

DiMedic Limited

DiMedic Limited

Inspection report

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Overall summary

We carried out an announced inspection at DiMedic on 16 November 2017 as part of our comprehensive programme of inspection.

DiMedic Ltd provides an online clinic, consultation, treatment and prescribing service for a limited number of medical conditions to patients primarily from England, Poland and Germany.

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

Are services safe? – we found the service was not providing a safe service in accordance with the relevant regulations. Specifically:

- The service had some systems in place to keep people safe and safeguarded from abuse. However, their safeguarding policy needed updating to include details on how to contact the relevant local authority in England.
- We were not assured that the system in place to confirm a patient's identity was sufficient to prevent misuse.
- There were systems in place to mitigate safety risks including analysing and learning from significant events and safeguarding. However, although staff were aware of their roles and responsibilities in relation to significant events the provider did not have a written significant event policy.

- A system was in place to ensure that any prescription authorised by the GP was double checked by the registered manager who was also a qualified pharmacist.
- There was a lack of systems in place to ensure staff had the information they needed to deliver safe care and treatment to patients. For example, the GP was expected to access patient safety alert information and National Institute of Health and Care Excellence (NICE) guidance through their work in the NHS.
- The service did not have a process in place to share information about treatment with the patient's own GP in line with General Medical Council guidance.

Are services effective? - we found the service was providing an effective service in accordance with the relevant regulations. Specifically:

- Staff received the appropriate training to carry out their role.
- The 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 which demonstrated appropriate record keeping and patient treatment.
- The service was able to demonstrate quality improvement and clinical audit activity that had led to improvement in service delivery.

Summary of findings

Are services caring? – we found the service was providing a caring service in accordance with the relevant regulations. Specifically:

- The GP undertook consultations in a private room, for example in their surgery, at the service or own home.
- All staff had undertaken data protection and information governance training and the provider was registered with the Information Commissioner's Office.
- Patient feedback provided directly to us in advance of the inspection and on the provider's website indicated that the vast majority were very satisfied with the service they had received. Patients reported that they were treated with dignity and respect.

Are services responsive? - we found the service was providing a responsive service in accordance with the relevant regulations. Specifically:

- There was information available to patients to demonstrate how the service operated.
- Patients were able to access the service via the providers' website from any computer, android or iOS device at any time. Consultations were undertaken either the same or following working day. The call centre was open from 9am to 5pm on a Monday to Friday and a live chat facility was also available during these hours.
- Patients were able to access a brief description of the GP. However, as only one GP was employed by the service patients were unable to choose either a male or female GP or one that spoke a specific language or had a specific qualification.
- All staff working for the service spoke Polish as well as English.
- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients and information was made available to patients about how to make a complaint.
- Consent to care and treatment was sought in line with the provider policy. The GP had received training about the Mental Capacity Act.

Are services well-led? - we found the service was providing a well-led service in accordance with the relevant regulations. Specifically:

- The provider had carefully considered what conditions they would treat and medicines they would prescribe to minimise risk and promote patient safety.

- They were planning to extend the range of services delivered but were risk assessing their plans before doing so and had developed an action plan to aid implementation.
- 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.
- The service encouraged patient feedback. There was evidence that staff could also feedback about the quality of the operating system and any change requests were discussed.
- Systems were in place to ensure that all patient information was stored securely and kept confidential. There were systems in place to protect all patient information and ensure records were stored securely. The service was registered with the Information Commissioner's Office.

The areas where the provider should make improvements are:

- Update their safeguarding policy to include details of how to contact relevant local authorities should concerns arise in relation to patients resident in England.
- Introduce a significant event policy to finalise the arrangements currently in place.

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

- Ensure a system is introduced to receive, disseminate and consider patient safety alerts
- Ensure a system is introduced to enable clinicians working for the service to access, discuss, implement and monitor NICE and other relevant best practice guidance
- Ensure the process in place for confirming patient identity is reviewed to ensure a fail proof system is in operation
- Ensure a system is implemented to inform a patient's own GP of any consultation undertaken or medicine prescribed. This system should include obtaining patient consent to do so and a rationale to prescribe when consent has not been obtained.

Summary of findings

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?

We found the service was not providing a safe service in accordance with the relevant regulations.

Are services effective?

We found the service was providing an effective service in accordance with the relevant regulations.

Are services caring?

We found the service was providing a caring service in accordance with the relevant regulations.

Are services responsive to people's needs?

We found the service was providing a responsive service in accordance with the relevant regulations.

Are services well-led?

We found the service was providing a well-led service in accordance with the relevant regulations.

DiMedic Limited

Detailed findings

Background to this inspection

DiMedic Ltd provides an online clinic, consultation, treatment and prescribing service for a limited number of medical conditions to patients primarily from England, Poland and Germany. The conditions treated are limited to hair loss, contraception, male thrush, vaginal thrush, smoking cessation, premature ejaculation, erectile dysfunction, menopause, cystitis and obesity. A specific list (with photographs) of medicines that the provider is able to prescribe to treat these conditions is detailed on the providers website. The service does not treat patients under the age of 18 and does not prescribe any pain relief or high risk medicines. They prescribe one type of antibiotic for a specific condition and for a limited period of time only.

DiMedic Ltd consists of three members of staff which includes a pharmacist/registered manager, doctor and deputy registered manager. The doctor, who is a GP and is registered with the General Medical Council (GMC), is contracted to undertake remote patient consultations by reviewing patient requests and completed medical questionnaires when they apply for medicines on-line.

The service's call centre is open between 9am and 5pm on a Monday to Friday. However, patients are able to submit a request for treatment 24 hours a day, seven days a week on the provider's website. Requests for treatment are generally dealt with within one to three working days depending on when they are received.

This is not an emergency service. Subscribers to the service pay for their medicines when their on-line application has been assessed and approved. Once approved by the prescriber, prescriptions are issued by post.

DiMedic Ltd is operated via a website (<http://dimedica.eu>) which is currently only available in Polish. The provider is in the process of introducing an English version.

We carried out an announced inspection of this location on 16 November 2017. We visited DiMedic operating site in Newcastle Upon Tyne and spoke to their clinician, registered manager and deputy registered manager. We looked at the records, policies and other documentation the provider maintained in relation to the provision of services. We also viewed patient feedback which had been submitted to the Care Quality Commission.

To get to the heart of people's experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

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

Are services safe?

Our findings

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

Keeping people safe and safeguarded from abuse

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them. The GP had received level three child safeguarding training and adult safeguarding training. Staff had access to safeguarding policies and were aware of how to report a safeguarding concern. However, their safeguarding policy did not make it clear that concerns should be reported to the local authority where the patient resided.

The service did not treat children. When registering with the service a patient was asked to provide proof of identity in the form of a passport number, national insurance number or PESEL (Polish national identification) number to help them ascertain that the patient was over the age of 18.

Monitoring health & safety and responding to risks

The provider held regular whole staff team meetings to discuss significant events, complaints, IT development and other relevant issues. However, the provider did not have a process in place to discuss or monitor the implementation of NICE guidance and told us that they relied on the GP obtaining relevant information through their role in the NHS.

Prescriptions were double checked by both the GP and the registered manager who is also a pharmacist before being issued. A process was in place to enable the GP to request further information from a patient if any risk was identified or incomplete medical questionnaires had been submitted. Patients were able to upload photographs if necessary.

The provider headquarters was located within a modern office accommodation which housed all of the staff. Patients were not treated on the premises as the GP carried out the online consultations remotely. Staff had undertaken training in health and safety and fire safety.

The provider expected that the GP would conduct consultations in private and maintain the patient's confidentiality. The GP used an encrypted, password secure laptop to log into the operating system, which was a secure programme.

There were processes in place to manage any emerging medical issues during a consultation and patients were referred to the relevant emergency services dependent on the country in which they resided. The service was not intended for use by patients with either long term 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 was known at the beginning of the consultation, so emergency services could be called.

Staffing and Recruitment

The provider had ensured that a support team available to the GP during consultations which consisted of the registered manager/pharmacist and deputy registered manager.

The provider had a selection process in place for the recruitment of all staff. Required recruitment checks were carried out for all staff prior to commencing employment. The GP worked in the NHS and was registered with the General Medical Council (GMC). They had recently undertaken their appraisal, which made reference to their work as an online doctor as well as an NHS GP and proof of their qualifications and certificates for training in safeguarding and the Mental Capacity Act. Appropriate medical indemnity and public liability insurance was in place.

We reviewed all three recruitment files which showed the necessary documentation was available.

Prescribing safely

All medicines prescribed to patients from online forms were monitored by the provider to ensure prescribing was evidence based. The provider had carefully considered which conditions they would treat. If a medicine was deemed necessary and appropriate following a consultation, the GP was able to issue a private prescription to patients. The GP could only prescribe from a set list of medicines which the provider had risk-assessed. There were no controlled drugs, pain relief or high risk medicines on this list and only one antibiotic which could only be used for a specific condition and prescribed for a very limited time period. The service's website advertised which medicines were available and there were systems in place to prevent the misuse of these medicines. Computer algorithms were in place to prevent, for example:

Are services safe?

- Repeat prescription overuse
- Patients trying to register using multiple accounts
- Contraindications for certain medicines
- Treatment of patients with complex comorbidity

Once the GP prescribed the medicine and correct dosage of choice, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine and any likely side effects and what they should do if they became unwell.

Although there were some protocols in place for identifying and verifying the patient we were not assured that these would prevent fraudulent or inappropriate requests for service. The provider's verification of patient identity policy stated that the process in place had been implemented to help them ensure that the patient is an adult and is using their services for their own needs and of their own free will. When registering with the service a patient was asked to provide their passport, national insurance or PESEL (polish national identification) number. As dates of birth are embedded in the PESEL number an algorithm in the providers IT system automatically confirmed that the date of birth matched that on the patient's application and therefore prevented patients under the age of 18 from using the service. However, no such system was in place for patients using their national insurance number or passport number for identification purposes or for verifying a patient's address. The IT system did prevent patients from registering more than once using the same identification number and differing email addresses.

Any private prescription issued was posted to the patient at their home address.

Information to deliver safe care and treatment

On registering with the service, and at each consultation patient identity was verified and the GP had access to the patient's previous records held by the service.

Management and learning from safety incidents and alerts

The provider did not have a significant event or incident policy. However, there was evidence of them recording and taking appropriate action in relation to significant events. We reviewed the three significant events recorded by the service since November 2016. All were in relation to patients receiving the incorrect prescription. As a result of these incidents the provider had made changes to their computer system and introduced a double check facility to prevent recurrence. Learning from significant events and complaints was discussed at regular team meetings.

We saw evidence from the 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 did not have a system in place to receive or disseminate national patient safety alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The registered manager told us that they relied on their GP obtaining this information through their role in the NHS and the GP confirmed that this was the case.

Are services effective?

(for example, treatment is effective)

Our findings

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

Assessment and treatment

We reviewed several examples of medical records which demonstrated that the 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. However, the provider did not have a process in place to discuss or monitor the implementation of NICE guidance and told us that they relied on the GP obtaining relevant information through their role in the NHS. The medical records we viewed were contemporaneous and adequate notes were recorded. The GP had access to all previous patient notes and records.

We also reviewed the medical questionnaires which patients completed when requesting services which were dependent on the condition for which they were seeking treatment. If the GP was unable to reach a satisfactory conclusion from the information provided there was a system in place to enable them to contact the patient for further information. Computer algorithms automatically prevented patients from seeking treatment for certain conditions. For example, patients who indicated they had complex comorbidity or male patients trying to request contraception.

The GP providing the service was aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients. They worked carefully to maximise the benefits and minimise the risks for patients. If a patient needed further examination they were directed to an appropriate agency. If the provider could not deal with the patient's request, this was explained to the patient and a record kept of the decision.

A system was in place to ensure every prescription issued by the GP was double checked by the registered manager who was also a pharmacist before being issued.

Quality improvement

The service was able to evidence that they undertook quality improvement activity. For example, they had carried out an audit to establish why the number of prescription

requests that had been suspended pending further information being provided by the patient had increased (3% in February 2017 to 17% in September 2017). As a result the provider had updated their medical questionnaires to include additional questions. They also planned to educate their patients, via the website, of the importance of completing all questions. They planned to carry out a second cycle of the audit in the first quarter of 2018.

Staff training

All staff had to complete induction training which consisted of an overview of the structure of the service, policies and procedures, health and safety, information governance and other relevant topics.

Non-clinical staff were given the opportunity of six monthly supervision sessions and annual appraisals during which development and training requirements were discussed. The GP also had the opportunity of six monthly supervision and a system was in place to ensure the GP had received their own appraisal, which included consideration of their work as an online doctor

Coordinating patient care and information sharing

The provider did not have a system in place to gain details of a patient's own GP or to ask patients if details of their consultation could be shared with their registered GP. They felt that given the limited number of conditions treated, limited formulary of medicines prescribed and the fact that they did not treat patients with complex comorbidity, contraindications or sexually transmitted disease this was not necessary. However patients were able to access their own consultation notes via their patient login on the website and could print this out to share with other healthcare professionals if they chose to do so.

The service did not refer patients for tests but a system was in place to allow patients to upload a scanned document showing test and other data should they wish to share this information with the GP as part of the consultation process.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and had a range of information available on the website. In addition, the provider had developed a patient education program where patients who had undertaken a consultation were provided with targeted feedback via their account on the patient portal. This aimed to promote

Are services effective?

(for example, treatment is effective)

maintaining a healthy life style, disease prevention and the importance of regular health checks. For example, patients prescribed contraception with borderline body mass index (BMI) rates were advised to keep their BMI below 30 and provided with weight management advice. The practice

also produced a monthly newsletter on specific conditions and issues, such as menopause and the importance of attending breast, cervical and prostate screening, to patients in the relevant patient demographic group.

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

All staff had undertaken training on their roles and responsibilities in relation to data protection and information governance and the provider was registered with the Information Commissioner's Office. The GP could access patient records remotely but ensured this was always done in a private and secure location. The computer system used by the service was encrypted.

The provider's website enabled patients to leave feedback and we saw evidence of appropriate action being taken when negative feedback was received. For example, methods of payment had been increased to include bank transfer and PayPal in addition to debit and credit card transactions.

We were unable to speak to any patients during the inspection but several patients had contacted us before the inspection to leave feedback. Their comments were positive and words used to describe the service included friendly, professional, personal and understandable.

Involvement in decisions about care and treatment

Patient information guides about how to use the service and technical issues were available. A member of staff was available to respond to any enquiries.

As the provider only employed one GP patients were not able to request a consultation with a GP of their choice. All staff could speak English and Polish.

The service offered a 'live chat' facility via their website which allowed patients to contact a non-clinical member of staff in real time during office hours. This could be used if a patient was experiencing difficulties in registering for or using the service but could not be used for advice on any medical topic.

Patients were able to access their notes and records via the patient portal which they could sign into via the website using the password they had created when registering with the service.

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

Patients were able to request a consultation at any time via the provider's website. The website made it clear that request for consultations would be considered within one to three working days depending on when it was received. This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if appropriate to contact their own GP or NHS 111.

The digital application allowed people to contact the service from abroad but all medical practitioners were required to be based within the United Kingdom. Any prescriptions issued were delivered within the UK to a patient's home address which they could then present to a pharmacy of their choice.

The provider made it clear to patients what the limitations of the service were on their website and in their terms and conditions.

Tackling inequity and promoting equality

The provider offered consultations to anyone over the age of 18 who requested a service and paid the appropriate fee. As the provider's website was in Polish their service could only be accessed by Polish speaking patients.

Patients could access a brief description of the GP. As the provider only employed one GP patients were not able to choose either a male or female GP or one that spoke a specific language or had a specific qualification.

Managing complaints

Information about how to make a complaint was available on the service's web site although at the time of our inspection the website was only available in Polish. The provider had developed a complaints policy and procedure and there was evidence of meetings being held to discuss learning from complaints and significant events. The provider had recorded three informal complaints, which had also been recorded as significant events. All three were in relation to prescriptions being issued to the wrong patient/address. As a result changes had been made to the provider's computer system to prevent recurrence.

Consent to care and treatment

There was clear information on the service's website describing how the service worked and the cost. A set of frequently asked questions was also available for further supporting information. 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 consultation was known in advance but patients were only charged for the consultation if a prescription was issued.

All staff had received training about the Mental Capacity Act 2005. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance.

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 this service was providing a well-led service 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 caring and patient safety at its heart.

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 which were reviewed and updated when necessary. However, the safeguarding policy needed updating to include local authority contact details and the provider did not have a significant event policy.

Checks were in place to monitor the performance of the service and ensure a comprehensive understanding of the performance of the service was maintained. For example, there was evidence of a recent meeting to discuss patient safety and changes to the IT system to reflect this. The provider was able to tell us that they had carried out 17,719 consultations between 1 November 2016 and 1 November 2017 which had resulted in 8,812 prescriptions being issued. The registered manager told us that the vast majority of these patients were not resident in England but was unable to give us an exact figure for patient's resident in England only. 95% of the prescriptions issued were for contraception.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Care and treatment records were complete, accurate, and securely kept.

Leadership, values and culture

The registered manager had overall responsibility for the day to day operation of the service, including dealing with complaints and patient feedback. The GP was responsible for any medical issues arising and was available for contact on a daily basis. The provider was considering extending the services they offered to include offering services to patients in other countries, introducing a facility to enable

patients to provide test results, introducing testing and treatment for sexually transmitted diseases and extending the range of conditions they treated. An action plan was in place to aid the developments.

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

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

There were policies and IT systems in place to protect the storage and use of all patient information. The service was registered with the Information Commissioner's Office and there was evidence of steps being taken to minimise the risk of losing patient data.

Seeking and acting on feedback from patients and staff

Patients were not sent a post consultation satisfaction survey but were able to provide feedback and rate the service they had received on the providers' website. At the time of our inspection 220 patients had reviewed the service resulting in a rating of 4.9 out of five stars. 98% of the comments were positive, 1% neutral and 1% negative. We saw evidence of the provider monitoring feedback and responding appropriately. For example, one user had rated the service as 2.3 out of five stars as their request for a repeat prescription had been refused and they had not received any immediate feedback as to why. As a result the provider had reviewed their policy regarding prescribing contraception for a period longer than three months without review and had placed a note on their website to inform patients that if a request for services was refused for any reason they would be given an explanation on the patient portal but that this may not be until the following working day. They had also introduced additional methods of payment as a result of patient feedback. Patient feedback was published on the service's website.

The GP and other staff members 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.

Are services well-led?

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

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation.

Continuous Improvement

The service consistently sought ways to improve. The three members of staff told us they felt involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement. However, as there were only three members of staff who worked together regularly at the head office address there were ongoing discussions at all times about service provision.

There was evidence clinical audit and quality improvement activity to monitor quality and to improve service delivery. For example, an audit of suspended prescriptions leading to improvements to medical questionnaires and changes to the computer system to improve patient safety.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p data-bbox="815 748 1485 815">Care and treatment must be provided in a safe way for service users.</p> <p data-bbox="815 837 1321 882">How the regulation was not being met:</p> <p data-bbox="815 904 1449 1016">The provider was not fully assessing the risks to the health and safety of patients receiving care and treatment. In particular;</p> <ul data-bbox="815 1084 1513 1644" style="list-style-type: none"><li data-bbox="815 1084 1513 1196">• The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.<li data-bbox="815 1196 1513 1263">• The provider did not have a system in place to receive, disseminate or consider patient safety alerts<li data-bbox="815 1263 1513 1375">• We were not assured that the system in place to verify patient identity was sufficient to prevent misuse of the service.<li data-bbox="815 1375 1513 1532">• The provider did not have a system in place to enable clinicians working for the service to access, discuss, implement and monitor NICE and other relevant best practice guidance<li data-bbox="815 1532 1513 1644">• The provider did not have a system in place to inform a patient's own GP of any consultation undertaken or medicine prescribed. <p data-bbox="815 1666 1513 1778">This was in breach of regulations 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>