Doc Reports Ltd

i-GP Virtual Doctor

Inspection report

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at i-GP Virtual Doctor on 6 September 2018, as part of our comprehensive inspection programme.

Doc Reports Ltd provides an online clinic, consultation, treatment and prescribing service for a limited number of medical conditions to patients from England, Scotland and Wales. This service is known as i-GP Virtual Doctor and is coordinated via the following website: www.i-gp.uk

Our findings in relation to the key questions were as follows:

Are services safe? – we found the service was providing a safe service in accordance with the relevant regulations. Specifically:

- There were arrangements to safeguard people, including arrangements to check patient identity.
- Prescribing was in line with national guidance, and people were told about the risks associated with any medicines prescribed.
- Suitable numbers of staff were employed and appropriately recruited.
- Risks were assessed and action taken to mitigate any risks identified.

Are services effective? - we found the service was providing an effective service in accordance with the relevant regulations. Specifically:

- Following patient consultations information was appropriately shared with a patient's own GP in line with GMC guidance.
- Quality improvement activity, including clinical audit, took place.
- Staff received the appropriate training to carry out their role.

Are services caring? – we found the service was providing a caring service in accordance with the relevant regulations. Specifically:

- The provider carried out checks to ensure consultations by GPs met the expected service standards.
- Patient feedback reflected they found the service treated them with dignity and respect.
- Patients had access to information about clinicians/ GPs working at the service.

Are services responsive? - we found the service was providing a responsive service in accordance with the relevant regulations. Specifically:

- Information about how to access the service was clear and the service was available 24 hours, 7 days a week.

Summary of findings

- The provider did not discriminate against any client group.
- Information about how to complain was available and complaints were handled appropriately.

Are services well-led? - we found the service was providing a well-led service in accordance with the relevant regulations. Specifically:

- The service had clear leadership and governance structures.
- A range of information was used to monitor and improve the quality and performance of the service.
- Patient information was held securely.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

i-GP Virtual Doctor

Detailed findings

Background to this inspection

Background

Doc Records Ltd is registered for the following regulated activity: Treatment of disease, disorder or injury and provides an online consultation, treatment and prescribing service for a limited number of medical conditions to patients primarily from England, Scotland and Wales. The conditions treated are limited to a range of 25 minor conditions. For example, hair loss, contraception, sore throat, chlamydia, herpes, dental abscess, sinusitis, cystitis and urinary tract infections. A specific list of medicines that the provider can prescribe to treat these conditions is detailed on the providers website. The service does not treat patients under the age of 18 and does not prescribe any pain relief or high-risk medicines.

Doc Records Ltd consists of the founder and chief executive officer (CEO), who is a GP and the registered manager, the chief medical officer (CMO) who is a GP, the chief of operations, a medical board, technical team and accounts/ finance staff. Both GPs are registered with the General Medical Council (GMC) and undertake remote patient consultations by reviewing patient requests and completed medical questionnaires when they apply for prescriptions on-line.

The service is open between 8am and 10pm on a Monday to Sunday. However, patients can submit a request for treatment 24 hours a day, seven days a week on the provider's website. Requests for treatment are generally dealt with within one hour depending on when they are received.

This is not an emergency service. Subscribers, if assessed and approved, pay for their medicines when they collect their prescription from their designated pharmacy. The assessment process is such that patients complete an online assessment, once approved by a GP, treatment is prescribed. If after completion of the assessment, some patients may require a telephone consultations to determine the best course of treatment.

Doc Reports Ltd is operated via a website (www.i-gp.uk) which is currently only available in English. The provider is in the process of introducing a translated version.

How we inspected this service

This inspection was carried out on 6 September 2018 by a Care Quality Commission (CQC) lead inspector and a GP specialist adviser.

Before the inspection we gathered and reviewed information from the provider. We visited Doc Reports Ltd at their registered address in Kings Hill, Kent and spoke to the CEO/registered manager, CMO and chief of operations. We looked at the records, policies and other documentation the provider maintained in relation to the provision of services.

To get to the heart of patients' experiences of care and treatment, we 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

Detailed findings

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

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies and knew how to report a safeguarding concern. The safeguarding policy made it clear that concerns should be reported to the local authority where the patient resided and included links to access contact details of these authorities. Policies also contained information in relation to child exploitation and female genital mutilation. All the GPs had received adult and level three child safeguarding training. It was a requirement for the GPs registering with the service to provide evidence of up to date safeguarding training certification.

The service did not treat children. When registering with the service a patient was asked to provide proof of identity in the form of a UK passport, their date of birth and address to help them ascertain that the patient was over the age of 18. As an additional layer of security, the provider also requested that photo ID was produced at the pharmacy where the prescription was collected to ensure the patient was not under 18 years of age. For example, for treatments prescribed for chlamydia and contraception.

Monitoring health & safety and responding to risks

The management team carried out a variety of checks daily or weekly. These were recorded and formed part of a clinical team weekly report which was discussed at clinical meetings.

Monitoring health & safety and responding to risks

The provider headquarters were located within modern offices. Patients were not treated on the premises as GPs carried out the online consultations remotely; usually from their home.

The provider expected that all GPs would conduct consultations in private and maintain the patient's confidentiality. Each GP used an encrypted, password secure, laptop to log into the operating system, which was a secure programme. GPs were required to complete a home working risk assessment to ensure their working environment was safe.

There were processes to manage any emerging medical issues during a consultation and for managing test results and referrals. The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems to ensure the location of the patient at the beginning of the consultation was known, so emergency services could be called.

All clinical consultations were rated by the GPs for risk. For example, if the GP thought there may be serious mental or physical issues that required further attention. Consultation records could not be completed without risk rating. Those rated at a higher risk or immediate risk were reviewed with the help of the management and clinical director. All risk ratings were discussed at weekly clinical meetings. There were protocols to notify Public Health England of any patients who had notifiable infectious diseases.

A range of clinical and non-clinical meetings were held with the staff (the two GPs and where applicable, locum GPs), where standing agenda items covered topics such as significant events, complaints and service issues. Clinical meetings also included case reviews and clinical updates. We saw evidence of meeting minutes to show where some of these topics had been discussed. For example, improvements following a significant incident and clinical pathways in line with national guidance. Meeting minutes also gave details of changes to medicine safety alerts, as well as the summary of product characteristics (SmPC – which is a legal document approved as part of the marketing authorisation of each medicine and is the basis of information for healthcare professionals).

Staffing and Recruitment

There were enough GPs to meet the demands for the service and there was a rota for the GPs. There was a support team available to the GPs during consultations.

The provider had a selection and recruitment process for all staff. There were a number of checks that were required to be undertaken prior to commencing employment, such as references and Disclosure and Barring service (DBS)

Are services safe?

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

Potential GP/doctor locums had to be currently working in the NHS (as a GP if applicable), have online consultation experience and be registered with the General Medical Council (GMC). They had to provide evidence of having professional indemnity cover, an up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act.

Locum GPs were supported during their induction period and an induction plan was in place to ensure all processes had been covered. We were told that GPs did not start consulting with patients until they had successfully completed several test scenario consultations.

We reviewed three staff files which showed the necessary documentation was available. The GPs could not be registered to start any consultations until these checks and induction training had been completed. The provider kept records (on a secure cloud storage system) for all staff including the GPs and there was a system 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 during a consultation were monitored by the provider to ensure prescribing was evidence based. If a medicine was deemed necessary following a consultation, the GPs could issue a private prescription to the patients' pharmacy of choice. The GPs could only prescribe from a set list of medicines which the provider had risk-assessed. There were no controlled drugs on this list. The service's website advertised which medicines were available and there were systems in place to prevent the misuse of these medicines. There were computer algorithms to prevent:

- Repeat prescription overuse.
- Patients trying to register using multiple accounts.
- Contraindications for certain medicines.
- Treatment of patients with complex comorbidity.
- Children accessing the service.

Once the GP prescribed the medicine and appropriate dosage, 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. Instructions were available on the website and sent as a document to the patient by email following their consultation completion.

Repeat prescriptions were only issued for certain medicines. For example, allergy medicines for hay fever. When prescribing antibiotics, the provider made clear reference to antibiotic guidelines. The service encouraged good antimicrobial stewardship by only prescribing from a limited list of antibiotics which was based on national guidance.

There were protocols for identifying and verifying the patient and General Medical Council guidance, or similar, was followed.

We were advised that patients could choose a pharmacy where they would like their prescription sent to, for the medicines prescribed to be dispensed. Doc Reports Ltd had a prescription validator service for pharmacists to follow. This helped to them to dispense i-GP prescriptions safely and ensure against fraudulent use. The system allowed the pharmacist to check a patient's date of birth and the prescription authorisation code, when the prescription was being collected by the patient. Additionally, it would issue a warning message if the prescription had already been collected.

Information to deliver safe care and treatment

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

Management and learning from safety incidents and alerts

There were systems 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 was taken in the form of a change in processes. For example, following a significant event, highlighted in patient feedback, the provider had liaised with a pharmacy to ensure their website was updated to reflect their correct opening hours.

Are services safe?

We saw evidence from two incidents 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 to ensure that the correct person received the correct medicine. For example, presenting photographic ID when attending their chosen pharmacy to collect their prescription.

Are services effective?

(for example, treatment is effective)

Our findings

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

Assessment and treatment

We reviewed five 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.

We were told that each online consultation lasted for approximately 15 minutes. If the GP had not reached a satisfactory conclusion, there was a system where they could contact the patient again.

Patients completed an online form, which was a set of 50 questions relating to their current symptoms and 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. We reviewed five anonymised medical records which were complete records. We saw that adequate notes were recorded and the GPs had access to all previous notes.

We also reviewed the medical questionnaires which patients completed when requesting services, which were dependent on the condition they were seeking treatment for. If the GP was unable to reach a satisfactory conclusion from the information provided, there was a system to enable them to contact the patient for further information. Additionally, computer algorithms automatically prevented patients from seeking treatment for certain conditions. For example, patients who indicated they had complex comorbidity or male patients trying to request contraception.

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. The provider used detailed clinical triage based on NICE guidelines with assessments of physical data using the National Early Warning Score (NEWS) system. If the provider could not deal with the patient's request, this was explained to the patient and a record kept of the decision.

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes. For example, a case review in relation to cough prescriptions had been conducted. The review included reviewing all prescriptions made for coughs and whether they met the Target Antibiotic Toolkit (TAT) framework. The review was conducted following an update in guidance in TAT. As a consequence of the review, Doc Reports Ltd had updated their formulary and cough pathway to reflect the change.

Quality improvement

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

- The service used information about patients' outcomes to make improvements.
- The service took part in quality improvement activity. For example, audits, reviews of consultations and prescribing trends.

Staff training

All staff had to complete induction training which consisted of an overview of the structure of the service, policies and procedures, health and safety, information governance and other relevant topics. Staff also had to complete other training on a regular basis. For example, health and safety, information governance, general data protection regulations. The management team had a training matrix which identified when training was due, records viewed confirmed this.

All the GPs had to have received their own appraisals before being considered eligible at recruitment stage. GPs had their own NHS appraisal in addition to in-house appraisals. Records were maintained of all appraisals conducted.

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 agreed we were told that a letter was sent to their registered GP in line with GMC guidance.

Are services effective?

(for example, treatment is effective)

Where patients declined, the services website was clear that should a patient be assessed and information was required to be shared with their own, treatment may be declined.

The service monitored the appropriateness of follow ups from test results to improve patient outcomes. For example, when blood tests were required to be taken by the patients' own GP, in the event of suspected Lyme disease following a tick bite.

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 website (or links to NHS websites or blogs). For example: sleep, stress, diet, exercise and how to self-treat recurrent cystitis.

In addition, the provider had developed a patient education program known as Wellness, which focused on not just physical health such as diet, exercise and illness prevention, it combined all aspects of well-being including physical, mental, emotional and spiritual needs. This aimed to promote maintaining a healthy lifestyle, disease prevention and the importance of regular health checks. For example, patients prescribed contraception with borderline body mass index (BMI) rates were advised to keep their BMI below 30 and provided with weight management advice.

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

All staff had undertaken training on their roles and responsibilities in relation to data protection and information governance and the provider was registered with the Information Commissioner's Office. The GP could access patient records remotely but ensured this was always done in a private and secure location, which were appropriately risk assessed. The computer system used by the service was encrypted.

The provider's website enabled patients to leave feedback and we saw evidence of appropriate action being taken when negative feedback was received. For example, methods of payment had been changed to ensure debit and credit card transactions were not overly complicated or costly in terms of additional charges.

We were unable to speak to any patients during the inspection but several patients had contacted us before the inspection to leave feedback. Their comments were positive and words used to describe the service included friendly, professional, personal and understandable.

Involvement in decisions about care and treatment

Patient information guides about how to use the service and technical issues were available. A member of staff was available to respond to any enquiries.

Patients were able to access their notes and records via the patient portal which they could sign into via the website using the password they had created when registering with 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 were provided seven days a week, 8:00am and 10:00pm, but access via the website to request a consultation was all day every day. This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if appropriate to contact their own GP or NHS 111.

The digital application did not allow people to contact the service from abroad. Any prescriptions issued were delivered within the UK to a pharmacy of the patient's choice.

The provider made it clear to patients what the limitations of the service were.

Through the website patients requested an online consultation with a clinician / GP and were contacted at the allotted time. The maximum length of time for a consultation was approximately 15 minutes. However, we were told that GPs could contact the patient if they had not been able to make an adequate assessment or give treatment.

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. Patients could choose either a male or female GP or one that spoke a specific language or had a specific qualification.

Managing complaints

Information about how to make a complaint was available on the service's web site. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for the recording of complaints had been developed and introduced for use. We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed two complaints out of two received in the past three years, neither of which had been received within the last 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.

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 was known in advance and paid for before the consultation appointment commenced. The costs of any resulting prescription were handled via a secure payment method.

All GPs/staff had received training about the Mental Capacity Act 2005. Staff understood and sought patients' consent to care and treatment in line with 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. The process for seeking consent was monitored through audits of patient records.

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 a well-led service in accordance with the relevant regulations.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. We reviewed business plans that covered the next five years.

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 annually and updated when necessary.

There were a variety of daily, weekly and monthly checks to monitor the performance of the service. These included random spot checks for consultations. The information from these checks was used to produce a clinical weekly team report that was discussed at weekly team meetings. This ensured a comprehensive understanding of the performance of the service was maintained.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Care and treatment records were complete, accurate, and securely kept.

Leadership, values and culture

The CEO/registered manager had overall responsibility for the day to day operation of the service. The CMO had responsibility for any medical issues arising. There were systems to address any absence of this clinician both planned and unplanned.

The values of the service were: Doc Reports Ltd believe that **everyone is entitled to flexible and efficient healthcare. As a consequence of this, i-GP** was created after evaluating the period of time patients took to see a doctor for low-risk conditions. As a doctor founded and doctor led service, i-GP is focused on patient safety. They aimed to offer access to the highest level of online care in a manner which is centered on the patient's need for timely care.

The service had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy.

Safety and Security of Patient Information

There were systems to ensure that all patient information was stored and kept confidential.

Policies and IT systems protected 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 business contingency plans to minimise the risk of losing patient data.

Seeking and acting on feedback from patients and staff

Patients could rate the service they received. This was constantly monitored and if it 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 and add any comments or suggestions. Survey questions included (but were not limited to); the overall impressions of the website, the online assessment process, how they would rate the service provided, if any further treatment was required from their own GP for the same after using the services, whether they would like to join the Wellness programme. A summary of patient feedback was published on the service's website.

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.

The provider had a whistleblowing policy. (A whistle blower is someone who can raise concerns about practice or staff within the organisation.) The CEO/registered manager was the named person for dealing with any issues raised under whistleblowing.

Continuous Improvement

Are services well-led?

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

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.

We saw from minutes of staff meetings where previous interactions and consultations were discussed. Meetings were held either in person or remotely through online meeting facilities.

There was a quality improvement strategy and plan to monitor quality and to make improvements. For example, through clinical audit.

The service were aware of the national plans for increased digital care provision in primary care and their objective for within the next 12 months was to integrate with the NHS, expand the number of patients treated and continue the development of evidence based treatments.