

Health Bridge Limited

# Health Bridge Limited London

## Inspection report

3 Angel Square  
4th Floor  
1 Torrens Street  
London  
EC1V 1NY  
Tel: 020 3588 0292  
[www.dred.com](http://www.dred.com)  
[www.onlinedoctor.superdrug.com](http://www.onlinedoctor.superdrug.com)

Date of inspection visit: 31 May 2017  
Date of publication: 16/10/2017

## Overall summary

We carried out an announced comprehensive inspection at Health Bridge Ltd on 31 May 2017.

Health Bridge Ltd was established in 2011 and registered with the Care Quality Commission in 2011. Health Bridge Ltd operates an online clinic for patients via the following websites: [www.dred.com](http://www.dred.com); [www.zavamed.com](http://www.zavamed.com); [www.onlinedoctor.superdrug.com](http://www.onlinedoctor.superdrug.com) ; providing consultations and private prescriptions.

We found this service provided safe, effective, caring, responsive and well led services in accordance with the relevant regulations.

### Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse.
- There was a comprehensive system in place to check the patient's identity.
- There were systems in place to mitigate safety risks including analysing and learning from significant events and safeguarding.
- There were appropriate recruitment checks in place for all staff.
- Prescribing was monitored to prevent any misuse of the service by patients and to ensure doctors were prescribing appropriately.
- There were systems to ensure staff had the information they needed to deliver safe care and treatment to patients.
- The service learned and made improvements when things went wrong. The provider was aware of and complied with the requirements of the Duty of Candour.
- Patients were treated in line with best practice guidance and appropriate medical records were maintained.
- The service had a programme of ongoing quality improvement activity.
- An induction programme was in place for all staff and GPs registered with the service received specific induction training prior to treating patients. Staff, including GPs, also had access to all policies.

# Summary of findings

- The service shared information about treatment with the patient's own GP with their consent.
- Patient survey information we reviewed showed the latest Trust Pilot score for the 'Superdrug online doctor' service was '9.3 out of 10' based on a total of 6,443 reviews of the service. The Trust Pilot score for 'Dr Ed' was also '9.3 out of 10' based on a total of 1,070 reviews. Patients' comments included satisfaction with the provider's delivery times and the convenience of using the service.
- There was a clear business strategy and plans in place.
- Staff we spoke with were aware of the organisational ethos and philosophy and told us they felt well supported and that they could raise any concerns.
- There were clinical governance systems and processes in place to ensure the quality of service provision.
- The service encouraged and acted on feedback from both patients and staff.
- Systems were in place to protect personal information about patients. The company was registered with the Information Commissioner's Office.

**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 providing safe care in accordance with the relevant regulations.

- All staff had received safeguarding training appropriate for their role. All staff had access to local authority information if safeguarding referrals were necessary.
- Patient identity was checked on registration and at every consultation or when prescriptions were issued.
- There were enough GPs to meet the demand of the service and appropriate recruitment checks for all staff were in place.
- In the event of a medical emergency occurring during a consultation, systems were in place to ensure emergency services were directed to the patient. The service had a business contingency plan.
- Prescribing was constantly monitored and all consultations were monitored for any risks.
- There were systems in place to meet health and safety legislation and to respond to patient risk.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

---

### **Are services effective?**

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

- We saw evidence that 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) evidence based practice.
- The service had a programme of ongoing quality improvement activity.
- There were induction, training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- The service had arrangements in place to coordinate care and share information appropriately for example, when patients were referred to other services.
- The service's websites contained information to help support patients lead healthier lives, and information on healthy living was provided in consultations as appropriate.

---

### **Are services caring?**

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

- We saw GPs undertook consultations in private rooms within the service headquarters and we were told that GPs working remotely undertook consultations in a private room in their own home. The provider carried out checks to ensure GPs were complying with the expected service standards and communicating appropriately with patients.

# Summary of findings

- We did not speak to patients directly on the days of the inspection. However, we reviewed the latest 'Trust Pilot' survey information. The latest Trust Pilot score for the 'Superdrug online doctor' service was '9.3 out of 10' based on a total of 6,443 reviews of the service. The Trust Pilot score for 'Dr Ed' was also '9.3 out of 10' based on a total of 1,070 reviews. Patients' comments included satisfaction with the provider's delivery times and the convenience of using the service.

## **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 the service through a web browser, on a IOS, Android or windows device.
- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.
- Consent to care and treatment was sought in line with the provider policy. All of the GPs had received training about the Mental Capacity Act.

## **Are services well-led?**

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

- There were business plans and an overarching governance framework to support clinical governance and risk management.
- There was a management structure in place and the staff we spoke with understood their responsibilities. Staff were aware of the organisational ethos and philosophy and they told us they felt well supported and could raise any concerns with the provider or the manager.
- The service encouraged patient feedback. There was evidence that staff could also feedback about the quality of the operating system and any change requests were discussed.
- Systems were in place to ensure that all patient information was stored securely and kept confidential. There were systems in place to protect all patient information and ensure records were stored securely. The service was registered with the Information Commissioner's Office.

# Health Bridge Limited London

## Detailed findings

### Background to this inspection

Health Bridge Ltd launched an online doctor service in 2011. The provider registered with the Care Quality Commission in 2011 to provide Diagnostic and Screening procedures and Treatment of Disease, Disorder, Injury (TDDI).

Health Bridge Ltd currently trades under the following website names; 'Dr Ed' ([www.dred.com](http://www.dred.com)), 'Zava' ([www.zavamed.com](http://www.zavamed.com)), and [www.onlinedoctor.superdrug.com](http://www.onlinedoctor.superdrug.com) on behalf of Superdrug.

'DrEd' is the main trading name for Health Bridge Ltd's own websites in the following countries; UK, Germany, Austria, Switzerland and Ireland.

Health Bridge Ltd has had a business relationship with Superdrug since 2013 and operates the website; [www.onlinedoctor.superdrug.com](http://www.onlinedoctor.superdrug.com). Health Bridge Ltd's clinical and customer services staff are responsible for handling the treatment requests from patients whilst the dispensing and dispatching of medicines is undertaken by Superdrug.

The service, for consultations, for Dr Ed, Zava and Superdrug is open between 9am and 6pm on weekdays and 9am to 5pm on Saturdays. Dr Ed provides a service for residents of UK, Germany, Austria, Switzerland and Ireland, Zava provides a service for residents of France and the Superdrug online doctor provides a service for UK residents. Since the commencement of Health Bridge Ltd's online doctor service in 2011 the provider has undertaken 636,783 consultations and generated 568,843 prescriptions for 346,417 patients. This is not an emergency service.

Patients are required to complete a general medical questionnaire to register with the service. For each consultation the patient selects a treatment specified on the website and completes a related questionnaire. The choice of treatments available are for erectile dysfunction, premature ejaculation, hair loss, contraceptive pill, emergency contraception (Morning after pill), cystitis, period delay, bacterial vaginosis, female facial hair, rosacea, cold sore, migraine, weight loss, traveller's diarrhoea, hay fever, blood pressure, asthma, acne, smoking cessation, anti-malaria, genital herpes and genital warts and jet lag. The choice of tests available included, HIV, Hepatitis, Syphilis, Gonorrhoea and Chlamydia.

The GPs will then assess the questionnaire and will determine the suitability of the patient for the treatment. If the GP assesses the patient request to be clinically appropriate, the patient will receive the treatment. The GP can request further information from the patient via their online patient record or telephone where necessary. If the GP decides not to prescribe a requested medicine, the patient is sent an email message to their secure patient account stating the order will not be fulfilled and a refund is processed. The cost of the service for patients includes the price of the medicine ordered in the UK.

The service employs 13 doctors on the GMC register, to undertake patient consultations based on the information submitted by patients through the website questionnaires. Two of the 13 doctors work remotely. The service also employs four pharmacists, four pharmacist support staff, 15 customer support staff, nine marketing staff, five user experience staff, 15 engineering staff and seven management staff.

# Detailed findings

The co-founder of Health Bridge Ltd and the Head of Strategy was the registered manager in place. 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.

## **How we inspected this service**

Our inspection team was led by a CQC Lead Inspector accompanied by a GP specialist adviser, a second CQC inspector and two members of the CQC medicines team.

During our visits we:

- Spoke with a range of staff
- Reviewed organisational documents and patient records

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.

## **Why we inspected this service**

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.

# Are services safe?

## Our findings

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

### **Keeping people safe and safeguarded from abuse**

All staff employed who had patient-facing roles had received level 2 training in safeguarding and knew the signs of abuse and to whom to report them. It was mandatory for all GPs to undertake level 2 children and adult safeguarding training as part of their induction. The Medical Director was the nominated safeguarding lead and was trained to safeguarding level 3. Following our inspection the service arranged for all doctors to be trained to Child Protection Level 3. All staff had access to safeguarding policies and could access information about who to report a safeguarding concern to. There was a safeguarding policy in place which detailed contact information for Islington local authority.

The service did not treat children. Staff told us the online questionnaires were designed in such a way that patients were unable to learn how to answer the questions in order to receive the treatment they were requesting. Patients are not made aware whether they will be supplied the requested treatment or not until the whole consultation form has been completed and this has been reviewed by the GP. The questionnaires also deliberately did not inform patients they were required to be 18 years of age or older to receive any treatments and so if any underage patients applied online, they were re-directed to an appropriate healthcare service by the GPs.

Procedures were in place to refer underage patients to other services when they contacted the service attempting to obtain contraception. Staff told us approximately 1% of cases were 16/17 year old patients trying to use the service. If there were any queries regarding a patient's identity, GPs would request an upload of the patient's passport or driver's license. Staff told us requests for these photo identity checks occurred approximately 30 times per day.

There were protocols in place for identifying and verifying the patient. The service had a 'Duplicate Checker/Identity Checker' IT system in place. The system would flag up identical addresses or postcodes even if the patient name was different. The duplicate checker would check for duplicate accounts and the system used a risk weighted

score in order to flag up any duplicate accounts which may be created. The service were also in the process of exploring other identity checking systems with various providers.

For patients accessing the Dr Ed website, a photo assessment service was offered for patients who are experiencing skin lesions or a rash in the genital area. Patients were required to upload two photos to their patient record account and the GPs were able to diagnose if patients had genital warts, herpes or a fungal rash. We discussed with staff additional safeguards for the photo assessment service for any photos received which were identified to be of an underage patient and also for the monitoring of any additional photos of patients requested by a member of the clinical team.

Following our inspection the service arranged with their data team to implement alerts for when GPs have requested additional photographs from a patient in the photo assessment so they could monitor this. 'Photo Safeguarding' had also been added to the agenda of a governance meeting held for further staff discussion about safeguarding issues related to the photo assessment with a view to having a documented process for situations where a photo of a child may be shared on the assessment.

### **Monitoring health & safety and responding to risks**

There were a variety of checks in place to monitor risks. Prescribing patterns and behaviours were monitored by means of data analytical software to check for over-prescribing and prescribing behaviours. The IT system was set up to alert the medical director of any prescribing by the GPs which was outside of clinical guidelines. The information from these checks was discussed at team meetings.

All clinical consultations were rated by the GPs for urgency. Those rated as urgent were prioritised for review and processing. There were protocols in place to notify Public Health England of any patients who had notifiable infectious diseases.

The service headquarters was located within modern purpose built offices, housing the IT system, management, GPs and administration staff. Patients were not treated on the premises and GPs carry out the online consultations remotely usually from the headquarters. The service used

# Are services safe?

an encrypted system which staff could only log into via a specified Internet Protocol (IP) address. System security arrangements meant that pharmacy staff were certain that prescriptions had been generated by the service.

There were two GPs who worked remotely and were only able to access the system by logging onto a virtual private network. There was a specific working remotely policy for doctors which covered patient confidentiality. The service expected that all GPs would conduct consultations in private and maintain the patient's confidentiality.

There were processes in place to manage any emerging medical issues during a consultation. The service was not intended for use by patients as an emergency service. In the event an emergency did occur, the service had systems in place to ensure the location of the patient at the beginning of the consultation was known, so emergency services could be called. Customer service staff told us they would ask the duty doctor for assistance if they felt a patient was becoming unwell over the telephone or would call 999 if they felt the patient needed urgent help. One of the GPs provided us with an example of an incident which was successfully handled in which a patient reported breathlessness.

The service had a disaster recovery plan in place and an emergency grab bag at the office headquarters which contained a laptop and IT equipment. Staff told us in the event of the websites going down, staff would still be able to access policies and procedures as their internal systems were hosted in a secure internet cloud environment.

## Staffing and Recruitment

There were enough staff, including GPs, to meet the demands for the service. There was a customer support and IT team available to the GPs during consultations. Staff told us they were able to cover sickness and absence of staff internally and they proactively forecasted when the service needed more staff such as following bank holidays.

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. Potential GP candidates had to be registered with the General Medical Council (GMC) and had their appraisal. Those GP candidates that met the specifications of the service then had to provide documents including their medical indemnity insurance, proof of registration with the GMC, proof of their qualifications and certificates for

training in safeguarding and the Mental Capacity Act. Prior to 2017, GPs were recruited by personal acquaintance and references were not sought, however references were requested from the start of the year.

We reviewed three recruitment files which showed the necessary documentation was available. The GPs could not commence any patient consultations until these checks and induction training had been completed. The service kept records for all staff including the GPs and there was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

## Prescribing safety

All medicines prescribed to patients from online forms were monitored by the provider to ensure prescribing was evidence based. If medicine was deemed necessary following a consultation, the GPs were able to issue a private prescription to patients.

The GPs could only prescribe from a set list of medicines. There were no controlled drugs on this list and high risk profile medicines were not offered. Prescription medicines were for erectile dysfunction, premature ejaculation, hair loss, contraceptive pill, emergency contraception (Morning after pill), cystitis, period delay, bacterial vaginosis, female facial hair, rosacea, cold sores, migraine, weight loss, traveller's diarrhoea, hay fever, blood pressure, asthma, acne, smoking cessation, anti-malaria, genital herpes and genital warts and jet lag.

Once the GP 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. Patients were informed if they had any questions before or after taking their medicine, they could contact the online GP either via phone or via their patient record.

To monitor prescriptions for any form of abuse such as excessive requests; patients who return to use the service for either a repeat prescription of a medicine or a new medicine; patients are requested to complete the general medical questionnaire each time and the GP reviewed previous records of patient medicine orders. As part of our inspection we reviewed a sample of patient consultations



# Are services safe?

and saw evidence of orders requested by patients which had been appropriately declined for clinical reasons and we saw no evidence of over-ordering of any medicines by patients.

There were alerts on the system to flag if a patient tried to over order medicines. For example, in response to guidance from the British Thoracic Society which recommends that any patient prescribed more than one short-acting bronchodilator inhaler device a month should be identified and have their asthma assessed urgently; the service put in place an alert which would flag if a patient tried to order more than six inhalers within a six month period.

Patients were informed the service kept records of all prescriptions dispensed for each patient which helped the service to check for any possible problems such as reactions between medicines and any queries patients may have.

For patients who accessed the Dr Ed website, medicines were posted to patients and orders placed before 4pm were dispatched on the same day. The website offered patients free standard delivery; however patients could choose to have next day express delivery for a postage fee. For patients who accessed the Superdrug online doctor service, medicines could be posted to patients or patients could choose to pick up their medicines from 203 Superdrug pharmacies.

## **Information to deliver safe care and treatment**

On registering with the service, and at each consultation patient identity was verified and the GPs had access to the patient's previous records held by the service.

For patients returning to the service for a re-order of any medicines, they were required to complete a new health assessment questionnaire to ensure it was still suitable for the GP to continue to prescribe the treatment. We reviewed

an example of this assessment questionnaire and found the supplementary questions were designed to provide sufficient information for the GPs to make an appropriate assessment.

## **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 reviewed two incidents and found that these had been fully investigated, discussed and as a result action taken in the form of a change in processes. For example, the service's IT system was compromised in December 2016 caused by a flood of online requests and as a result the service websites went down. Following this incident the service ran a defence review, installed a more sophisticated protection system and ran penetration tests to assess vulnerabilities of the websites. The service were in the process of setting up a new defence shield and were constantly monitoring the performance of their websites. Learning from incidents and analysis of trends were communicated to staff at the monthly clinical governance meetings.

We saw evidence from one incident which demonstrated the provider was aware of and complied with the requirements of the Duty of Candour 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. The Medical Director was signed up to receive MHRA safety alerts and disseminated any relevant alerts to the clinical team. In response to a safety alert which had been issued relating to Finasteride 1mg used to treat male pattern hair loss and reports of depression and suicidal thoughts with this treatment; we saw evidence the online questionnaire had been changed on the same day the alert was received to reflect this guidance.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Assessment and treatment

We reviewed 22 examples of medical records that demonstrated that each GP 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) evidence based practice. For example, we saw evidence of cystitis and urinary tract infection guidelines which had been followed and implemented. The service also accessed guidance from the British Association for Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH).

The online questionnaires were reviewed as a minimum every two years, however staff told us these were updated whenever relevant new guidance was received. The service also collaborated with a sexual health consultant to develop and update their guidelines and protocols for the sexual health treatments offered to 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 GPs had access to all previous notes. If the GP had not reached a satisfactory conclusion there was a system in place where they could contact the patient again through the patient's record account. We reviewed 22 anonymised medical records which were complete records and adequate notes were recorded.

For patients accessing the Dr Ed website, a photo assessment service was offered for patients who are experiencing skin lesions or a rash in the genital area. Patients were required to upload two photos to their patient record account and the GPs could diagnose if patients had if patients were experiencing genital warts, herpes or a fungal rash. Once the cause of the rash had been established, patients were able to purchase an appropriate treatment.

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 carefully to maximise 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.

### Quality improvement

The service collected and monitored information on people's care and treatment outcomes.

- The service used information about patients' outcomes to make improvements.
- The service took part in quality improvement activity, for example an audit was undertaken in relation to the prescribing of short-acting bronchodilator inhaler devices. The service audited a six month period of how many patients had been prescribed salbutamol inhalers. The results showed of the 6127 patients prescribed an inhaler, 42 were identified as having received more than six inhalers within a six month period which was contrary to advice from the British Thoracic Society which recommends anyone prescribed more than one inhaler per month should have their asthma assessed urgently. Following this audit the service put in place a flag on the IT system which would alert the GP if the patient was attempting to order more than six inhalers in a six month period. This audit was repeated, and a total of six patients were found to have been prescribed more than six inhalers however, there were appropriate reasons recorded for these orders which had been checked by the GP, which included lost inhalers and spares wanted for holiday or to have in vehicles.

### Staff training

All staff had to complete induction training which included health and safety, fire safety, confidentiality, IT and safeguarding. The HR lead had a training matrix spreadsheet which identified when training was due.

The GPs registered with the service had to receive specific induction training prior to treating patients. There was an induction policy in place which specified criteria for

# Are services effective?

(for example, treatment is effective)

granting GPs their practicing privileges. This criteria included GPs agreement to abide by the services clinical guidelines and key operating processes; and participation in clinical audit.

An induction checklist was held in each staff file and signed off when completed. When updates were made to the IT systems, staff received further online training. Any changes made to policies and procedures were emailed to relevant staff and staff were expected to confirm they had read and understood these changes.

Staff received regular performance reviews every six months and in-house appraisals were undertaken annually. For those GPs whose main employer was Health Bridge Ltd, the provider organised an external doctor's organisation to facilitate their revalidation. For GPs whose main employer was not Health Bridge Ltd, we saw evidence their revalidation took into account their online work.

There was an annual training budget in place for each member of staff. Recent examples of training undertaken by staff included one pharmacist who undertook an advanced immunisation course at London School of Hygiene and Tropical Medicine; two doctors were undertaking a diploma with the Faculty of Sexual Reproductive Healthcare; and one member of staff in the engineering team had undertaken English lessons to further improve his English.

For clinical staff there had been 11 clinical training sessions since the start of 2017. A specialist sexual health doctor from one of the local hospitals was also invited to attend training sessions for doctors to provide updates for them. For all staff the service offered 'Lunch and Learn' sessions on a variety of topics. During our inspection, one of these lunchtime training sessions had been arranged for staff on the topic of counter terrorism.

## **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 registered GP. If patients consented we were told that a letter was sent to their registered GP in line with GMC guidance. We saw evidence of a GP letter template which was used to send patient information to the GP practice via fax.

The service facilitated the sharing of the patient information by providing a 'look up' function on the website for patients to utilise to identify their GP practice contact details. Both the Dr Ed and the Superdrug online doctor websites outlined a set of 'Terms and Conditions' for patients accessing the service. Within these, patients were instructed that the advice given on the websites did not replace their regular healthcare provider and patients must tell their regular healthcare provider about the treatment and medicines supplied to them by the service.

Staff told us they would like to have a better interface with the GP systems and were currently in discussions with external agencies whether some of their systems could be integrated.

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

The service identified patients who may be in need of extra support and had a range of information available on the websites and links to further information. For example for the Superdrug online doctor website there were 'Articles' for patients to read online for men's health, women's health and sexual health. The Dr Ed website had further information on each condition treated by the service. In their consultation records we found patients were given advice on healthy living as appropriate.

# 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**

Within the service headquarters there were private rooms separate from the open plan office for GPs to undertake consultations. For GPs working remotely, staff told us GPs would be expected to undertake consultations within private rooms. The provider carried out checks to ensure the GPs were complying with the expected service standards and communicating appropriately with patients.

For HIV test results, patients were telephoned by a GP with their results rather than emailed their result through their patient record. For patients with positive results, patients were then assisted in making arrangements to access local genito-urinary medicine (GUM) and family planning clinics.

For patients with positive sexually transmitted infection test results, the service offered a 'partner notification service' to inform them of their need for screening. If patients chose to proceed with the notification service, they would be asked for the name of their partner(s) and ex partners; their age and contact details. This information would be confidential and the service would not share the patient's details when informing the partner(s) and ex partners.

We did not speak to patients directly on the days of the inspection. However, we reviewed the latest 'Trust Pilot' survey information. The latest Trust Pilot score for the 'Superdrug online doctor' service was '9.3 out of 10' based on a total of 6,443 reviews of the service. The Trust Pilot score for 'Dr Ed' was also '9.3 out of 10' based on a total of 1,070 reviews. Patients' comments included satisfaction with the provider's delivery times and the convenience of using the service.

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

Consultation questionnaires about medical conditions, treatment options and advice were worded to be easily understandable for patients. The service also sent bespoke information about the treatment with each prescription.

Patient information guides about how to use the service and technical issues were available. There was a dedicated customer services team to respond to any enquiries.

The latest survey information available from Trust Pilot indicated that the vast majority of patients were satisfied with the explanation of their condition. Some patients reported the doctors had asked further questions in addition to the online questionnaires and had provided them with follow-up advice. Patients expressed their satisfaction with the communication they had received from the service.

# 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

Consultations Monday to Friday between 9am and 6pm and 9am to 5pm on Saturdays were provided but access via the website to request a consultation was all day every day. There were GPs working for the service every day of the week. The service aimed to respond to all patient requests for a consultation within 24 hours and there was a system in place to prioritise urgent prescriptions for patients.

The customer services team were available Monday to Friday between 9am and 6pm and 9am to 5pm on Saturdays. The service monitored patient telephone calls and the telephone call dropout rate to ensure they were responsive to inbound calls. We saw evidence to demonstrate the average time patients waited for their telephone call to be answered was 19 seconds or less.

This service was not an emergency service. The provider made it clear to patients what the limitations of the service were. Patients who had a medical emergency were advised to ask for immediate medical help via '999'; to dial '111' for emergency medical questions or advice and '116 123' to talk to the Samaritans if patients were feeling depressed, anxious, or having a panic attack, or if they were worried about harming them self or others.

Patients signed up to receiving this service on a mobile phone (iPhone or android versions that met the required criteria for using the app). The digital application allowed people to contact the service from abroad but all medical practitioners were required to be based within the United Kingdom.

### 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.

Patients could access a brief description of the GPs available on the 'Dr Ed' website but not on the 'Superdrug online doctor' website. There was no facility for patients to choose either a male or female GP to undertake their consultation.

The national telephone relay service 'Type Talk' was not available to assist patients who are hard of hearing, deaf or speech impaired to communicate with hearing people using the telephone network.

### Managing complaints

Information about how to make a complaint was available on the service's website. Patients were instructed to send a message via their online patient record for any feedback, suggestions and complaints about the service. It was the provider's policy to acknowledge complaints received within 48 hours and to respond in full within five days.

The provider had a complaints policy and procedure in place for staff. The policy contained appropriate timescales for dealing with the complaint. 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 53 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. There was evidence of learning as a result of complaints, changes to the service had been made following complaints, and had been communicated to staff.

Staff told us they followed the whole patient journey and assisted patients with any issues arising from the point of consultation, to the dispensing of their medicines. The service had joint clinical governance meetings with Superdrug where they discussed any patient issues or complaints and shared the learning from these.

### 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. Information about the cost of the consultation and medicines was known in advance and paid for before the consultation appointment commenced.

All patient facing staff had received training about the Mental Capacity Act 2005. Staff understood and sought patients' consent to care and treatment in line with

# Are services responsive to people's needs? (for example, to feedback?)

legislation and guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Both the Dr Ed and Superdrug websites detailed a set of terms and conditions for patients using the service. This

included that the provision of the service to patients was conditional upon the patients completing all consultation questionnaires contained on the websites truthfully and honestly; and patients must reveal and disclose all relevant information truthfully to the best of their knowledge.

# 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 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 make medical care more accessible for patients by harnessing technology to remove the need for a face-to-face doctor consultation. The vision was based on the provider's belief that patients often use the service because they have a fear of judgement that prevents them from accessing help via more traditional routes.

We reviewed the provider's business strategy which was developed in 2015 and included focusing on repeat conditions (chronic conditions and/or ongoing need) and creating a brand that people trust. The provider told us they were in the process of refreshing their current strategy so that it aligned more closely with their vision.

The provider used a system called 'Objectives and Key Results' (OKR) to action the strategy. Individual staff teams were requested to set their own OKR's and these were reviewed on a quarterly basis. The progress with the business strategy was also reviewed on a quarterly basis by the Health Bridge Ltd Board.

There was a clear organisational 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. These were reviewed bi-annually and updated when necessary.

There were a variety of checks in place to monitor the performance of the service. Prescribing patterns and behaviours were monitored by means of data analytical software to check for over-prescribing and prescribing behaviours. The information from these checks was discussed at team meetings. This ensured a comprehensive understanding of the performance of the service was maintained.

Organisational clinical governance meetings were held on a monthly basis. Superintendent pharmacists from Superdrug were invited to attend this meeting. We reviewed minutes of these meetings. Staff discussed incidents, patient feedback, and any updates.

In addition to the monthly clinical governance meetings, clinical staff meetings were held weekly. Weekly emails were also sent to the clinical team with any clinical or organisational updates.

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

The Chief Executive Officer and the Head of Strategy Describe had overall responsibility for the service and they attended the service daily. The Medical Director had responsibility for any medical issues arising. The Chief Operating Officer and Superintendent Pharmacist was the lead for any pharmaceutical issues arising. On a daily basis one of the GPs was nominated as a duty doctor.

The provider developed a set of core values in 2015 that was published to the company in early 2016. The values were created via staff workshops and subsequently agreed by the management team. The values of the service were; 'Get Stuff Done,' 'Be Open and Clear,' 'Work Smart, Have Fun,' 'Be Helpful,' 'Improve and Innovate,' and 'Protect Safety and Privacy.'

In addition to the core values, the provider had developed a set of defined priorities named 'North Stars' for the engineering team when deploying new technology changes which are; 'Patient Safety,' 'Data Security,' and 'Payments.' These priorities were developed to ensure new technology deployed does not impact negatively on patient safety; data security is not being compromised; and payments are still able to be processed in order for patients to continue to access consultations and treatment.

The service had an open and transparent culture and were aware of and complied with, the Duty of Candour. 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 and we were provided with evidence of this in practice.

### **Safety and Security of Patient Information**

Systems were in place to ensure that all patient information was securely stored and kept confidential. 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. The service was registered with the Information Commissioner's Office. There were policies in place to minimise the risk of losing

# Are services well-led?

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

patient data. It was company policy that paper patient records should not be created or electronic patient records printed in order to reduce the risk of breaching patient information confidentiality. Staff were instructed if they wished to create a paper patient record or print an electronic patient record, they must first obtain the express permission of the Medical Director. If any clinical records arrived at the office for any reason, staff were instructed these should be scanned, appropriately named, stored securely, and then the paper copy should be securely destroyed.

We discussed with staff the process for the handling of patient information in the event of the company ceasing trading and were shown evidence of a draft process which had been developed at the start of 2017. Following our inspection the service made arrangements to hold an internal working group to further clarify and improve this process.

There was a specific remote working policy for GPs which covered patient confidentiality. Staff told us the GPs tended to work blocks of time and so did not often log into the system for short periods of time. We saw within the headquarters there were private offices for the doctors to work from which were separate from the open plan office space.

## **Seeking and acting on feedback from patients and staff**

Patients were encouraged to provide feedback following each consultation and were instructed if they had any questions or experienced any unexpected side effects, to contact the service via their online patient account. This initial feedback request was followed up by a second email seven days later to ask patients how they were and if they were experiencing any side effects. Patients could also contact the service directly to ask questions or raise a concern and the contact email and telephone number was clearly displayed on the 'Dr Ed' and 'Superdrug online doctor' websites.

On both websites, patients were also encouraged to provide feedback via social media sites.

The service was registered with the online review company, 'Trust Pilot,' to enable patients to rate the service out of ten and this was prominently displayed at the top of the websites.

We were provided with evidence of two patient satisfaction surveys which had been undertaken in August and September 2016. The first survey was sent to new patients who had accessed the Superdrug online doctor service. As a result of this survey, actions taken by the service included improvements to the messaging and tracking details provided to patients.

The second survey was designed for patient feedback in relation to the Superdrug online doctor website. As a result of this survey, price information was displayed up-front and made more transparent for patients; and the patient reviews of the service were displayed prominently on the website.

Staff also told us they undertook frequent, small patient surveys. The service regularly asked patients questions whilst they were on the websites using a tool which enabled a pop-up function for questions. Staff explained the results of these surveys might inform decisions about areas to focus on when reviewing the service.

The Head of Customer Support was principally responsible for monitoring patient feedback. Where feedback was clinical in nature, this was passed onto the Medical Director. All feedback was reviewed at the monthly clinical governance meetings, including trends. Actions against feedback were also addressed in these meetings.

There was evidence that the GPs were able to provide feedback about the quality of the operating system and any change requests were logged, discussed and decisions made for the improvements to be implemented.

There were monthly 'Ask Me Anything' (AMA) meetings during which the service's Chief Executive Officer responded to any question raised by any employee.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation. The Chief Executive Officer was the named person for dealing with any issues raised under whistleblowing. However, if staff did not want to whistle blow to the Chief Executive Officer, the policy detailed the contact details of external agencies.

## **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.



# Are services well-led?

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

Staff told us that the monthly AMA meetings were the place where they could raise concerns and discuss areas of improvement.

The service were in the process of building a new website for the 'Zava' brand and were working to make this website even more accessible for patients with disabilities. The current websites had been designed with Web Content

Accessibility Guidelines in mind. For example, for some patients who were unable to use a mouse, the websites had been designed so that it can be operated by a keyboard alone if required. Staff told us the current website was above average for accessibility markers, but they wanted to improve accessibility for patients further.