e-med Private Medical Services Ltd

e-med Private Medical Services

Inspection report

Upper Floor
Lynx House
Ferndown
Northwood Hills
Middlesex
HA6 1PQ
Tel: 020 3286 0946
www.e-med.co.uk

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at E-Med Private Medical Services Ltd on 31 January 2017. E-Med Private Medical Services Ltd was established in March 2000 and registered with the Care Quality Commission in October 2012. E-Med operates an online clinic for patients via a website (www.e-med.co.uk), providing consultations, private healthcare referrals and prescriptions.

We found this service was not proving safe, effective and well led services in accordance with the relevant regulations but was providing a caring and responsive service.

Our key findings were:

- There was a system in place for recording, reporting and learning from significant events.
- There were systems in place to protect patient information and ensure records were stored securely however, not all patient information gathered as part of patient consultations had been stored with or attached to, the patient record. The service was registered with the Information Commissioner's Office.
- The provider could not evidence all staff had received safeguarding training appropriate for their role.
- The service managed patients' applications for medicines in a timely way.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.
- Staff did not have a comprehensive understanding of how to seek patients' consent to care and treatment in line with legislation and guidance.
- Knowledge of and reference to national clinical guidelines were inconsistent.
- There was no evidence that audit was driving improvement in patient outcomes.
- The provider offered nurse consultations to anyone accessing the website, free of charge.
- We did not speak to patients directly as part of the inspection but online patient feedback available showed that patients were positive about the service.
- The service offered flexible telephone or video appointments between 9am and 5pm weekdays to meet the needs of their patients.

Summary of findings

- There was no clear clinical leadership in place. The practice did not hold clinical meetings to discuss clinical issues and ensure clinicians were kept up to date.

The areas where the provider must make improvements are:

- Take action to ensure off-label medicines (medicines being prescribed for unlicensed indications) are not prescribed without assessing the legal implications and risk in doing so including adverse reactions, product quality and the 'Patient Information Leaflet' associated with this medicine.
- Take action to ensure off-label medicines are not prescribed without gaining informed consent from the patient.
- Take action to ensure medicines are not prescribed without ascertaining if the patient is pregnant; breast feeding or planning to start a family.
- Ensure adequate patient identification checks are carried out to ensure individual identity but also to reduce the risk of under 18s accessing the service.
- Develop an effective system to keep staff up to date with national guidance such as safety alerts and National Institute for Health and Care Excellence (NICE) guidance.
- Ensure there is a programme for quality improvement such as clinical audit to monitor and improve the service provided to patients.
- Ensure there is a full record of the consultation on the patient record and confidentiality of patient information is maintained by employees working remotely.
- Ensure there is a process in place to manage any emerging medical issues during a consultation

The areas where the provider should make improvements are:

- Formalise staff meetings to ensure all staff are updated with service developments regularly.
- The provider should take due account of national guidance such as NICE & GMC guidelines and ensure clinicians deliver care and treatment in accordance with them.

Summary of any enforcement action

The provider has been issued a Notice of Proposal to impose conditions on their registration in relation to Regulation 17, Good Governance.

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 not providing safe care in accordance with the relevant regulations.

- There were systems in place to protect patient information and ensure records were stored securely however, not all patient information gathered as part of patient consultations had been stored with or attached to, the patient record. The service was registered with the Information Commissioner's Office.
- Patient identity was not verified by the provider and there were no protocols in place to support staff to undertake this function.
- We were not assured the provider understood the potential risk and legal implications of prescribing off-label medicines (medicines prescribed for unlicensed indications).
- There was no process in place to manage any emerging medical issues during a consultation.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- The system in place to deal with medicine safety alerts required improvement.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.
- There were enough doctors to meet the demand of the service and appropriate recruitment checks for all staff were in place.
- The provider could not evidence all staff had received safeguarding training appropriate for their role.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

- Staff did not have a comprehensive understanding of how to seek patients' consent to care and treatment in line with legislation and guidance. The provider could not evidence Mental Capacity Act training for all clinicians.
- The service had arrangements in place to coordinate care and share information appropriately for example, when patients were referred to other services.
- If the provider could not deal with the patient's request, this was adequately explained to the patient and a record kept of the decision.
- Knowledge of and reference to national clinical guidelines were inconsistent.
- There was no evidence that audit or other forms of quality improvement were driving improvement in patient outcomes.
- The staff induction training required improvement. It was unclear from the staff personnel files whether training had been completed or when refresher training was due.

Are services caring?

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

- The provider offered nurse consultations to anyone accessing the website, free of charge.
- We did not speak to patients directly as part of the inspection but online patient feedback available showed that patients responded positively to the service.

Are services responsive to people's needs?

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

Summary of findings

- There was information available to patients to demonstrate how the service operated.
- The service was open between 9am and 5pm on weekdays. Patients could access the website 24 hours a day via their computer or other portable device with internet access.
- Patients could complete an online questionnaire and could receive in addition a video or telephone consultation with the doctor where necessary. The service offered flexible telephone or video appointments between 9am and 5pm weekdays to meet the needs of their patients.
- Patients who requested an online or telephone consultation with a doctor were contacted by the doctor at the allotted time. There were no maximum consultation times to make an adequate assessment or give treatment.
- Patients could access a brief description of the doctors available on the provider website. The provider employed both a female and male doctor. The principal doctor was male; however, the provider would endeavour to accommodate patients if they requested a consultation with a female doctor.
- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Are services well-led?

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

- The provider had a clear vision to help people who need healthcare quicker and faster and to provide a service for patients who were not able to access a GP and receive a face to face consultation.
- The service had a number of policies and procedures to govern activity; these were not readily available to on-site staff as they were in paper form. Remote working staff did not have access to policies.
- There was no clear clinical leadership in place and the practice did not hold clinical meetings to discuss clinical issues and ensure clinicians were kept up to date.
- There were no formal arrangements for clinical supervision or peer review.
- Patients were invited to complete a feedback form following each consultation and data gathered as a result of patient feedback had been acted upon.

e-med Private Medical Services

Detailed findings

Background to this inspection

E-Med Private Medical Services Ltd was established in March 2000 and registered with the Care Quality Commission in October 2012. E-Med operates an online clinic for patients via a website (www.e-med.co.uk), providing consultations, private healthcare referrals and prescriptions. The service, for consultations, is open between 9am and 5pm on weekdays and available to UK and European residents. E-Med has approximately 1800 members and provides 50-60 consultations on average per week. This is not an emergency service.

Patients are required to join E-Med as a member to access the service and there is an annual membership fee of £20. For each consultation there is a charge of £15 which includes issuing the prescription and if patients are not satisfied with the service they are refunded the consultation. For each consultation the patient completes a free-text questionnaire for the symptoms or condition they believe they have and the prescription or private healthcare referral is issued or declined by the doctor as appropriate. The doctor requests further information from the patient via email, telephone or Skype where necessary. If the doctor decides not to prescribe a requested medicine, the patient is sent an email stating the order will not be fulfilled and a refund is processed. Once approved by the doctor, the patient can take their prescription to a pharmacy of their choice with the exception of low dose naltrexone (a medicine generally used to treat the symptoms of multiple sclerosis) which are dispensed, packed and posted by a pharmacy located in Glasgow; and delivered by a third party courier service.

The provider employs two doctors on the GMC GP register to work remotely in undertaking patient consultations based on the information submitted by patients through the website questionnaires. The provider also employs an IT consultant on an ad-hoc basis as required. A registered manager is in place. (A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and Associated Regulations about how the service is run).

How we carried out this inspection

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.

We conducted our inspection on 31 January 2017 and visited the location of the service. We met with the Director and the Service Manager, who is also the Registered Manager and a registered nurse, and spoke with the principal doctor via telephone. We reviewed provider documentation including policies, staff personnel files and patient records.

Our inspection team was led by a CQC Lead Inspector. The team included two GP specialist advisers, a second CQC inspector, and a member of the CQC medicines team.

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

- Is it safe?

Detailed findings

- 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

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

Safety and Security of Patient Information

The provider made it clear to patients what the limitations of the service were. There was no process in place to manage any emerging medical issues during a consultation and for managing test results and referrals. The service was not intended for use as an emergency service.

There were policies and IT systems in place to protect the storage of all patient information. The provider told us that the security of patients' personal data was ensured through third party technical support and encryption services. The service was registered with the Information Commissioner's Office. Staff had received training in confidentiality and information governance.

We discussed with the provider the arrangements in place for the doctors undertaking the consultations remotely. The provider expected that doctors would conduct consultations in private and maintain the patient's confidentiality. Staff told us the doctors could use their laptop, desk top or iPad at any time or location (internet connection permitting). Whilst connecting to the service was operated through a secure network line; we were not assured the provider had considered the risk to privacy of patient information extensively enough. For example, doctors were able to access the service from a number of devices and locations; however there was no guidance in place for doctors to undertake consultations in a private room and not to be disturbed during their working time; and no home working risk assessments had been undertaken to ensure their working environments were safe. We also found not all patient information gathered as part of the consultation had been stored with or attached to, the patient record; some patient correspondence was found to have been stored within the doctors email account. This posed a potential risk to patient healthcare for patients who may return to the service and the doctor undertaking the consultation may not have access to the patient's previous health information and the patient record could be incorrect.

On registering with the service, and at each online consultation, patient identity was not adequately verified and there were no protocols in place to support staff to undertake this function. The service did not treat children however, there was no system in place to ensure the provider that children could not access the service. The provider relied on credit card checks to verify the identity of patient using the service. There was no evidence that the clinicians clarified medical history or treatment with the patient's NHS GP. This put patients at potential risk of harm as it meant that patients were responsible for entering accurate and truthful information about their medical history.

We saw evidence of patient information generated within E-med being shared with patient GPs. The service shared relevant prescription or referral information with other services such as the patient's GP; if consent was given by the patient on the application form. This was an "opt out" option rather than an "opt in". We were told the majority of patients did not choose to share their GP details with the provider although no data on this had been collected. However, the provider website instructed patients even if they preferred their healthcare information not to be shared; there may be medical situations where the provider would insist on contacting the patient's other healthcare provider, if it was felt to be in the patient's best interest.Patients would be informed accordingly if this had taken place.

Prescribing safety

We were not assured the provider understood the potential risk and legal implications of prescribing off-label medicines (medicines intended for unlicensed indications). Off-label use means that the manufacturer of the medicine has not applied for a license for it to be used to treat a condition for which it is prescribed and has not undergone clinical trials to see if it is effective and safe in treating this condition. ('Off-label' use is when a medicine is not being used in accordance with the approved packaging.)

The use of a licensed medicine outside the terms defined by the license; carries a greater responsibility for the healthcare professional prescribing. There are legal implications if there is a subsequent problem experienced by the patient associated with the use of the medicine. The risks associated with prescribing unlicensed medicines or a licensed medicine off-label include adverse reactions; product quality; and the 'Patient Information Leaflet' for this medicine referring to the licensed use of this medicine which would be confusing for the patient and put them at increased risk .

Are services safe?

Following our inspection we requested tht the provider take urgent action so that the service did not prescribe off-label medicines without assessing the legal implications and risk in doing so including adverse reactions, product quality and the 'Patient Information Leaflet' associated with this medicine. The provider made changes to their website to include information for patients within the off-label prescription form which informed patients that unlicensed medicines means that the manufacturer of the medicine has not applied for a license for it to be used to treat the condition for which it is prescribed and has not undergone clinical trials to see if it is effective and safe in treating this condition. The provider also included website links for patients to access information to NICE guidance and factsheets produced by the Low Doose Naltroxene (LDN) Research Trust.

The provider also made arrangements to include information within the prescription generated on how to take the medication including the recommended dosage and links to the LDN Research Trust information fact sheets and the Multiple Sclerosis Research Centre.

As part of our inspection process we reviewed questionnaires patients were required to complete in order to access the service. We found within the patient questionnaires there were no questions to ask patients if they were pregnant; breast feeding; or planning to start a family. This omission posed a serious risk to patient health as medicines may subsequently be prescribed by the doctor which are contra-indicated as a result of not gathering this information.

Our review of medicines prescribed by the provider within the last 12 months found examples of prescriptions generated for alitretinoin (brand name Toctino), used to treat acne and eczema, which should not be used by women who are pregnant because it can cause birth defects. We also found examples of requests by patients for prescriptions of he medicine methotrexate, which is used to treat a variety of conditions. This medicine should not be used by women who are pregnant because it can cause birth defects and increases the risk of miscarriage for patients planning to start a family.

Following our inspection we requested that the provider took urgent action to ensure that the service did not prescribe medicines without ascertaining if the patient is pregnant; breast feeding or planning to start a family. The provider subsequently updated their website to include these questions as part of the prescription order forms; consultation forms; and membership registration forms.

We were not assured the provider followed current prescribing guidelines. There were no prescribing audits to monitor the quality of prescribing for the on-line questionnaires and the provider did not have a set list of medicines which was adhered to for prescribing. The provider prescribed antibiotics for a range of conditions. The model of consulting used by the provider did not support the governing of antibiotic usage Since patients may be based anywhere in England, the provider was unable to adhere to local prescribing guidelines for antibiotics and therefore could not ensure the appropriate use of antimicrobials.

In addition to offering prescriptions requested via questionnaires on the website, the provider issued 'bespoke' prescriptions for other medicines including repeat prescriptions for long term conditions, based on information supplied by the patient to show that they had previously been prescribed the medicine. These prescriptions included medicines for diabetes, heart disease and asthma; all conditions which require regular monitoring. We saw examples of requests for prescriptions which were correctly refused because the patient was unable to provide evidence of for example. a blood test for low thyroid activity.

Once the doctor selected 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; with the exception of prescriptions for off-label medicines.

Management and learning from safety incidents and alerts

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There was a policy in place for responding to safety alerts and adverse incidents. The provider told us there had not been any occurrence of safety incidents and therefore there were no records for us to review.

The provider was aware of the requirements of the Duty of Candour. The incidents policy reflected the Duty of

Are services safe?

Candour and stated that if an incident had compromised or potentially compromised the safety or well-being of a patient, this would be explained to them and an apology would be given.

The Service Manager received medicine safety alerts via email and disseminated these to the doctors however, there was no formal system in place to ensure these alerts had been read or actioned by the doctors. The E-med computer system did not have the functionality to be able to search for a patient according to a medicine name. As a result, following the receipt of a safety alert; the provider would not be able to quickly search for patients using the service for which the alert would be relevant. The principal doctor told us he relied on receiving information from his other healthcare employment to keep up to date with safety alerts.

Safeguarding

Staff we spoke with told us they had received training in safeguarding and knew the signs of abuse and to whom to report them. The provider also had a whistleblowing policy which was available for all staff. The Service Manager and one of the doctors had received level three child safeguarding training and adult safeguarding training however the provider was unable to evidence the principal doctor had received this training. The Service Manager was responsible for contacting and reporting any safeguarding concerns to the appropriate local authority according to where the patient resided.

The Service Manager and one of the doctors had received training about the Mental Capacity Act 2005 however the provider could not evidence this training had been undertaken by the principal doctor. As a result of staff interviews, we were not assured staff understood and sought patients' consent to care and treatment in line with legislation and guidance.

Staffing and Recruitment

There were enough staff, including doctors, to meet the demand of the service. One of the doctors was the principal clinician and the second doctor employed provided cover for holidays and sickness. The Service Manager was available to support the doctors during consultations and the provider used an IT consultant to provide IT support as required.

The provider carried out recruitment checks for all staff prior to commencing employment. Potential medical staff employees had to be registered with the General Medical Council (GMC) and have completed their appraisal. Those candidates that met the specifications of the service then had to provide documents including their medical indemnity insurance, proof of registration with the GMC (or other professional body) and proof of their qualifications. We reviewed three recruitment files which showed the necessary documentation was available. According to the providers' policy doctors could not be registered to start any consultations until these checks had been completed.

There was a Human Resources policy in place which stated documentary evidence of appropriate registration and the current status of that registration, training, experience and current indemnity insurance would be verified and copies off these were held in the personnel files. We saw evidence of up to indemnity insurance for the three clinicians and the Service Manager told us automatic indemnity insurance renewal was in place.

All staff had received a Disclosure and Barring Service check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Monitoring health & safety and responding to risks

The provider website clearly informed patients the service did not prescribe medicines for insomnia, anxiety, mental health issues or pain-like symptoms. It was e-med policy that medicines of this sort which are at risk of being potentially abused would not be prescribed and patients would be signposted to access their NHS GP for such prescriptions.

The provider headquarters was located within a purpose built office, housing the management staff. Patients were not treated on the premises and doctors carried out the online consultations remotely usually from their home. The Service Manager had received training in health and safety including fire safety.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

Consent to care and treatment

There was clear information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions 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.

Patients were required to join e-Med as a member to access the service and there was an annual membership fee of £20. For each consultation there was a charge of £15 which included issuing the prescription and if patients were not satisfied with the service they were refunded the consultation fee.

Staff did not have a comprehensive understanding of how to seek patients' consent to care and treatment in line with legislation and guidance. Staff did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinicians failed to respond appropriately to scenarios we gave them relating to patients capacity to make their own decisions.

We were not assured the provider gained informed consent from patients when they prescribed off-label medicines and specific treatment. There was no evidence to demonstrate patients were informed the medicines they were being prescribed were off-label and given an explanation what this meant and the associated risks this entails. There was no evidence of consent by the patient to acknowledge and accept they were receiving a medicine for use outside of its licence, and no records were kept of the rationale for prescribing. Our review of medical records found patients prescribed off label medicines were not provided with sufficient information about the proposed treatment, including known serious or common adverse reactions, to enable them to make an informed decision. This posed a risk to patients and was not in accordance with General Medical Council guidance.

Following our inspection we requested that the provide take urgent action to ensure the service did not prescribe any off-label medicines without gaining informed consent from the patient. The provider developed a new policy for the prescribing of off license and off label medication which stated that doctors can prescribe unlicensed medicine but in doing so the doctor must take informed consent; make it very clear to the patient that the medication is unlicensed, and why that is; inform the patients about the risks of taking such medication and what alternatives exist; all patient questions about these medicines must answered fully; links to the patient information on the medication and further information on unlicensed / off label medication should also be given.

Assessment and treatment

We were not assured doctors 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. There were no evidence-based support tools in place for the doctors to utilise and the doctor we spoke with was not aware of evidence-based guidance relating to Low Dose Naltrexone (LDN) medicines. There is limited evidence for the use of Low-dose naltrexone (LDN) as an off-label medicine for treating diseases such as multiple sclerosis and treating chronic medical conditions such as chronic pain.

We were told there was no maximum consultation time for telephone or video consultations between the doctor and patients.

Patients completed an online form which included their past medical history. There was a set template to complete for the consultation that included the reasons for the consultation and the outcome to be manually recorded, along with any notes about past medical history and diagnosis. The questionnaires however did not ask patients if they were pregnant, breast feeding, or planning to start a family.

For patients requesting prescriptions of LDN medicines, it was practice policy for patients to supply proof of diagnosis prior to any prescription being generated by the doctor. For patients requesting repeat prescriptions, it was practice policy for patients to supply evidence of previous prescriptions.

The doctors providing the service were 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 to maximise

Are services effective?

(for example, treatment is effective)

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 adequately explained to the patient and a record kept of the decision.

The service did not monitor consultations or carry out consultation and prescribing audits to improve patient outcomes. Staff told us they monitored if patients returned to use the service.

Coordinating patient care and information sharing

When a patient joined as a member of e-Med Private Medical Services Ltd they were asked if the details of their consultation could be shared with their NHS GP. If patients agreed we were told that a copy of the consultation notes were shared with the GP.

For patients requiring a private referral to a specialist; the provider emailed or faxed the specialist the patient had identified or the doctor would assist the patient in finding an appropriate specialist on behalf of the patient. The doctor processed the referral information within the service computer system and generated a referral letter for the patient.

There was no evidence the service monitored the appropriateness of referrals to improve patient outcomes however we saw evidence of appropriate referrals for patients.

Supporting patients to live healthier lives

The service provided a range of information for patients relating to travel health including vaccinations and immunisations; and health advice relating to undertaking scuba diving activities.

Staff training

The staff induction training required improvement. It was unclear from the staff personnel files which training had been completed or when refresher training was due. For example, the provider was unable to evidence training for the principal doctor for safeguarding adults and safeguarding children training to Level 3 or Mental Capacity Act training.

All staff received an annual appraisal by the company Director, although this was an informal process and there was no appraisal documentation other than a tick box form to indicate an appraisal had been completed. Evidence was seen that the provider ensured medical staff were up to date with revalidation.

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

In addition to the membership arrangement to the service, E-med also offered nurse consultations to anyone accessing the website, free of charge. Staff explained this allowed for patients with simple, routine healthcare issues that could be addressed through advice from a registered nurse; to access the service without having to pay the membership or consultation fee.

We did not speak to patients directly as part of the inspection but we did review online feedback received from patients. Patient feedback available showed that patients were positive about the service. For example, patients felt they had been listened to regarding their symptoms; the doctors were accommodating to their needs, and the service was efficient.

Involvement in decisions about care and treatment

Patient information guides about how to use the service and technical issues were available. The Service Manager was available weekdays from 9am to 5pm to respond to any enquiries.

Patients had access to information about the two doctors available. Staff told us that translation services were not available for patients who did not have English as a first language. However, the principal doctor spoke Greek in addition to English and there was a translation function for Arabic on the provider website for patients.

The provider had a 'Decision Making' policy in place which stated that decisions regarding care, treatment and support are taken by individuals who have the knowledge, skills and experience to do so and that all interested parties are consulted when important decisions affecting the care or support of a patient are made. Staff told us the patient would always be consulted regarding all decisions relating to their care and treatment.

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

The service was open between 9am and 5pm on weekdays however patients could access the website 24 hours a day. Patients accessed the service via the website from their computer or other portable device with internet access. Patients could complete an online questionnaire and could receive in addition a video or telephone consultation with the doctor where necessary. The service offered flexible telephone or video appointments between 9am and 5pm weekdays to meet the needs of their patients. Patients who requested an online or telephone consultation with a doctor were contacted by the doctor at the allotted time. Staff told us there were no maximum consultation times in order to make an adequate assessment or give treatment.

This was not an emergency service and unlikely to be a service that a patient would access in case of an emergency. There was no information of the provider's website to advise anyone with an emergency to contact the appropriate service (999, their own GP or NHS 111) however, the website did inform patients the service was for routine general medical practice needs.

For prescriptions for Low Dose Naltrexone (LDN) medicines patients were requested to indicate a pharmacy of their choice for their LDN prescription to be sent to. Patients were also able to request a paper prescription to be posted to them to be dispensed at a pharmacy of their choice. However, as LDN is an off-label medicine, it is not readily stocked by all pharmacies and therefore the service directed patients to an affiliated pharmacy which is also recommended by the LDN Trust. All other prescriptions issued could be dispensed from a pharmacy of the patient's choice.

Patients who left feedback comments about their consultation service were generally very happy with the service. Recent comments indicated patients were pleased with the price, speed, and convenience of the service.

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 an Equality Policy in place to ensure both patients and staff were not discriminated against, either directly or indirectly.

Patients could access a brief description of the doctors available on the provider website. The provider employed both a female and male doctor. The principal doctor was male; however, the Service Manager told us they would endeavour to accommodate patients if they requested a consultation with a female doctor or one who had specific qualification.

Managing complaints

Information about how to make a complaint was available on the service's web site under the 'Terms and Conditions' section. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. Following receipt of a complaint, written acknowledgement was sent to the patient within two working days unless a full response could be made within five working days and a full response was sent to patients within 20 working days. There was escalation guidance within the policy. We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed the two complaints received in the past 12 months. The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. For example, one complaint related to patient request for a Skype consultation with the GP and an email requesting more information was to follow. No response was received by the patient a few days later and they wanted confirmation of the appointment. As a result of this complaint, all emails regarding consultations were agreed to be dealt with primarily by the GP and not the Registered Manager.

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 not 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 help people who need healthcare quicker and faster and to provide a service for patients who were not able to access a GP and receive a face to face consultation. The provider told us of future plans to offer blood pressure monitoring as an additional service for patients and to expand the business abroad; however there were no documented business plans developed at this stage.

The service did not have an overarching governance framework to support the delivery of the strategy and good quality care. There was a range of service specific policies which had been developed however the primary doctor was unaware of the existence of these. The policies were available in paper form within the provider's policy folder but these were not available to off-site staff. Policies were reviewed annually in April by the Service Manager and updated when necessary. All of the policies we reviewed were up to date.

The system of quality improvement including clinical and internal audit was limited. An annual audit was undertaken to analyse the overall operational performance of the service however there were no clinical audits being undertaken. There were no checks in place to monitor the performance of the service such as random spot checks for consultations. There was no provision of clinical oversight for the doctors and no clinical meetings held. Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were limited.

Leadership, values and culture

The Director had overall responsibility for the corporate management of the company. The Service Manager was responsible for the daily operational management of the service and attended the service daily. The doctor provided the consultation service for members and there were systems in place to provide cover for the doctor for any absences from the service.

We found however, there was no clinical leadership in place. The service was predominantly reliant upon one doctor who didn't have a leadership role. We were informed team meetings were happening on a six-weekly basis but these were not minuted therefore there was no evidence of these having taken place. There were no formal arrangements for clinical supervision or peer review.

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.

Seeking and acting on feedback from patients and staff

A specific feedback box had been developed and introduced as part of the consultation process to record patient feedback for every consultation. It was company policy that if any members were dissatisfied with their consultation; a full refund was given. An annual report was produced to detail each refund undertaken within the year and the reasons for the refunds of the patient consultations.The Service Manager was responsible for monitoring feedback received and providing responses where necessary. Patients could also contact the service directly to ask questions or raise a concern and the contact form and telephone number was clearly displayed on the website.

The service had gathered feedback from staff through ad hoc discussion. We spoke with the Service Manager about this who agreed the staff meeting regime required improvement and more regular, documented and structured meetings would be implemented for the future. The Service Manager told us the principal doctor was able to provide feedback about the quality of the operating system and any change requests were logged with the IT provider for the improvements to be actioned.

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 Service Manager was the named person for dealing with any issues raised under whistleblowing.

Continuous Improvement

Staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered. Following

Are services well-led?

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

staff discussion improvements were made which included the development of an E-Med Private Medical Services Ltd web application for members to download to their mobile devices to access the service (iPhone or android versions that met the required criteria for using the application).

Staff told us team meetings took place with the Director; Service Manager; and doctor; every six weeks where they could raise concerns and discuss areas of improvement however, these meetings were not minuted.

An annual administrative audit was undertaken to monitor quality and to make improvements. As a result of an audit and analysis of the service, improvements were made to the E-med web application to include a medical dictionary to assist members with supplementary medical information.