

We did see evidence of other quality improvement activity including a review of recruitment checks, review of training needs and the introduction of a mystery shopper programme. The provider had also carried out a patient satisfaction survey in August 2017 and developed an action plan for improvement as a result of this. This survey had attracted over 2,000 responses. Respondents had rated the service as between eight and nine out of ten for all questions including doctor's communication skills and listening to the patient. In addition the provider had recently held an employee survey which had attracted 43 responses. This had resulted in an average score of eight out of ten for areas such as staff wellbeing, being supportive, approachable and having a clear strategy. Eighty six percent of employees who had responded to the survey said they would recommend working for the provider.

A schedule of meetings with set agenda items was now in place, which included clinical meetings and opportunities for clinical peer support. Separate operations, customer service and leadership meetings were held on a weekly basis; team forum meetings and board meetings were held on a monthly basis. We saw minutes of these meetings which identified action plans. However, there was no evidence of a review of previous action plans at subsequent meetings or of timescales and nominated lead members of staff being allocated to actions. For example, we saw minutes of a meeting where customer services staff had raised concerns relating to communication issues with one of the GPs but no action point was minuted and subsequent meeting minutes did not indicate that there had been any review of this. We raised this issue with the provider during this inspection and they were able to provide us with evidence of appropriate action being taken. They also developed a suitable minute template that they intended to use going forward. This would assist in ensuring that action points were allocated with timescales and reviewed at subsequent meetings. A system was due to be introduced where the GPs would undertake peer reviews of each other.

Are services well-led?

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

The provider had also implemented minuted weekly significant event meetings where trends, themes and lessons learned were identified and discussed. Decisions from the significant event meetings were categorised by the Chief Medical Officer before dissemination to the leadership team and other relevant staff members. Service specific policies had been reviewed and updated and a policy control index tool was now in operation. However, we found that some policies did not include a date of introduction, version number or date for review.

The inspection team were not assured that governance arrangements for monitoring prescribing fully protected patients from being at risk of harm:

- The provider had not considered which medicines they would only prescribe if consent was obtained to share this information with a patient's regular GP
- GPs were unable to easily see whether consent to share information had been granted to enable them to make a judgement as to whether treatment in an online environment was appropriate.
- Some of the medical records we viewed did not contain details of the rationale for prescribing when consent to share information had not been sought or given.

Continuous improvement

Following our previous inspection the provider had contracted an external care consultancy with experience of remote prescribing and compliance to aid improvement and support clinical development of the service. An action plan for improvement together with timescales had been developed. This had included:

- Reviewing arrangements relating to the treatment of children, patient identification and identification of safeguarding concerns
- The appointment of additional members of staff
- Introduction of all staff appraisal system and regular minuted meetings
- Review of policies and procedures

They had also reviewed their governance board arrangements to ensure this included more clinical oversight and involvement.

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
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not have protocols in place that were followed to ensure the health and safety of service users. The service did not take due account of the risk of prescribing certain medicines without informing the patients usual GP. Patient records were not always comprehensive.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider was not assessing, monitoring or improving the quality of the services provided in the carrying out of regulated activity or assessing, monitoring and mitigating risks to the health, safety and welfare of service users who may be at risk arising from the carrying out of regulated activity. There was limited evidence of quality improvement activity that could demonstrate improvements in patient care or outcomes.