Additional prompts for online healthcare providers of primary care

These prompts are additional to, and should be read alongside, the [assessment framework for healthcare services](#).

Safe
S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
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?
How does the provider manage any risks around safeguarding vulnerable children and adults at risk of abuse and neglect?
How does the provider determine the patient's location at the start of consultations? How are 'caller withheld' numbers dealt with?
S2: How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?
What protocols are there for what to do if it becomes clear that a patient is severely unwell and needs urgent treatment? How does the provider ensure that the patient gets access to that treatment and what are the arrangements for follow-up?
What are the connections to emergency or urgent care services (beyond 999)?
S3: Do staff have all the information they need to deliver safe care and treatment to people?
What medical records and personal data are held? How and where?
Do clinicians have access to the patient's history with the service?
What systems are in place to safely manage and review test results and letters?
Does the provider allow proxy access to patient accounts and records? How is this agreed and monitored?
S4: How does the provider ensure the proper and safe use of medicines, where the service is responsible?
How does the provider ensure compliance with appropriate guidance on remote prescribing?

How does the provider ensure the prescribing of medicines is evidence-based? Are the clinical reasons for any deviation from evidence-based medicine clearly documented?
Are patients appropriately informed when unlicensed or off-label medicines are used?
How does the provider ensure that prescribers have the relevant knowledge, skills and experience for the conditions they are treating and for the medicines they prescribe?
How does the provider monitor and limit prescribing of medicines that have the potential to be misused?
How does the provider audit prescribing?
What protocols are in place for prescribing high-risk medicines and for antibiotics?
Is the provider following relevant national guidance on antibiotic prescribing? Does the prescriber require evidence of infection? Is the appropriate first line agent being used and is it clear that critically unwell patients would be identified from the provider's means of consulting with patients?
Are signatures for e-prescriptions controlled in line with The Medicines for Human Use (Prescribing) Order 2005 Statutory Instrument 2005 No. 765?
How are emergency prescriptions managed?
Are patients given clear information about medicines, which includes when to take the medicine, the purpose of the medicine, what side effects may occur and the action to take if they do? How is this recorded and where?

S6: Are lessons learned and improvements made when things go wrong?

How does the provider ensure prescribers are informed of relevant patient and medicine safety alerts and how are protocols or questionnaires updated in light of these alerts?

Effective

E1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

Is there evidence that patients' individual needs and preferences have been established? This includes:

- an up-to-date medical history
- explanation of the presenting complaint or purpose of the appointment
- a clinical assessment including diagnosis, referral and ongoing management

• treatment already received
• medication that is being taken (prescribed or over the counter).

What tool is used to gather information for the above assessment?
Is it an externally provided tool or one developed by the service?
What procedures and policies are in place to ensure currency and accuracy of clinical content (e.g. editorial policy, editorial board, evidence base, clinical review, how often updated, how are changes in evidence identified and reflected)?
How detailed is the patient's medical history before the initial consultation? When is it made available to the clinician?
Do clinicians use a clinical decision support tool? Which tool (in-house or external)? What procedures and policies are in place to ensure currency and accuracy of clinical content?

E3: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

What is the nature of the employment contract for clinicians?
Does the provider check, when appropriate, that GPs are on the GMC register and have a licence to practise? Does the provider check that other clinicians are appropriately registered?
How does the provider ensure that clinicians work within their scope of practice?
How does the provider ensure that clinicians have adequate indemnity arrangements? Are there appropriate indemnity arrangements to cover potential liabilities that may arise, including liabilities of any staff who do not carry their own indemnity?

E4: How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?

Are there clear and effective processes to make referrals to other services and, where necessary, for following up people referred to other services? What are the referral rates? How are patients informed of the referrals made?
If a patient needs a face-to-face consultation are they referred to their registered GP/another professional without delay? How does this work?
When people are referred to another professional/service is all information that is needed to deliver their ongoing care appropriately shared in a timely way? Are patients given a copy of that information?
Does the provider share information with a patient's registered GP (where there is one)? Are they technically able to do so?
If a patient does not consent to sharing information with their GP does the provider advise the patient of the risks?

Is this documented on the patient record? Are there situations when the provider would still contact the GP?
Are there situations when the provider would refer the patient elsewhere? Are there situations where the provider would not treat without consent?

E6: Is consent to care and treatment always sought in line with legislation and guidance?
How does the provider obtain/assess informed consent?
Can a child consult a doctor without parental knowledge? If so, what are the criteria?
How does the provider determine the age of a patient (to ensure that a child is not posing as an adult)?
If children are treated, what protocols are in place for verifying 'accompanying' adults, specifically, who they are, and what is their relationship to the child?
Is full, clear, detailed information provided about costs of initial/further consultations, all treatment and responding to queries or concerns?

Caring

C2: How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?
Is the patient able to see referral letters and receive all test results? Are they able to have test results interpreted? What happens if the clinician with whom a patient had the interaction is not available to review the results?
What information is given to patients about the clinician they consult with? How can a patient find out about the staff who work for the provider?

C3: How are people's privacy and dignity respected and promoted?
Are patients informed and is consent obtained if interactions are recorded?
How does the provider ensure patients are fully aware of how their records are stored and managed, who has access to them and whether any of their personal information is shared? Is it made clear what personal data is captured about a patient?
Has a privacy impact assessment been carried out?
Does the provider ask the patient if they want any sections of their medical record removed when sharing with other health professionals? Are there some sections that will always be shared?
How are patients made aware of the information sharing protocol before the service is delivered?

How is confidentiality assured for a remote consultation?
Are patients and staff aware of preferences and settings to maximise privacy (e.g. privacy settings on video and voice call services?)
How does the provider ensure that consultations take place in appropriate environments to ensure confidentiality?
Does the provider advise patients on how to protect their online information?

Responsive

R1: How do people receive personalised care that is responsive to their needs?

How does the provider make clear to patients what the limitations of the service are?
How is a 'not treated' condition managed if it emerges during a consultation?
What systems are in place to manage termination or interruption of connection during a consultation?
How does the provider engage with both the wider NHS and the local NHS to ensure its actions are in line with both national and local priorities?
Is there a system in place to notify Public Health England of suspected notifiable infectious diseases?
Are consultations time-limited? What is the average time-slot for a consultation? Is the length of time appropriate to the type of interaction?

R2: Do services take account of the particular needs and choices of different people?

Does the provider use an appropriate translation service or are patients able to select a clinician who speaks a particular language?
How accessible is the service to patients with disabilities? Is web content accessible to people with disabilities?
How accessible is the service to people who are less able to use IT services and are alternatives available?

Well-led

W1: Is there the leadership capacity and capability to deliver high-quality, sustainable care?

Are there any other companies and websites providing medical advice that the provider is affiliated with?
Does the provider's leadership include people with expertise in digital technology?

W3: Is there a culture of high-quality, sustainable care?
How does the provider ensure the clinical oversight of remote staff?

W5: Are there clear and effective processes for managing risks, issues and performance?
How is the health and safety of remote employees maintained? Has the provider given employees advice about the correct use of display screen equipment? Have work areas been assessed?

W6: Is appropriate and accurate information being effectively processed, challenged and acted on?
Are medical records held in line with guidance and requirements? Is the level of security in line with the principles of the N3 spine or similar?
If patient records are held on a portable or mobile device are they appropriately backed up in real time?
Is all data encrypted, in transit and at rest? Are portable or mobile devices encrypted when they hold patient information?
Is the provider registered as a data controller with the Information Commissioner's Office and is this in the same name as the CQC registration? Is the registration current with all provider details up to date?
Who has access to the patient record? Do any third parties have access? What measures are in place to monitor and control this access? Can a patient see who has accessed their record?
How is any unusual access identified and followed up?
What will happen to data and records if the provider ceases to trade? Are there contracts in place?

W7: Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?
Is there a clear, well publicised mechanism for patient feedback? Does the provider always respond to feedback?
Is patient feedback published in an open and transparent way? Is patient feedback edited or censored before publication?
How does the provider ensure that their service is person-centred?