

Push Dr Limited

Push Dr Main Office

Inspection report

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Push Dr Ltd on 1 March 2017 during which we found that the service was not providing safe, effective or well-led services. However, we found that they were providing caring and responsive services in accordance with the relevant regulations. Two warning notices were issued on 13 April 2017 under Section 29 of the Health and Social Care Act (HCSA) 2008 which required the provider to become compliant by 15 May 2017.

On 9 August 2017 we carried out an announced follow up inspection. This was to confirm that the provider had taken action to address the breaches in regulations that we identified during the inspection in March 2017 in the safe, effective and well-led domains. We found that improvements had been made and the provider was now delivering effective services. However, there were still areas within the safe and well-led domains where further improvement was required. Requirement notices were issued for Regulations 12 (safe care and treatment) and 17 (good governance) of the HSCA 2008.

This announced focused inspection was carried out on 26 April 2018 to check whether further improvement had been made to ensure the provider was now delivering safe and well-led services. This report covers our findings

in relation to the requirement notices issued as a result of the August 2017 inspection, additional improvements made since the last inspection and other areas of concern that we identified.

The full comprehensive reports on the 1 March 2017 and 9 August 2017 inspections can be found by selecting the 'all reports' link for Push Dr Main Office on our website at www.cqc.org.uk.

Our key findings were:

- The provider had addressed the majority of concerns raised during the previous inspections. Some improvement was still ongoing but we felt assured that work undertaken to date and planned second cycle audits would lead to an improvement in patient care or outcomes as a result.
- The provider had further improved and strengthened their governance arrangements. This had included the appointment of a chief medical officer whose role would include improving links between the medical team and senior leadership team to ensure clinical oversight as well as monitoring GP performance.
- Prescribing protocols had been improved to ensure patients were being given sufficient information when medicines were prescribed outside their licensed use.

Summary of findings

- Some care and treatment was still not being delivered in line with current evidence-based guidance. We were not assured that the provider was prescribing safely or following best practice evidence based guidance in relation to the prescribing of certain antibiotics.
- Policies and procedures had been reviewed and updated and a version control system was now in operation.

There were areas where the provider was still not providing safe services.

The provider must:

- Ensure that care and treatment is provided in a safe way for service users.

They should also:

- Continue to develop their proposed programme of clinical audit activity.

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?

Are services well-led?

Push Dr Main Office

Detailed findings

Background to this inspection

Push Dr Ltd is a digital service that patients can use to access a GP appointment online using video calling services from 6am to 11pm seven days per week. Each consultation lasts approximately 10 minutes and costs £20. If the consultation results in a prescription being issued this costs a further £8. There is also an option for patients to sign up to a subscription membership at the cost of £20 per month which includes consultation and prescription costs. Patient services can be accessed through the providers website at www.pushdoctor.co.uk using any smartphone, android, tablet or PC device.

Patients are able to use the service for any health condition they may have. However, this is not an emergency service. Subscribers to the service pay for their prescription when their application has been assessed and approved. Once approved by the prescriber, prescriptions are sent to a pharmacy of the patient's choice.

A large team of independent contractor GPs provide their services on Push Doctor's online platform and between them carry out several thousand consultations per month. Push Dr Ltd employ a large team of non-clinical staff, including management, administrative, IT and customer

experience staff. We visited the providers location at Arkwright House, Parsonage Gardens, Manchester, M2 3LF which houses the non-clinical staff as part of this inspection.

Push Dr Ltd registered with the CQC at their current location in April 2018. 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.

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser and a second CQC inspector.

We undertook a review inspection of Push Dr Ltd on 26 April 2018 to check whether progress had been made to address the concerns we had identified during our previous inspections on 7 March 2017 and 9 August 2018. This follow-up inspection focused on two of the five questions we ask about services; is the service safe and well-led. This is because concerns were identified in these two areas during our previous inspection.

Are services safe?

Our findings

At our previous inspection on 9 August 2017 we found that although the provider had addressed the majority of issues identified during the inspection in March 2017 they were still not providing safe services. This was because:

- The provider had not considered those medicines which they would only prescribe if the patient consented to the information being shared with their usual GP. We had seen examples of prescriptions for patients with complex long term conditions who might be at risk if their usual GP was not aware of their treatment
- GPs working for the service were unable to see if a patient had given consent to share information with their NHS GP so were unable to make an informed decision as to whether prescribing in an online environment was safe or appropriate
- We were not assured that there had been adequate discussion or relevant information shared with patients prescribed a medicine outside of the licensed use.

During this inspection we found that the provider had addressed the majority of the outstanding concerns highlighted during our previous inspection but that some further improvement was still required. There were areas where the provider was still not providing safe services.

Prescribing safely

We were provided with evidence to demonstrate that the provider now regularly shared information with a patient's NHS GP (77% of all consultations at the time of our inspection). A protocol was also in place to guide GPs on what they could and could not prescribe if a patient had not given consent to the information being shared with their usual GP. This included limiting the patient to a week's supply of medicine. Where a patient did not have a NHS GP, a risk management system was in place to guide GPs before they issued a prescription. For example, pain medication required a monthly review due to potential side effects and antidepressants could only be prescribed in limited quantities.

The provider had made changes to their computer system to ensure that GPs were able to see whether consent to share information had been given. This enabled GPs to make an informed decision as to whether prescribing using

an online platform was appropriate and safe. Push Dr GPs were encouraged to ask patients who had not indicated they wanted to share their information with their own GP if they were willing to do so.

The provider had developed an unlicensed/off-label prescribing policy to govern the prescribing of these medicines. Their prescribing policy had also been updated to provide an overview on prescribing medicines for unlicensed or off-label use. GPs had been advised that they must have a discussion with the patient about unlicensed use of a medicine and that this must be recorded in the patient's notes. Additional written information was given to any patient issued a medicine for unlicensed use explaining what this meant. In addition, regular audits were carried out to look at why GPs had prescribed these medicines and whether it appropriate.

Although not identified as a specific issue during the previous inspection we also looked at antibiotic prescribing during this inspection. This was because since the previous inspection a number of concerns had been raised with us by NHS healthcare professionals about individual cases of antibiotic prescribing. The concerns raised included:

- Lack of consideration of local and national antibiotic resistance patterns
- Antibiotics being prescribed which were not in line with recommended guidance for the presenting condition
- Antibiotics being prescribed for conditions which would normally merit a physical examination to confirm diagnosis
- Antibiotics being prescribed without appropriate follow up review or tests being arranged.

We received assurance during the inspection that all concerns raised directly with Push Dr by NHS healthcare professionals about any issue, including prescribing were investigated fully and in line with their complaints procedure. Trends and themes were analysed and lessons learned shared with platform GPs. In addition, training and supervision needs were identified and acted upon.

Our GP specialist advisor reviewed a selection of the records of 30 patients who had been prescribed antibiotics or high-risk medicines since the previous inspection. Of these:

- In 13 of the records care delivered was not based upon current accepted evidence based guidance

Are services safe?

- In 13 of the records the antibiotic prescribed was not the most appropriate choice for the working diagnosis
- In 10 of the records appropriate investigations and/or treatment had not been provided/arranged.

We had met with Push Dr representatives in March 2018 to discuss the findings from our previous inspection and other matters, including our concerns in relation to antibiotic prescribing. The provider had assured us that they continued to audit antibiotic prescribing on a regular basis and at this inspection we found that a recent antibiotic audit had been undertaken (April 2018). The aim of the audit was to ensure their GPs were reducing the prescribing of antibiotics and promoting antimicrobial stewardship in line with the National Institute for Health and Care Excellence (NICE) evidence based guidance. The audit revealed that during the period 1 January 2018 to 31 March 2018, 12,138 prescriptions for antibiotics had been issued. This represented 72.5% of the total number of prescriptions issued. 36% of the consultations that took place in the same period had resulted in a prescription for an antibiotic being issued. However, of the sample of 50 consultations where an antibiotic had been prescribed and reviewed as part of the audit, only 18% had been prescribed in accordance with best practice guidance. The conclusion of the audit was that Push Dr GPs did not appear to be adhering to best practice guidance when prescribing antibiotics. An action plan was therefore developed

requiring their GPs to undertake additional training on antimicrobial resistance and to make their GPs aware of Public Health England (PHE) guidance on the management and treatment of common infections and antibiotics. A second cycle of the audit was scheduled for July 2018. A system was in place to ensure that the provider carried out a random peer review of one in every 10 of each GPs consultations and note keeping. However, the peer reviews did not specifically look at antibiotic prescribing and if an antibiotic had been prescribed did not consider whether it was in line with best practice guidance. The provider told us that in addition to peer reviews, other audits, such as those looking at the management of sore throats and urinary tract infections looked at the appropriateness of antibiotic prescribing. For example, the acute sore throat audit carried out in April 2018 showed that 16% of prescribing conformed with National Institute for Health and Care excellence (NICE guidance and that in 89% of cases the most appropriate antibiotic was prescribed. The conclusion of this audit was that platform GPs did not seem to be using evidence-based scoring systems to evaluate the likelihood of Streptococcal infections of patients presenting with acute sore throat and hence the appropriate need for antibiotics. Overall prescribing in terms of choice, dosage and duration was still below the standard set of 100%.

Are services well-led?

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

Our findings

At our previous inspection on 9 August 2017 we found that although the provider had addressed the majority of issues identified during the inspection in March 2017 there were areas where they were still not providing well-led services. This was because:

- There was little evidence of clinical quality improvement activity leading to improvements in patient care and outcomes. We had been shown an audit relating to antibiotic prescribing but it did not include information on prescriptions which did not meet the appropriate criteria that could be used by GPs to improve the standard of their prescribing. The provider had told us that the role of their newly recruited pharmacist would be to carry out quarterly audits and that they were due to commence an audit looking at the prescribing of Hormone Replacement Therapy (HRT).
- The governance arrangements for monitoring prescribing did not fully protect patients from being at risk of harm. The provider had not considered which medicines they would only prescribe if consent was obtained to share this information with a patient's regular GP. In addition, some of the medical records we viewed did not contain details of the rationale for prescribing when consent to share information had not been sought or given.

During this inspection we found that the provider had taken steps to address the concerns highlighted during our previous inspection. The provider was now providing well-led services.

Business Strategy and Governance arrangements

The provider was able to show us the following clinical audits which they had completed since our previous inspection:

- An audit of note reviews carried out in April 2018 looking at consultations that had taken place between 1 January 2018 and 31 March 2018. This audit was to review and evaluate the performance of GPs working for the service and to ensure patients were receiving a safe, effective and high quality service. A number of issues were identified as a result of the audit and an action plan developed. A second cycle of the audit to monitor improvement was scheduled to take place in July 2018.

- An audit looking at Hormone Replacement Therapy (HRT) prescribing. The aim was to ensure patients prescribed HRT were being asked if their blood pressure had been monitored within the previous 12 months and whether a follow up review was advised and whether a cardiovascular disease (CVD) assessment had been carried out before a new HRT prescription was issued. Action taken as a result of the audit was to advise Push Dr GP's to ensure patients were having appropriate follow ups reviews, ensure that blood pressure has been checked within the previous six months and was less than 140/90 and not to prescribe HRT unless a CVD risk assessment had been carried out within the preceding three months. A second cycle of the audit to monitor improvement was scheduled for August 2018.
- An audit looking at the treatment of acute sore throats. The aim of the audit was to evaluate the management of acute sore throats and antibiotic prescribing in relation to this in line with National Institute for Health and Care Excellence (NICE) best practice guidance. The audit showed that overall compliance to Public Health England (PHE) and NICE guidance in relation to the prescribing of antibiotics for acute sore throats was 89%. The conclusion was that Push Dr GPs were not always using evidence-based scoring systems to evaluate the likelihood of Streptococcal infection and the need for antibiotics. Action planned as a result of the audit was to ensure GPs were using evidence based scoring system and conforming to PHE/NICE guidance. A second cycle of the audit was scheduled for July 2018. Prior to the audit the provider had added a diagnostic tool to their system to improve the accuracy of diagnosing whether a sore throat in children was the result of a bacterial infection and required treatment with antibiotics.

The provider had reviewed their governance arrangements which included monitoring prescribing. They had:

- Reviewed and updated their prescribing policy and created a policy governing the prescribing of medicines for unlicensed use.
- Improved their processes to encourage patients to give consent to sharing their information with their NHS GP (this had increased to 77% of all consultations).
- Made changes to their computer system to ensure that Push Dr GPs were able to see whether a patient had

Are services well-led?

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

given consent to their information being shared so they could make an informed decision as to whether prescribing in an online environment was safe and appropriate.

- Advised their GPs that if prescribing when consent had not been given the rationale for prescribing had to be recorded in the patients record and consideration given to whether prescribing was appropriate and in line with recently introduced risk assessments.

Continuous improvement

The provider had further strengthened their governance arrangements since the previous inspection. They had:

- Improved links and communication between the medical team and senior leadership team and ensured more back-office support was available for GPs who provide their services on the Push Doctor platform.

- Recruited a chief medical officer, two medical officers, a head of compliance and a clinical operations manager.
- Introduced risk assessments for clinicians to refer to when prescribing antibiotics, pain relief and asthma medication.
- Reviewed and updated policies and procedures.
- Introduced a governance and strategy board.

The role of the chief medical officer (CMO) would include providing clinical insight into the running of the service and overseeing the two medical officers employed by the service. Together, the CMO and medical officers would be responsible for monitoring GP performance and involved in clinical audit activity, safeguarding, incident reporting, policy and quality improvement and communications and training.

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
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider was not always ensuring that care and treatment was being provided in a safe way for service users.
	They were not always following best practice evidence-based guidance when prescribing antibiotics.