

Common themes from inspections of online providers of primary care

This guidance explains how CQC looks at some common specific issues that we have found through our inspections. We provide more detailed guidance from the professional regulators on a number of issues.

Identity

Making sure that patients are who they say they are plays an important role in delivering effective care. Confirming the patient's identity:

- facilitates accurate handover when communicating with other healthcare providers, including in emergency circumstances
- ensures that medicines are suitable for the person (for example, that doses are appropriate for children and for adults)
- supports the safeguarding of adults at risk and vulnerable children
- ensures the correct patient information is shared and that letters can be filed into the correct notes.

As a provider, you should consider how you can assure yourself of the identity of a patient, and the relationship (including parental responsibility) between a child and any accompanying adult, where appropriate. Where there is no visual contact with patients, there are significant limitations to a credit card check in isolation, as cards may be lost, stolen or borrowed.

When assessing a provider for the safe key question, we look at key line of enquiry S1, and the following additional prompts:

“What protocols are there to identify and verify the patient at the start of the first and subsequent consultations?”

“How does the provider protect against patients using multiple identities?”

To answer these questions, we will look specifically at:

- what systems and processes a provider has in place to manage identity and multiple accounts
- how the provider assures themselves that the patient is who they say they are for the purposes of safe and effective care and treatment
- how the provider manages any perceived risks, including safeguarding of vulnerable children and adults at risk of abuse and neglect.

Where we find concerns, we will raise them in the provider's inspection report, or take [enforcement](#) action if appropriate.

NHS Digital has published [a national standard](#) that aims to provide a consistent approach to identity across digital health and care services. We are working with providers to interpret this guidance in the context of their scope of practice. With CQC's oversight, providers have developed an identity verification framework specifically for the way this sector provides services. CQC's inspectors will use this framework as an interim measure to inform their assessment of how services are meeting their ID verification requirements. We will work with providers and stakeholders to review this interim measure and issue further advice after the initial programme of inspections where we award a rating.

Capacity

Identifying a potential lack of mental capacity is as important in online practice as it is in physical practice. It is important that staff working for an online provider have the ability to identify and, where appropriate, assess people's mental capacity to make a decision. CQC expects providers to act in line with the Mental Capacity Act (including its application to children aged 16 and 17) and relevant Children's Acts when considering mental capacity.

There is always a presumption of mental capacity in adults. However, we expect that a provider and its staff are able to describe how they identify where there may be evidence of a lack of mental capacity. In these cases, we expect the provider and staff to outline a process, within the model of consultation, which enables them to assess capacity in line with legal expectations.

Providers must also be able to consider how they can take steps to maximise a patient's capacity, and to handle lasting powers of attorney, proxy decision-making, and appropriate (and reasonable) handling of accompanying individuals.

Consent

Consent is a core component of good clinical practice. When obtaining consent, this discussion must include the options available to the patient, including the option not to treat.

Legal requirements and current guidance for a valid consent process require information to be tailored to each patient. There is a summary of the *Montgomery v Lanarkshire Health Board* case and key principles on obtaining consent in [Nigel's surgery 49: Consent for minor surgery in GP surgeries](#).

The General Medical Council's (GMC) [guidance on consent](#) outlines an expectation of two-way communication of tailored information between the patient and clinician. Consultations that only rely on transmitting standardised, generic information to the patient for the purpose of consent would not represent a discussion between clinician and patient, nor provide tailored information. This would therefore not meet the standard expected in guidance for consent and shared decision-making.

CQC expects providers to support their clinicians to act in line with best practice, and to abide by the standards expected by their professional regulator. Providers should review their processes and ensure that these align with the expectations of law and relevant regulatory standards and guidance.

Communication with a patient's NHS GP

Providers that operate outside of the NHS system may prescribe treatments or give advice to patients that can affect the care delivered by other clinicians involved in the patient's care. For example, an NHS GP's ongoing management of a patient's asthma may be affected by other prescriptions of inhalers from other providers in the wider system. Coordination and communication are even more important to deliver quality outcomes for patients where they increasingly receive care from multiple providers in the health and care system.

CQC expects providers to deliver care, and to support their clinicians to practise, in line with the professional expectations laid out in GMC's [Good Medical Practice \(2013\)](#) and [Prescribing and managing medicines and devices \(2013\)](#).

When patients register, we expect providers to prompt them to give informed consent to share information with their NHS GP. Where a patient does not have a GP, or does not give consent to contact their GP, providers should explore this with the patient.

In these cases, if the clinician has explored this with the patient but lacks sufficient and reliable enough information to provide a safe prescription, they should decline to prescribe and signpost the patient to suitable alternative services.

The clinician must act in line with [paragraph 32](#) of the GMC's prescribing guidance following an episode of care. The safety of the patient must come first. When the clinician has made a decision that it is safe to prescribe without informing the NHS GP following the episode of care, or if the patient is not registered with an NHS GP, this should be clearly documented in the patient's notes, together with any advice, monitoring arrangements or follow-up required.

Safeguarding

CQC's roles and responsibilities concerning the safeguarding of children and adults are set out in our [Safeguarding Statement](#) (2015). We will assess safeguarding in line with the [key lines of enquiry and prompts](#) in our assessment framework for healthcare services, supplemented by our [additional service-specific prompts](#) for online providers of primary medical care.

Providers frequently deliver care throughout the UK, and potentially beyond, and should therefore ensure that their policies and procedures take into account the legislative and guidance expectations of the countries where their patients are located, as well as UK requirements.

Identifying trends in safeguarding is often specific to a local area, and so providers should endeavour to link to local authority updates from areas in which they operate to be aware of trends in safeguarding concerns.

For patients in England, CQC expects policies and procedures to be in line with [Working together to safeguard children](#) (2018) and the [statutory guidance](#) accompanying the Care Act.

Providers must ensure that all staff have completed training relevant to the online environment, and to appropriate levels in line with national guidance for safeguarding children and young people as outlined in the [Intercollegiate Document \(2019\)](#). Similar guidance has been developed for safeguarding adults in the [Intercollegiate Document \(2018\)](#), and providers should have regard to relevant updates or new publications in this area.

Providers should take a 'Think Family' approach, and have separate policies for safeguarding children and adults, ensuring they have developed protections within their systems to effectively identify children or adults who are at risk of being exploited. Staff must be aware of their responsibilities, and procedures should outline the actions they need to take and who to contact in the event of a safeguarding concern.

Links to relevant professional guidance

General Medical Council: [Good medical practice](#)

Nursing and Midwifery Council: [Professional standards of practice and behaviour for nurses, midwives and nursing associates](#)

General Pharmaceutical Council: [Guidance for registered pharmacies providing pharmacy services at a distance including on the internet](#)