Babylon Healthcare Services Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 21 July 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Babylon Healthcare Services Ltd. employs GPs on the GMC GP register to work remotely in undertaking patient consultations. Patients are able to book a 10 minute consultation with a GP between the hours of 8.00am and 8.00pm every day. This is not an emergency service.

Subscribers to the GP consultation service can pay a monthly fee or pay for each consultation.

For the past two years Babylon has engaged in a partnership with the NHS, whereby they can provide NHS patients with consultations via their smartphone and computer. This service is currently provided to patients registered with two NHS GP practices in Southend, Essex. These patients do not individually pay a fee for the service.

Babylon also provides general healthcare advice under an 'Ask a Question' service by which people can text a medical question and receive an answer from a doctor or

Summary of findings

nurse. No diagnosis or prescription is provided. All previous questions can be seen by the GP during any subsequent on line consultation. However, the sole focus of our inspection was the on line GP consultation service.

Other services provided, which were outside the scope of our inspection, included a facility to order essential health and medical kits for patients to monitor their health; a health monitor application and a recently launched symptom checker application; and an on line psychotherapy service. There is also an on line GP consultation service in Ireland but this was also outside the scope of our inspection as our remit only applies to regulated activities provided to people who live in England.

The Chief Executive is the registered manager. (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).

Before our inspection we asked the provider to email patients for their views about the service and send them directly to CQC. The 13 responses we received were all positive about the care and treatment they received and the flexibility and accessibility of on-line consultations. There was also mostly positive feedback about the service on the provider's website.

Our key findings were:

- There was an effective system in place for reporting and recording incidents and significant events. All opportunities for learning from incidents and events were maximised.
- Risks to patients were always assessed and well managed, including those relating to recruitment checks.
- Systems were in place to protect personal information about patients and the company was registered with the Information Commissioner's Office (ICO).
- The service had a governance framework in place which supported the delivery of the service and good quality care. There were appropriate policies and procedures to govern activity which were subject to regular review.
- Staff at headquarters we spoke with were fully engaged with, and committed to, the organisational mission and values and told us they felt well supported and that they could raise any concerns with the provider or managers.
- Patient feedback was used proactively to inform improvements in the service being provided.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients' written feedback said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a healthcare professional, at a time convenient to them.
- There was a clear vision and strategy with quality and safety as a top priority.
- There were strong and visible clinical and managerial leadership and governance arrangements and staff felt valued and supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Ensure ICO registration is updated to reflect the new headquarters' address.
- Arrange monitoring of the receipt of manual (inked) prescriptions by the pharmacy to check the 72 hour delivery time was met.

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 that this service was providing safe care in accordance with the relevant regulations.

- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- There were systems in place to protect all patient information and ensure records were stored securely. Patient records showed a full and accurate assessment, diagnosis and treatment of patients had been made.
- Appropriate risk management processes were in place to manage and prevent harm.
- Appropriate safeguards were in place to deal with medical emergencies that may arise during an online consultation.
- GPs and staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them. GPs had undertaken child safeguarding training to the required level.
- Patient identity was verified on registering with the service and at each consultation.
- The company was registered with the Information Commissioner's Office.

Are services effective?

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

- GPs 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) best practice guidelines.
- Consent to care and treatment was sought in line with the provider policy. The policy made appropriate reference to the Mental Capacity Act and Gillick competency.
- There were rigorous induction, training and appraisal arrangements in place to ensure staff had the skills, knowledge and experience to deliver effective care and treatment.
- All GPs contracted by the service were registered with the GMC, on the GP register with a licence to practise.. The provider sought additional documented evidence to support whether staff were qualified to undertake the role they were employed for.
- GPs provided specialist, diagnostic and pathology referrals. The referral could then be taken to any private specialist or private clinic/ hospital for further examination and treatment.
- Staff worked with external partners to understand and meet the range and complexity of people's needs.

Are services caring?

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

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

Are services responsive to people's needs?

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

- Patients signed up to receiving this service either by a mobile phone application or from their computer. The service offered flexible consultation appointments between 8:00am and 8:00pm every day to meet the needs of patients.
- 10 minute appointment times were made available for each consultation with extensions based on clinical judgement with no additional cost. If patients wished to extend the appointment themselves they were advised to rebook.
- The provider had access to translation services for patients whose first language was not English. This was flagged when the booking was triaged and arrangements made for an interpreter to be available for the consultation.
- The provider had an effective system in place for handling complaints and concerns and responded quickly when issues were raised. They actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- There was information on how to complain on the provider's website which was easy to understand.
- The provider proactively gathered the views of patients and acted on feedback to improve services.

Are services well-led?

We found that this service was providing well-led services in accordance with the relevant regulations.

- The provider had a clear vision and strategy to deliver, as a top priority, safe and high quality care and promote good outcomes for patients.
- Staff were clear about the vision and their responsibilities in relation to this.
- There were strong and visible clinical and managerial leadership and governance arrangements and staff felt valued and supported by management.
- The provider had a comprehensive range of policies and procedures to govern activity which were continually updated and reviewed.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider proactively sought feedback from staff and patients, which it acted on.

Babylon Healthcare Services Ltd.

Detailed findings

Background to this inspection

The inspection was carried out on 21 July 2016. Our inspection team was led by a CQC Lead Inspector**.** The team included a CQC regional GP advisor, a CQC clinical fellow and a member of the CQC policy team.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We asked the provider for some information prior to the inspection.

During our visit we:

- Spoke with a range of staff including directors and support staff.
- Reviewed the personal care or treatment records of patients.
- Reviewed feedback from patients who shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and recording incidents and significant events:

- Incidents and significant events were reported to a senior manager who would complete an incident report which was recorded on a comprehensive incident log on the provider's computer system. The incident log, containing outcomes, lessons learned, action taken and a risk rating, was reviewed by senior management weekly and at the provider's quarterly integrated governance committee.
- We reviewed incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the service. For example, following a prescribing dosage error the service reviewed its policy so that all queries from a pharmacist concerning a dose of a medicine would be passed directly to the prescribing GP, even if the pharmacist did not specifically request this and it would result in a slight delay to the patient receiving their prescription. GPs performing consultations remotely were involved in the process around reporting, recording and learning from incidents through individual follow up reviews and remedial training if appropriate, and through wider communication in monthly clinical teleconference meetings, which were minuted. Opportunities were also taken to share learning from incidents through the service's weekly on-line social media network.
- We saw evidence that if there were unintended or unexpected patient safety incidents, patients would receive reasonable support, truthful information, a verbal and written apology and would be told about any actions to improve processes to prevent the same thing happening again. The provider kept written records of verbal interactions as well as written correspondence in the event of an incident arising.
- The provider was aware of the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty.

Reliable safety systems and processes (including safeguarding)

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The safeguarding policy was accessible to all staff. The medical director was the nominated lead for safeguarding, supported by the nursing and clinical governance lead. They were both trained to level 3 in children's safeguarding. They had ready access to an externally contracted safeguarding specialist if any concerns arose about a patient's welfare. The specialist also advised on appropriate local authority safeguarding contacts in the event of safeguarding concerns to ensure the most current contact details were available. The clinical support team working in the company headquarters were trained to safeguarding children level 1/2. All contracted GP staff were trained to safeguarding children level 3. All staff were trained in safeguarding vulnerable adults. During the interview and selection process clinical applicants were presented with a safeguarding scenario and were required to demonstrate their competence in this area. We saw examples where safeguarding issues that had been identified during on line consultations were referred to social services.
- There were systems in place which ensured that all patient information was stored securely with all data being encrypted. (is a process of encoding messages or information in such a way that only authorised parties can read it. does not of itself prevent interception, but denies access to the content to the interceptor). Records were maintained securely and provided an accurate, complete and contemporaneous record in respect of each patient, including treatment provided and decisions taken in respect of treatment. No medical data was stored on a patient's mobile device or computer and no patient data was shared with third parties. All personal data was held with technical and organisational security which complied fully with the keeping of health records. Information to this effect was available to patients through the mobile phone application and the provider's website to ensure they were fully aware of how their records were stored and managed, and who had access to them. Patients could

have a summary of their consultation sent to their GP and could view this and the full recording of their consultations at any time, using a password protected secure location.

- The provider was registered with the Information Commissioner's Office. (The Data Protection Act 1998 requires every organisation that processes personal information to register with the Information Commissioner's Office (ICO), unless they are exempt. Failure to do so is a criminal offence.). However, at the time of the inspection the ICO registration had not been updated to reflect the new headquarters' address.
- On initial registration with the service, protocols were in place to identify and verify patient identity at the start of the first and subsequent consultations, following Royal College of General Practitioners (RCGP) guidance. This helped to ensure that the correct patient was receiving the consultation, treatment and advice. The provider also carried out Internet Provider (IP) tracking and looked for behaviour patterns in the data they held or by GPs verifying a patient's identity at the beginning of each consultation.
- In speaking to GPs who performed consultations remotely we were assured that privacy checks had been carried out on the suitability of the environment that the GP carried out their consultation in, for example to ensure they could not be overheard and would be free of interruptions.

Medical emergencies

- The service had appropriate systems in place to deal with medical emergencies that could potentially arise during an online consultation. The provider had a call failure protocol in place in the event there was poor connectivity regarding a consultation, including if the call failed because of a medical emergency such as patient collapse. The patient was asked at the beginning of the consultation to confirm the location they were calling from to assist in this respect.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Plans were being made to set up a second data centre as an additional data backup facility for disaster recovery in the event of major disruption. We were told this would be tested in October 2016.

Staffing

- The provider had a recruitment and selection policy that set out the standards it followed when recruiting staff. This was linked to recruitment 'onboarding' and leaving procedures and clinical curriculum vitae (CV) recruitment guidelines. The monitoring of the recruitment process was audited randomly and the processes and checked for completeness. Every new starter's file was checked and audited randomly.
- Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service. It was also the provider's policy to ensure all clinicians had the appropriate level of indemnity insurance cover and also safeguarding training. In addition a copy of the clinician's last appraisal was obtained to provide testament to their work over the previous year.
- The provider had a capacity forecasting system to match anticipated demand for on-line consultations to ensure timely consultations. This was supported by daily monitoring which enabled peaks in demand to be identified rapidly and additional GP resources be deployed if necessary to maintain capacity and avoid delays in patients receiving their consultation. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety.

- All telephone consultations were booked in advance. If there was any problem with the consultation the GP would escalate the concern to the medical director or an appropriate person depending on the nature of the issue. Significant events were investigated in accordance with clearly defined processes and regularly reviewed by senior management. Four of these had occurred and been reviewed in the last 12 months and we saw evidence of the outcomes, action taken and lessons learned.
- There was a system in place to ensure NHS England patient safety and Medicines and Healthcare products Regulatory Agency alerts were disseminated and acted upon. GPs providing on line consultations were notified

by email and alerts were also discussed during monthly GP calls. A log was kept of all alerts and we saw the log and examples of alerts disseminated, for example regarding the use of a dermatological medicine.
- The provider had a comprehensive risk and incidents log, which was maintained on an ongoing basis and reviewed at quarterly integrated governance committee meetings.

Premises and equipment

- The head office of the company was situated in a modern building in central London but provided services remotely to all areas of the United Kingdom. (CQC does not regulate health services in Wales, Scotland and Northern Ireland). If a patient wanted to have a consultation from abroad for example, whilst on holiday, this was also possible but the doctor must be based in the UK and a prescription could not be delivered to an address outside of the UK.
- The company expected that all GPs would conduct consultations in private and maintain the patient's confidentiality. Consultations were audited to ensure privacy checks were carried out by the GP. Each GP used their own laptop to log into the Babylon operating system, which was a secure programme.
- Due to the nature of the service provided no medical equipment was required to carry out the digital consultations.

Safe and effective use of medicines

- The provider had a clear policy for the prescribing of medicines including controlled drugs. All medicines prescribed to patients during a telephone consultation were monitored by the provider, for example to identify individual GP and overall prescribing patterns. There were also regular medication audits of specific medicine, two recent examples being diazepam and codeine prescribing. If medicine was deemed necessary following a consultation, the GPs were able to issue a private prescription to patients. There was a company prescribing formulary from which the GPs could prescribe. There were protocols in place for identifying and verifying the patient and General Medical Council guidance was followed.
- Patients using the phone application could have their private prescriptions delivered to their preferred pharmacy where it could be collected or could opt to have them delivered direct to their preferred address, by same day or next day delivery. The option of delivery to a preferred address was only available currently on the mobile phone application and not for web consultations. For the two NHS practices currently using Babylon's services, patients could use six local pharmacies plus two in central London to collect prescriptions. For both private and NHS patients, initially the prescription was sent to the nominated pharmacy by secure fax. They then called the pharmacist to confirm receipt of the fax, and the original ink-signed prescription was then sent to the pharmacist the same day by post. We were told the provider was progressing plans to move to an electronic prescribing system for both NHS and private patients to remove the need to send the physical prescription by post.
- The despatch by fax of manual (inked) prescriptions was monitored and controlled but the receipt of the original prescription by the pharmacy within the 72 hour delivery time was not monitored.
- Patients were given clear information on medicines that included:

  - How and when to take the medicine.

  - The purpose of the medicine.

  - What side effects may occur and the action to take if they do.

The provider undertook regular audits of recorded consultations to check this.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

- GPs 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) best practice guidelines. We were able to corroborate this information with the GPs working remotely we spoke with on the day of the inspection. All GPs were expected to act in the same way as they would routinely in their private or NHS practice.
- There was an effective process for checking a patient's medical history and this was made available to the GP in advance of the consultation. A comprehensive assessment of each patient was carried out during the online consultation including diagnosis and treatment advice given to a patient to ensure an accurate, complete and contemporaneous record was kept. Clinical coding was not in place during the consultation but we were told this was added subsequently by the clinical support team at the headquarters office.
- There was a programme of quality assurance in place that included ongoing clinical audit activity, reported quarterly, of individual GP consultations and specific focused audits to improve patient treatment and outcomes. The provider used a bespoke Babylon audit tool that incorporated the RGCP out of hours toolkit, elements of the Babylon standardised GP consultation and CQC quality criteria of 'care and compassion' and 'dignity and respect'. Outcomes of individual GP audits were fed back to them to inform training needs and combined audit data was used to inform wider training needs, policies, technology changes, and the corporate risk register.
- The service had completed six focused clinical audits last year, in addition to their main quarterly clinical audits. Of these six, three have so far had a completed second cycle where the improvements made were implemented and monitored. Findings were used by the provider to improve services. For example, action taken as a result included refinements to controlled drugs prescribing policy; and the development of an intimate examinations policy which set out a protocol for GPs to follow during on-line consultations to preserve patient dignity.

Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- We saw personnel records which showed GPs employed by the provider were registered with the GMC and on the GP register with a licence to practise. They were also included on the NHS Medical Performers List.
- Within its 'onboarding' procedure the provider had a comprehensive induction programme for newly appointed staff including GPs. The programme covered key policy training; portal training to enable them to access the system and which included a mock consultation to ensure they were appropriately trained and confident in using the system; and patient confidentiality and information governance. All clinicians were also required to have a 30 minute call with the provider's outsourced IT company to set up the GP's working laptop with antivirus/antispyware software where they could monitor any updates required and also be alerted of potential threats.
- The provider could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals and consultation audits. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, weekly groups on their in-house social media platform and monthly GP calls, appraisals, coaching and mentoring. All staff had had an appraisal within the last 12 months. The provider's completion of GP appraisals was timed to coincide with their external annual appraisal linked to the GP revalidation process.
- Following induction, staff received refresher training after three months and annually that included: safeguarding, patient confidentiality and information governance awareness, policy changes and portal system updates.

Working with other services

The provider shared relevant information with other services in a timely way, for example when referring people to other services.

- When a private patient contacted Babylon they were asked if the details of their consultation could be shared with their GP. If patients agreed, a copy of the

Are services effective?

(for example, treatment is effective)

consultation notes were shared with the GP. For NHS patients a summary of the consultation was automatically shared with their GP practice by secure fax.

- Babylon GPs provided specialist, diagnostic and pathology referrals. The referral could then be taken to any private specialist or private clinic/hospital for further examination and treatment. After their consultation patients received a referral letter sent to their email address. They could then use this to organise tests, or appointments at any private clinic, hospital or practice. If they wished they could book a follow up consultation to discuss their results with a Babylon GP. Babylon is a private service so patients were advised they would not be able to see an NHS specialist. Babylon could refer them back to their GP who could then refer them on should you they wished to progress matters via the NHS.
- Babylon received the results from referrals and analysed these before informing the patient of the outcome. If they have had a specialist referral after Babylon had received the results, Babylon would upload these into their previous appointment record. If Babylon thought it was necessary they would contact the patient to book a follow up consultation. Pathology test results and letters did not go back to a named doctor but were analysed by Babylon's clinical team before sending the patient a notification informing them that their results were normal or would suggest a follow up consultation. The test results were available for patients to access once they had been reviewed by a GP.

Babylon NHS Services

- We spoke with the two NHS GP practices who had entered into a contract with Babylon. They both felt the service worked well from the practice's and their patients' point of view. They said the service had improved patient access to consultations and enhanced overall access to a GP. The only negative feedback they had received was about patients experiencing difficulties with technological connectivity but this was not a significant issue and problems were resolved quickly. They also felt that information sharing was effective. There was real time access to performance data regarding numbers and reasons for consultations, patient age and gender and prescribing data. A summary of all consultations was sent to the practice by secure fax. Patient consent was sought for this when they initially signed up for the service. Babylon also provided and reviewed with the practices monthly data on consultations and did not attends (DNAs). We also spoke with the CCG for the two practices who monitored prescribing monthly relating to their patients who used Babylon's consultation services. There had been no untoward issues arising from this monitoring.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We noted there was reference to the Mental Capacity Act 2005 in the provider's consent policy and the Act was covered in safeguarding training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The provider's policy on consultation with minors was that all patients under 16 years of age must undertake a consultation with a parent/guardian present. We noted there was reference to 'Gillick competence' in the policy regarding the legal framework for children under 16 providing independent consent to treatment.
- The process for seeking consent was monitored through consultation records audits.
- Patients could have access to a copy of their video or audio consultation via their online account. Babylon provided an assurance that all recordings were encrypted and accessible only to the patient and members of the Babylon clinical team managing their care.
- The cost of the service was explained to patients. They were told they would also need to pay the chosen pharmacist for prescriptions supplied.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

All staff we spoke with were aware of the importance of protecting patient confidentiality. GPs took consultations in a private place in their home or office which was sound secure and were not to be disturbed at any time during their working time with Babylon. The provider had put in place a system to assure itself of confidentiality of the GP's location and had ongoing arrangements to check this.

The provider had recently introduced a policy for intimate examinations during on line consultations. A strict protocol was followed to ensure patient privacy and dignity was maintained when completing such examinations. GPs we spoke with were able to confirm their understanding of and adherence to the policy.

The provider had in place arrangements to ensure information about patients using the service was kept confidential which included the security of patient records.

We did not speak to patients in person during the inspection. However, before the inspection we asked the provider to email any patients who had had a consultation in the last three months a link to an on line form to provide CQC with feedback on the service they had received from Babylon. All of the 13 patients who completed the form were positive about the service experienced. Patients said they felt Babylon offered an excellent service and the doctors were helpful, caring and treated them with dignity and respect. The responses also highlighted that during the on line consultations the GPs responded compassionately when they needed help and provided support when required.

The provider invited all patients to complete feedback following their consultation under a five star rating system. Performance data from the feedback was updated continuously and published on the provider's website. The ratings (rounded up) in the week before the inspection were:

- 5 Stars – 82%
- 4 Stars – 11%
- 3 Stars – 4%
- 2 Stars – 1%
- 1 Star – 3%

The medical director told us that about 50% of patients left a star rating. Any ratings below 4 stars were followed up by the associate medical director with the GP concerned. Non clinical matters (for example, technical and connectivity) were reviewed by the operations team. The provider also reviewed feedback posted on their facebook page and in the 'App' store.

Involvement in decisions about care and treatments

In the feedback provided to CQC, patients reported that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by the doctor and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the provider's website was also mostly positive in this respect and aligned with these views.

Information about the cost of the consultation was known in advance and paid for before the consultation appointment commenced. The costs of any resulting prescription were handled by the pharmacist providing the prescribed medicine.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs.

- All patients using the service referred themselves for treatment. None were referred from NHS services, although two NHS GP practices had entered into a contract with the provider to enhance access to GP services for their patients and reduce waiting times for routine appointments.
- The service offered flexible appointments between 8:00am and 8:00pm to meet the needs of their patients. The range of services was kept under review to meet demand.
- 10 minute appointment times were made available for each consultation with extensions based on clinical judgement with no additional cost. If patients wished to extend the appointment themselves they were advised to rebook.
- Patients who had signed up as members could book quickly for an appointment and receive a consultation soon after. The aim was to make appointments available within two hours during operational hours. Two patients who completed our feedback form stated they had received their consultation between 15 and 20 minutes after making a booking.
- Following the consultation all patients could automatically access their Babylon health record from their phone, from a secure password protected location.
- Babylon GPs completed the consultations from their own home or office in a secure environment where noise nuisance or interruptions could not distract a consultation and patient privacy and dignity could be assured.
- There was a two week 'sprint' system in place to enable the technology team to respond rapidly to technical changes to the on-line consultation system identified from operational experience and patient feedback within two week cycles.

Tackling inequity and promoting equality

- The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.
- The provider had access to translation services for patients whose first language was not English. This was flagged when the booking was triaged and arrangements made for an interpreter to be available for the consultation.
- The provider could accommodate a patient's preferred preference for a consultation with a male or female GP.

Access to the service

- Patients accessed the service from their computer or by downloading the mobile phone application and submitting an online request for an appointment time. The service was provided seven days a week, 8:00am and 8:00pm.
- 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.
- Patients who completed our feedback form commented positively on the accessibility and flexibility of the service, fitting around their needs.

Concerns & complaints

The provider had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for independent healthcare in England, including the organisations to contact if people were dissatisfied with the handling of their complaint.
- There was a designated complaints manager responsible for handling all complaints received about the service. The complaints manager maintained a complaints log and produced a monthly report on complaints considered. They were also reviewed by senior management at the provider's quarterly integrated governance committee.
- There was information on how to complain on the provider's website. Complainants were advised to email their complaint to the complaints manager.

We looked at summaries of 20 complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. The provider demonstrated an open and transparent approach in dealing with complaints. Lessons learnt from concerns and complaints were communicated throughout the organisation and action was taken to as a result to improve the quality of

Are services responsive to people's needs?

(for example, to feedback?)

care and services. For example, following a complaint related to a misunderstanding about how accounts were operated to include additional family members, a request was sent to the technical team to provide clearer information on the website to avoid any future misunderstanding.

Are services well-led?

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

Our findings

Governance arrangements

The provider had an overarching governance framework which supported the delivery of its strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive range of service specific policies were implemented and were available to all staff which were subject to regular review and updating.
- A comprehensive understanding of the performance of the service was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were extensive and well embedded arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Care and treatment records were complete, legible and accurate, and securely kept.

Leadership, openness and transparency

- The provider had a clear vision and strategy to put an accessible and affordable health service in the hands of every person**.** This was articulated on the provider's website, supported by a mission statement. The directors had the experience, capacity and capability to run the service and ensure high quality care. They prioritised high quality and compassionate care. The directors were visible in the headquarters office and staff told us that they were approachable and always took the time to listen to all members of staff.
- The directors were aware of and complied with the requirements of the Duty of Candour. They encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- When there were safety incidents the service gave affected people reasonable support, truthful information and a verbal or written apology. This was supported by an operational 'Duty of Candour' policy.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that there was an open culture within the service and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. There were weekly 'stand up' meetings on Monday mornings with all headquarters staff, and monthly clinical call meetings and weekly conversation groups on social media with GPs. There was an annual staff survey and the analysis of the results of the latest survey was awaited at the time of our inspection.
- Staff said they felt respected, valued and supported, by the provider's senior management team. All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.
- The culture of the service encouraged candour, openness and honesty.

Learning and improvement

- The provider was open to feedback and offered patients the opportunity to reflect on their experiences. The provider encouraged learning from complaints and significant events.
- The provider demonstrated clinical quality improvement such as completed cycles of clinical audit. There was ongoing monitoring of the quality of care and treatment provided and changes that were necessary were made as a result. For example, feedback received from a patient that a consultation was not useful was passed onto the medical director to review the consultation in more detail and feedback to the GP involved. In the meantime the patient was offered the opportunity to speak to another doctor for a further consultation.
- Formal training focussed on essential skills such as safeguarding and information governance and continuous learning was managed through annual appraisals and three monthly refresher training and feedback from and audit of consultations, significant event analysis and learning from complaints.

Provider seeks and acts on feedback from its patients, the public and staff

- The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation. The medical director was the named person for dealing with

Are services well-led?

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

any issues raised under the whistleblowing policy. In the event of an issue arising, the provider had a red flag, 'stop the line' system under which all services would be stopped until the issue was addressed and resolved.

- The provider encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- It had gathered feedback from patients on an ongoing basis through consultations and complaints received. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.