

Pharmacy2U Limited

# Pharmacy2U LTD

## Inspection report

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pharmacy2u Limited on 14 February 2017. Pharmacy2u Limited has been established since 1999. The company operates an online clinic for patients providing consultations, prescriptions and medicines. Pharmacy2u Limited contracts GPs on the GMC GP register to work remotely in undertaking patient consultations when they apply for medicines on-line. GPs have the opportunity to ask for additional information not supplied on the patient's application should they require it.

We found this service provided caring, and responsive services but not safe, effective or well led services in accordance with the relevant regulations.

Our key findings across all the areas we inspected were as follows:

- There were systems in place for recording and learning from significant events or clinical alerts and a form for reporting significant events was in place. No significant events had been recorded to date.
- Systems were in place to protect personal information about patients. Both the company and individual GPs were registered with the Information Commissioner's Office.

- Staff induction and training was comprehensive and effective.
- The service managed patients' applications for medicines in a timely way.
- The provider used an external service (Trustpilot) to measure customer satisfaction; it was rated as 8.9 out of 10 at the time of the inspection based on over 20,000 reviews. Other customer satisfaction surveys were conducted by the provider which demonstrated high levels of satisfaction. Patient survey information showed that 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 on the provider's website. Improvements were made to the quality of care as a result of complaints.
- There was an ethos of continuous improvement and innovation. Staff were encouraged to become involved in making suggestions and attended a number of structured meetings.
- There was a clear leadership structure. The service proactively sought feedback from staff and patients.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider must make improvements are:

# Summary of findings

- Ensure capacity and consent policies make reference to the Mental Capacity Act (MCA) 2005 and clarify staff responsibilities in relation to this.
- Update medical questionnaires in order to capture all potential relevant information and ensure all are based on current best practice guidance.
- Ensure there is focus on quality improvement and system of audit.
- Ensure medical emergencies procedures and protocols are effective.
- Maintain contracted GPs' training records.
- Ensure contracted GPs are assessed and appraised for their work within Pharmacy2u Limited.
- Ensure recruitment processes for non-clinical staff include medical fitness declarations.

- Ensure there is an effective patient identification process.

The areas where the provider should make improvement are:

- Update the safeguarding policy to include details of how to escalate concerns to relevant local authorities.
- Strengthen the advice provided to patients around account security.

We have asked the provider to take action and report on what they have done in order to meet the regulations.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

- Staff were clear about reporting minor incidents and concerns and forms were available to record more significant clinical events. We were told there had been no serious adverse events to date and there was a documented protocol for review and dissemination of any resulting learning to staff. Clearer protocols on initial action and investigation of serious adverse incidents was required.
- Staff had received safeguarding training appropriate to their role; there was a safeguarding lead who was responsible for dealing with any alerts and meeting with local authority safeguarding teams as required. There was a safeguarding policy; however details on how to escalate concerns to local authorities were not apparent. Staff understood how to recognise safeguarding issues and how to raise them within the organisation.
- There were systems in place to protect all patient information and ensure records were stored securely. Both the service and the GPs were registered with the Information Commissioner's Office and had worked towards the international standards organisation (ISO) British standards institute (BSI) 27001 in information security management. The provider had not considered data security on GP's personal devices or advice to patients on their own account security.
- On registering with the service, patient identity was verified by cross referencing credit card details against the patients address. There was no documented protocol for how this took place and there could be still doubt about the identity of the patient requesting a prescription.
- Patients were asked to provide details of their GP before a consultation could take place. They were also asked if they were willing to consent to information being shared with their GP. However, GP information was not immediately visible to the prescribing physician which could result in a delay if a GP needed to be contacted in an emergency.
- The service had comprehensive business contingency plans.

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### **Are services effective?**

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

- We were told that each GP assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, for example, National Institute for Health and Care Excellence (NICE) guidelines.
- Patient outcomes were recorded by means of customer satisfaction requests made with each medication prescribed.
- There was a comprehensive appraisal process in place for staff employed directly by the company. This included documented monthly one to one meetings and an annual appraisal; all staff had an individual personal development programme. The provider had an oversight of GPs' training and continuous professional development within their GMC/NHS role, however no appraisals were in place relating to GPs work specifically within the provider's business.
- Staff training was well planned and covered areas pertinent to their role.
- Patients received appropriate information and advice to support the medicines they were prescribed. During the inspection we noted that although information was available on the providers website, additional written advice for off label medicines was not included with the items dispatched. This issue was rectified post inspection and patients are now sent a specific email following their consultation advising them of the specific nature of the off-licence use.

# Summary of findings

- The provider informed us that consent to care and treatment was documented and delivered in line with the Mental Capacity Act (MCA) 2005. However, there was no reference to the MCA or staff responsibilities in relation to this in the providers consent policy and staff had not undertaken MCA training. We were advised post inspection that clinical staff had subsequently completed MCA training.
- 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. Where additional information was needed by the GP, they could request that detail via a system email function.

## Are services caring?

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

- We were told that GPs undertook consultations in a private room for example in their surgery, at the service or own home. The provider conducted clinical review meetings to ensure GPs were complying with the expected service standards and communicating appropriately with patients.
- We did not speak to patients directly on the day of the inspection. At the end of every consultation, patients were sent an email asking for their feedback, they were also sent a follow up email two weeks after their consultation checking on their condition. Patients' responses indicated that GPs were polite, made them feel at ease and that they were listened to by the GP. Patients expressed satisfaction that their condition had been assessed and explained.
- The provider used Trustpilot (an external customer satisfaction service) to monitor and react to patient feedback, we saw that they scored highly.

## Are services responsive to people's needs?

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

- There was information available to patients to demonstrate how the service operated. Patients could access help from the service, either on-line, by phone or email.
- Patients signed up to receiving this service either by android or iOS application. The provider's customer service desk was open between 8am and 5.30pm on weekdays and between 8.30am and 1pm on Saturdays. Patients could make applications 24 hours a day and seven days a week on the provider's website.
- Information about the two GPs who conducted consultations were available on the provider's website, including details of all their professional qualifications and areas of clinical expertise. Systems and processes for gathering and acting on suggestions and feedback were comprehensive and information gathered was reviewed regularly.

## Are services well-led?

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

- The service had a clear vision and strategy. Staff were clear about their responsibilities in relation to the vision or strategy.
- There was a clear leadership structure; staff responsible for clinical leadership were well qualified.
- Additional focus on quality improvement and audit was required. We did not find any evidence of completed two cycle audits which demonstrated improvement and better outcomes for patients.
- The service had a number of policies and procedures to govern activity; these were readily available to staff. Some policies required a review and update.

# Summary of findings

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- The service held regular governance meetings and any issues were documented in minutes of meetings. Regular non-clinical meetings with all staff took place on a weekly basis. However, there was a lack of clarity in ensuring that clinician's workload was safe and manageable.
  - The service proactively sought feedback from staff and patients, they acted on feedback received.
  - Non-clinical staff had personal development plans and regular one to one meetings as well as an annual appraisal. GP's did not have appraisals specific to their work with Pharmacy2u Limited.
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# Pharmacy2U LTD

## Detailed findings

### Background to this inspection

Pharmacy2u Limited has been established since 1999. The company operates an online clinic for patients providing consultations, prescriptions and medicines. Pharmacy2u Limited contracts GPs on the GMC GP register to work remotely in undertaking patient consultations when they apply for medicines on-line. GPs have the opportunity to ask for additional information not supplied on the patient's application should they require it. The service's call centre is open between 8am and 5.30pm on weekdays, 8.30am to 1pm on Saturdays and only available to UK adult residents only. This is not an emergency service. Subscribers to the service pay for their medicines when their on-line application has been assessed and approved. Once approved by the prescriber, medicines are dispensed, packed and posted; they are delivered by a third party courier service. Pharmacy2u Limited is operated via a website ([www.pharmacy2u.co.uk](http://www.pharmacy2u.co.uk)).

Pharmacy2u Limited registered with the CQC December 2012. 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).

We conducted our inspection on 14 February 2017. We visited Pharmacy2u Limited's operating site in Leeds, where we spoke to clinicians, managers and staff working there. We looked at policies, other documentation and patient records.

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

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

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a clinical advisor, second CQC inspector and a pharmacist specialist.

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

# Are services safe?

## Our findings

We found that 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 on their website what the limitations of the service were. There were processes in place to manage any emerging medical issues during the application and consultation process and for managing test results and referrals. The service was not intended for use by patients with either chronic conditions or as an emergency service. The provider had not considered what action might be needed in the event of an emergency situation. Although the provider had a system in place at the beginning of the consultation to ensure a patient's home address was known there was no system in place to verify the patient's location at the time of the consultation to enable emergency services to be called if necessary. The computer system used by the provider did not allow the clinician to view the patient's own GP's details and contact number which could result in a delay should the Pharmacy2u Limited GP need to contact them urgently.

There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. Both the service and the GPs were registered with the Information Commissioner's Office and had worked towards the data security standard BSI 27001. The provider had also completed the IG toolkit (Version 13), with a score of 88%, demonstrating compliance against recognised information governance standards.

There were business contingency plans in place to minimise the risk of losing patient data. This plan had been reviewed and updated post inspection to ensure there was a documented process for dealing with patient's data should the provider cease trading.

On registering with the service, and at each consultation patient identity was checked and the GPs had access to the patient's previous records held by the service. Identity was checked by comparing a patient's credit card details with their home address. There was no additional security information given to patients relating to the security of their individual accounts. For example protecting their username and password. The service told us they did not

treat children. Their website advised that treatment was not available to anyone under the age of 18 and checks were in place to ensure that no one under the age of 18 providing legitimate payment card details received consultation or treatment. However we saw no system in place to minimise the risk of under 18 years seeking treatment covertly.

The provider had a comprehensive information technology department (IT) including software development and were able to make bespoke software changes to improve the system. All changes were subject to testing scrutiny and did not affect the "live" system.

### Prescribing safety

The provider had developed protocols for each condition they treated which clearly set out the inclusion and exclusion criteria and treatment options which could be prescribed. These were based on national guidance, for example NICE (National Institute for Health and Care Excellence). A process was in place to ensure these were regularly reviewed to ensure they remained up to date.

Doctors prescribed a limited number of antibiotics for a narrow range of conditions. The medical director told us these were selected based on national guidance.

Doctors also prescribed some medicines outside of their licensed indications. Medicines are given licences after trials have shown they are safe and effective for treating a particular disease. If a medicine is used in a way which is different from that described in its licence, this is called 'off-label' use. This is higher risk because less information is available to show the benefits of the medicine for an unlicensed condition, and less is known about the potential risks. There are also implications relating to legal challenge should off label use result in any problems.

The provider did not supply any additional information to patients other than the standard manufacturer's patient information leaflet, which does not contain information about off-label use. This meant that patients may not have been clear on how to use the medicines for an unlicensed condition. However, the provider took immediate action to rectify this issue post inspection and had devised a system to ensure that detailed instructions were emailed to patients following their consultation advising them of the specific nature of the off-licence use.

# Are services safe?

The provider employed a pharmacist who checked the suitability of each treatment, and reviewed each patient's prescription history to ensure excessive quantities of medicines were not prescribed. There were no formal protocols in place for identifying and verifying the patient's identity and ensuring General Medical Council guidance was followed.

The provider monitored prescription requests and had a system in place for identifying duplicate applicants and vulnerable patients. The provider told us they wished to increase the amount of clinical audit that took place and accepted that they had not been completing audits and case reviews sufficiently to identify poor prescribing decisions.

The provider had already removed some medicines from the list they offered due to their review and analysis of risk to patients. For example, in January 2017 the provider made the decision to no longer offer pain relief medicines on line.

## **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. We were told there had been no significant adverse clinical events since the provider had begun trading.

Although there had been no incidents which required the provider to exercise their duty of candour, the provider was aware of the requirements by explaining to the patient what went wrong, offering an apology and advising them of any action taken.

There were systems in place to deal with medicine safety alerts. We reviewed 40 medical safety alerts received by the provider in 2016 and found that these had been fully investigated, discussed and actioned as appropriate.

## **Safeguarding**

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse and whom to report them to. All GPs had received adult safeguarding training to an appropriate level. All staff had access to safeguarding policies and could access information about who to report a safeguarding concern to within the organisation. We noted that the policy did not provide staff with details of how to escalate concerns

relating to safeguarding to the relevant Local Authority safeguarding team. Staff we spoke to were clear on their responsibilities around safeguarding and demonstrated a sound knowledge around identifying such issues. The chief operating officer told us that the safeguarding policy would be updated to reflect the necessary changes. The clinical lead GP was the safeguarding lead and was responsible for communicating with external agencies in the event of a safeguarding concern being raised.

## **Staffing and Recruitment**

There were enough non-clinical staff to meet the demand of the service. The provider had recently taken the decision to recruit additional GPs to meet the increased demand for online consultation. A GP rota was in place for the existing GPs and they had access to support, IT and learning and development teams.

The provider had a selection process in place for the recruitment of all staff. Required recruitment checks were carried out for all staff prior to commencing employment. We noted that non-clinical staff had not supplied declarations for their physical and mental fitness to perform their role. Those GPs contracted to the service had provided documents including their medical indemnity insurance, proof of registration with the GMC, proof of their qualifications and certificates for training in safeguarding. We reviewed three recruitment files which showed most of necessary documentation was available. Induction for non-clinical staff was comprehensive and well documented. Staff told us they felt they had received more than enough training and induction time to perform their roles.

## **Management, monitoring and improving outcomes for people**

The provider held various meetings to consider and monitor issues such as risks to patients, treatment choices, performance and adherence to expected standards. This included minuted three monthly clinical review, regular governance, monthly performance and quality improvement and weekly non-clinical/commercial meetings. There were protocols in place to notify Public Health England of any patient who had infectious diseases.

The provider's headquarters was located within modern purpose built offices, housing the IT system, management, customer service and administration staff. Patients were



## Are services safe?

not treated on the premises and GPs carried out the online consultations remotely often from their home or NHS surgery. Staff had received training in health and safety including fire safety.

The provider expected that all GPs would conduct consultations in private and maintain the patient's confidentiality. Each GP used their laptop to log into the

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 and no medicines were stored on the premises.

The provider had carried out a risk assessment of the treatments they offered, and had subsequently stopped offering some medicines which were subject to abuse in order to improve patient 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. The costs of any prescription or medical certificate were known in advance and handled by the administration team at the headquarters following the online application.

Clinical staff understood the need to seek patients' consent to care and treatment in line with legislation and guidance. They had completed training on the Mental Capacity Act (MCA) 2005 and their roles and responsibilities in relation to this post inspection. The providers consent policy made no reference to the MCA.

### Assessment and treatment

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 diagnoses. Patients were able to upload photographs of the condition for which they were seeking treatment to aid diagnosis and treatment. Treatment for some conditions, such as acne and fungal nail was not available without the provision of photographic evidence. We reviewed 21 medical records which demonstrated notes had been adequately completed. GPs had access to all previous notes. We noted that the templates were bespoke for each treatment type; we discussed the need for some additional information to be asked for in some cases. The GPs we spoke with confirmed that they were in the process of reviewing and updating their medical questionnaires and templates to ensure they reflected best practice guidance.

During the inspection we found that care in relation to asthma was not being delivered in line with current evidence based guidance and standards. For example, we saw that some patients with asthma had indicated their

condition may not be well controlled; however this had not been followed up and they had still been supplied with inhalers. Following the inspection, we received evidence from the provider that they had updated their asthma management protocol in line with guidance. They had introduced steps to reduce risks to patients when prescribing asthma treatments and to ensure a patient's own GP was informed when asthma medication was prescribed.

The provider held regular (three monthly) clinical review meetings, with external clinical expertise. We looked at the minutes of some of these meetings and saw that reviews of risk to patients relating to certain medications was reviewed. In the January 2017 meeting it had been decided to remove pain relief medicines from the list of medications offered by the company.

The GPs 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 the benefits and minimise the risks for patients. If a patient needed further examination they were directed to an appropriate agency. In some cases, the GP sent the patient a blood testing kit; their blood was sent for analysis by a third party provider to assist in treatment and prescribing decisions. 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. We noted that patients were sent an automated email two weeks after an interaction to check how they were progressing or managing their condition.

We asked to see examples of quality improvement activity, for example clinical audits. One audit had been completed on the monitoring undertaken when hormones had been prescribed. This audit found some patients had not had the correct monitoring and these were subsequently followed-up individually. However, the audit had not been repeated to ensure changes to practice had been effective in reducing the risks to patients prescribed hormones.

The medical director told us they did not have a system in place to monitor the quality of prescribing. This meant the provider could not be assured doctors were prescribing medicines safely and effectively in accordance with their treatment protocols.

# Are services effective?

(for example, treatment is effective)

We saw minutes of clinical meetings where changes to clinical guidance, treatment choices and issues involving medicines were discussed.

## **Coordinating patient care and information sharing**

When a patient contacted the service 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. We noted that nine percent of patients asked for their own GP to be informed of the medicines prescribed to them by Pharmacy2u Limited. We looked at the referral letters to their own GP and they contained appropriate information.

## **Supporting patients to live healthier lives**

The service provided extra support and had a range of information available on the website and via social media. Recent examples included campaigns relating to the risks of excess alcohol and sexual health advice.

## **Staff training**

All staff had to complete induction training which consisted of introduction systems, training on data security and

information governance, safeguarding and health and safety training. The provider had a learning and development department which maintained an overview of the training needs of the staff. The provider relied on the contracted GPs to maintain their training and revalidation via their NHS practices. We discussed this with the Chief Operating Officer and they agreed that they would commence a file to keep training records for all contracted GPs together with an annual appraisal specifically related to their work with Pharmacy2u Limited. Commercial meetings were held weekly which all staff attended where possible. We saw meeting notes and action points that were raised. Staff told us that these meetings were very effective for teamwork and keeping them updated on company issues for example, performance and planned improvements.

Administration staff received annual performance reviews, monthly one to ones with their supervisor and a personal development programme. Staff we spoke with told us they felt well supported, well trained and enjoyed working for the company.

# 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**

We observed members of staff were courteous and very helpful to patients when speaking to them on the telephone. GPs conducted assessments of applications in privacy either at their NHS surgery or at home.

We noted that the customer satisfaction rating on Trustpilot for the service was high, patients were able to rate their experience from one to five stars. (80% of reviews being 5 star and an overall score of 4.4 from 5). We were told that if a rating was between one and three stars, then a member of the customer services team would contact the patient to establish the reason for the lower rating. No telephone calls were recorded, however the subject of the conversation and any learning points were recorded, reviewed at meetings and improvements made where appropriate.

The provider conducted other customer feedback surveys. These were conducted by emailing each patient after each application for medicines was reviewed and by regular customer satisfaction surveys. The results of the surveys

were analysed and reviewed by the management team to identify trends and any learning. Actions identified from recent patient surveys included improving the turnaround time for consultations and customer service response, improving the confidence rating of the doctors and ensuring a competitive pricing structure.

### **Involvement in decisions about care and treatment**

The service provided limited facilities to help patients be involved in decisions about their care.

The provider's website only had information and application forms in English. We spoke to the Chief Operating officer about this; they told us that because their patients were located all over the country, they had been unable to identify any need for other language options. Information on the provider's website informed patients about each medicine that was on offer and what might be the suitable dose for the condition it was intended for.

Staff had received training in confidentiality and information governance. The provider told us that the security of patients' personal data was ensured through third party technical support and industry standard encryption services. We noted that provider had utilised the NHS information governance toolkit and had scored an above average 84%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

All patients using the service referred themselves for medicines prescriptions. Whilst the provider's website was available 24 hours a day and seven days a week, they operated from 8am to 5.30pm on weekdays and 8.30am to 1pm on Saturdays. A third party courier company were responsible for delivering medicines to the patient's address.

It was clear from the provider's website what services were on offer and there was a video presentation explaining the process for accessing the service.

Patients accessed the service via the website from their computer or other portable device with internet access. This was not an emergency service and unlikely to be a service that a patient would access in case of an emergency. There was information of the provider's website to advise anyone with an emergency to contact the appropriate service (999, their own GP or NHS 111).

Patients who left satisfaction comments on the Trustpilot service were generally very happy with the service. Recent comments indicated patients were pleased with the price and speed of the service.

### Tackling inequity and promoting equality

The provider treated all adults, aged 18 and over, having a UK postal address. The provider did not discriminate against any client group. The provider's website was self-rated as AA for accessibility and offered screen reading functionality for patients with visual impairment.

### Managing complaints

There was information on the provider's website about how to make a complaint and the provider had a complaints policy with a senior person identified to deal with all complaints. We looked at examples of complaints and saw that they had been recorded, investigated in a timely manner and the complainant had received an explanation. All complaints were reviewed regularly to identify trends and any learning. The results of complaints reviewed were shared with all staff. The provider had received 15 complaints in 2016, all complaints related to service issues rather than clinical decisions or treatments.

# 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 well led services in accordance with the relevant regulations.

### **Business Strategy and Governance arrangements**

The provider told us they had a clear vision to work together to provide a high quality responsive service for people who did not wish to or were unable to present to traditional means and that put patient safety at its heart. Clinical audit required a more in depth approach in order to identify improvements and produce better outcomes for patients. We found that the provider was not always following national clinical guidance when treating patients with asthma. However, the provider provided evidence immediately after the inspection to confirm that they had updated their asthma management protocol in line with guidance.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. There was a range of service specific policies which were available to all staff. We were told these were reviewed annually, but the documents themselves showed a five year review cycle. We spoke to the Chief Operating Officer about this; he confirmed that policies were reviewed annually and that a major detailed review was performed every five years. We were told that a system for evidencing annual reviews would be introduced.

There were a variety of daily, weekly and monthly checks in place to monitor the performance of the service. These included an “all heads” monthly meeting where performance and quality improvement were reviewed and discussed. The information from these checks was used to produce reports that was discussed at weekly team meetings. This ensured a comprehensive understanding of the performance of the service was maintained. We looked at the minutes of a recent team meeting and saw the areas discussed included: Values, performance (clinical/operational), marketing, customer care, quality, proposed changes and monthly star performer. The star performer initiative was popular with staff and seen as a motivating tool as the winner received a financial bonus. Nominations for star performer were initiated from within each team by peers.

Care and treatment records were complete, legible and accurate, and securely kept. Some policies required review

and update, for example safeguarding. GPs did not have an appraisal process in place for their work with Pharmacy2u Limited. The provider relied on GP training at their NHS practices to be appropriate and up to date. In addition, the provider needs to ensure that their clinicians are supported to work in line with professional guidelines, for example General Medical Council (GMC) guidance on prescribing medicines and medical devices (2013).

### **Leadership, values and culture**

The Clinical Director had responsibility for any medical issues arising. The provider was in the process of recruiting new clinical staff to add resilience and create more capacity. It was clear that the management team were open and transparent in their management style and staff told us they felt included.

The values of the service were articulated in a poster which was displayed in most areas of the provider’s operating centre and staff were aware of these values and how they contributed to the overall performance of the organisation.

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**

Patients could rate the service they received. This was constantly monitored and if fell below the provider’s standards, this would trigger a review of the consultation to address any shortfalls. In addition, patients were emailed at the end of each consultation with a link to a survey they could complete or could also post any comments or suggestions online. Patient feedback was published on the service’s website. In addition patients were emailed two weeks after an interaction and asked to report on their progress and any issues they may have encountered. We noted that the provider’s annual survey had indicated an increase in patient satisfaction with patients finding the service very easy to use rising from 82.6% in 2015/16 to 86.5% in 2016/17.

The provider had a staff suggestion scheme and staff were encouraged to use this or to suggest agenda items for any

# Are services well-led?

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

of the team meetings in order that issues could be raised and discussed. Staff we spoke with told us they would be comfortable raising issues either in a formal or less formal way.

The provider had a low turnover of staff, with high levels of staff satisfaction. The human resource department produced a weekly report for the management team outlining recruitment and resourcing issues. The provider operated a monthly financial bonus to staff based on quality and output measures.

## **Continuous Improvement**

The service consistently sought ways to improve. 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 provider was developing methods to improve follow up and after care for patients.

The management team had an ethos of continuous improvement and told us that they wished to be at the leading edge of digital service provision. The provider said they wished to increase and improve their approach to clinical audits.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment</p> <p>How the regulation was not being met:</p> <p>The provider was not comprehensively assessing the risks to services users receiving care and treatment or doing all that is reasonably practicable to mitigate such risks:</p> <ul style="list-style-type: none"><li>• The providers consent policy made no reference to the Mental Capacity Act (MCA) 2005 or of staff roles and responsibilities in relation to this.</li><li>• Medical questionnaires did not capture all potential relevant information.</li><li>• There was no system in place to ensure a patients location was known prior to consultation to enable emergency services to be called if necessary. Prescribing GPs did not have immediate access to a patient's own GP contact details.</li></ul> <p>This was in breach of regulations 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance</p>



## Requirement notices

How the regulation was not being met:

- The provider did not have a comprehensive programme of clinical audit activity.
- GPs contracted by the provider were not given the opportunity of an appraisal.
- The provider did not maintain training records for the contracted GP.
- There was no formal protocols in place for identifying and verifying the patient's identity or ensuring General Medical Council guidance was followed.
- Recruitment processes for non-clinical staff did not include medical fitness declarations.

This was in breach of regulations 17(1) and 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.