

Anytime Medical Limited

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

Letter from the Chief Inspector of General Practice

We rated this service as Good overall. (Previous inspection March 2018– not rated).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Anytime Medical Limited on 25 July 2019.

We previously inspected Anytime Medical Limited on 7 March 2018. The full comprehensive report on the 7 March 2018 inspection can be found by selecting the ‘all services’ link for Anytime Medical Limited on our website at www.cqc.org.uk.

At that time CQC asked the provider to make improvements because the service was not being provided in accordance with the relevant regulations. Specifically, we found the provider had breached Regulation 12 (1) (Safe care and Treatment) because in three instances patients had been prescribed medicines without the appropriate tests being undertaken or recorded.

A Requirement Notice was served and shortly thereafter the provider wrote to us to tell us how they planned to make improvements. We undertook this comprehensive inspection to check the service had followed their plan and to confirm they had met the legal requirements.

Anytime Medical Limited (the provider) operates under the trading name of Anytime Doctor. It provides an on-line consultation, prescribing and testing service from the website: www.anytimedoctor.co.uk.

The service offers consultations and prescriptions for various healthcare issues such as male hair loss, smoking cessation and oral contraception. The service also offers testing kits for sexually transmitted diseases and additionally offers consultations and prescriptions for asthma, high blood pressure, diabetes and high cholesterol.

To access the service, patients complete and then securely submit an online consultation questionnaire, appropriate

to their healthcare issue. The provider employs two doctors to review these questionnaires and if appropriate, approves the patient for treatment. Both doctors are registered with the General Medical Council (GMC) with a licence to practise, are on the GP Register and are also on the NHS National Performers List.

Patients do not pay for the initial consultation. If approved for treatment, the patient is sent a text message prompting them to log back into their secure patient record. They will then be asked to pay for the prescription using a debit or credit card and to update and confirm their consultation information. The doctor will review the information again, prior to authorising the prescription (which is then sent electronically to the provider’s affiliated pharmacy for dispensing and delivery).

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- Quality improvement activity supported the delivery of safe and patient centred care. For example, following our last inspection in March 2018, the service had contracted an independent, external doctor to routinely audit the prescribing patterns of its employed doctors. Audit results we reviewed confirmed that all sampled prescribing decisions had been clinically appropriate. Shortly after our inspection we were advised the service was recruiting a medical director to further embed quality improvement and its wider clinical governance activity.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. For example, leaders routinely participated in sector led quality improvement fora.

Overall summary

The areas where the provider should make improvements are:

- Continue to review and refine its quality improvement and wider clinical governance activity.
- Continue to monitor its doctors payment system for prescribing so as to ensure it doesn't allow unnecessary prescribing.

- Take action to ensure the service's data protection policy reflects new General Data Protection Regulation (GDPR) relating to the use of personal data.
- Review arrangements for ensuring personnel records are kept up to date.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, a specialist adviser, a specialist adviser (observer) and a member of the CQC medicines team.

Background to Anytime Medical Limited

Background

Anytime Medical Limited (the provider) operates under the trading name of Anytime Doctor, providing an on-line consultation, prescribing and testing service for various healthcare issues from the website: .

This inspection was carried out at the provider's proposed new CQC registered location: 64 Cropley Street, London N1 7GX. At the time of inspection, the provider was in the process of registering this address as a location and deregistering its old location: 30 Percy Street, London, W1T 2DB. This process was concluded shortly after our inspection. The owner and sole director of the company is the Registered Manager and is responsible for all aspects of the management and operational activity of the service. 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. In addition, the provider has commissioned an independent doctor as external clinical assessor to conduct audits and monitor consultations and prescribing.

The provider is registered with the CQC to provide the Regulated Activity of treatment of disease, disorder or injury. The service offers consultations and prescriptions for various healthcare issues including some long-term conditions, such as asthma, diabetes and hypertension and offers testing kits for sexually transmitted diseases.

To access the service, patients complete and then securely submit an online consultation questionnaire

appropriate to their healthcare issue. The provider employs doctors to review these questionnaires and if it is safe to do so, approves the patient for treatment. If approved for treatment, the patient is asked to pay for the prescription and to update and confirm their consultation information. The doctor will review this information again, prior to authorising the prescription (which is then sent electronically to the provider's affiliated pharmacy for dispensing and delivery).

If the process is completed before 4.00 pm Monday to Friday the pharmacy will aim to dispense and despatch the prescribed medicine for delivery before 1.00 pm the next working day. For an additional payment, patients living with the bounds of the M25 can arrange for same day delivery. The service is available only to adults over the age of 18 years, with delivery addresses in the UK.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke with the Registered Manager and one of the two doctors working at the service.

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.

Are services safe?

We rated safe as Good because:

- At our previous inspection on 7 March 2018 we found three examples of prescriptions being issued to patients without appropriate tests being undertaken and issued a Requirement Notice. At this inspection we found the service had taken appropriate action by commissioning an external doctor to audit employed doctors' consultations and prescribing decisions.
- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- Safeguarding vulnerable adults and young people was given sufficient priority.
- Staff have received up-to-date training in systems, processes and practices.

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 shared drive access to the service's safeguarding policies and a protocols were in place for ensuring the appropriate safeguarding authority was contacted. 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.

Monitoring health & safety and responding to risks

At the time of our inspection, the provider's headquarters was located at 30 Percy Street,

London, W1T 2DB. 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 patient confidentiality. Each GP used an encrypted, password secure laptop to log into the operating system, which was a secure programme. As part of their induction, GPs were required to complete a home working risk assessment to ensure their working environment was safe.

There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals. The service was not intended for use

as an emergency service. In the event an emergency did occur, the provider 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.

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. There were protocols in place to notify Public Health England of any patients who had notifiable infectious diseases.

We saw evidence that monthly, phone based staff meetings took place where topics such as safety alerts, audits and clinical updates were discussed.

Staffing and Recruitment

There were enough staff, including GPs, to meet the demands for the service. There was a support team available to the GPs during consultations and a separate IT team. We noted the prescribing doctors were paid on a "per prescription issued" basis. The service had been auditing prescribing patterns since our last inspection in March 2018 to June 2019. These audits confirmed that all of the prescribing decisions undertaken during this time frame had been clinically appropriate.

The provider had a selection and recruitment process in place for all staff. There were a number of checks that were required to be undertaken prior to commencing employment, such as Disclosure and Barring service (DBS) 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 employees had to be currently working in the NHS and be registered with the General Medical Council (GMC) and on the GP register. They had to provide evidence of having relevant professional indemnity cover, an up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act.

Newly recruited 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.

Are services safe?

When we reviewed recruitment files, we noted one of the doctors and the bank doctor did not have references on file. We also noted that the medical indemnity insurance for a doctor on a flexible contract had expired in December 2018. We were told the references were on file but had been misfiled and that the doctor had not worked for the service since December 2018 and would not be allowed to do so unless their medical indemnity insurance was valid.

Prescribing safety

All medicines prescribed to patients from online forms 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 which was dispensed by an affiliated pharmacy and delivered to patients.

Once the GP prescribed the medicine and 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.

When we inspected in March 2018, we found three examples of prescriptions being issued to patients without appropriate tests being undertaken in accordance with established guidelines. We asked the provider to take action and at this inspection we noted the provider had recruited new doctors and also revised its protocol by way of commissioning an independent, external doctor to conduct monthly audits of prescribing patterns and ensure these kept patients safe. We saw all sample prescriptions audited since our March 2018 inspection had been appropriately issued and further noted that sample sizes ranged from between 10% to 23% of all prescriptions issued.

There was a clear record of the decisions made and the service attempted to contact the patient's regular GP to advise them when necessary.

The service encouraged good antimicrobial stewardship by only prescribing from a limited list of antibiotics which was based on national guidance.

The service prescribed some unlicensed medicines, and medicines for unlicensed indications, for example for the treatment of altitude sickness. Medicines are given licences after trials have shown they are safe and effective for treating a particular condition. Use of a medicine for a different medical condition that is listed on their licence is

called unlicensed use and is a higher risk because less information is available about the benefits and potential risks. There was clear information on the consultation form as well as the provider's website to explain that the medicines were being used outside of their licence, and the patient had to acknowledge that they understood this information.

There were protocols in place for identifying and verifying the patient.

Prescriptions were sent electronically to the service's affiliated pharmacy, with the prescriber's signature and security details verifiable by the dispensing pharmacist. The prescription could be dispensed and delivered direct to the patient. The service had a system in place to assure themselves of the quality of the dispensing process. There were systems in place to ensure that the correct person received the correct medicine.

The service's pharmacist told us that frequent requests of medicines such as reliever inhalers in excess of the recommended amount would be referred back to the prescriber.

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. The service's affiliated pharmacy was also able to access patient records and consultations notes via a secure platform.

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. One significant incident had been logged in the previous 12 months (relating to a laboratory failing to provide a result for a submitted test). We saw evidence this incident had been fully investigated and discussed; and had led to improvements in patient safety (such as a review of test labelling protocols and a subsequent increase in font sizes).

We saw evidence 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. We also saw evidence that the learning from this incident had been shared with staff at team meetings.

Are services safe?

Records confirmed that Medicines and Healthcare products Regulatory Agency (MHRA) alerts were routinely discussed. For example, minutes of a September 2018 team meeting

confirmed discussion of an MHRA alert about Amoxicillin and that the patient information leaflet had been updated to include symptoms of a potential new side effect to this medication.

Are services effective?

We rated effective as Good because:

- People had comprehensive assessments of their needs, which include consideration of clinical needs, mental health, physical health and wellbeing.
- There was participation in relevant local audits and other monitoring activities;
- Accurate and up-to-date information about effectiveness is used and is understood by staff.

Assessment and treatment

We reviewed fourteen examples of medical records which demonstrated 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 online consultations were not restricted to a specific time frame and if the GP had not reached a satisfactory conclusion there was a system in place where they could contact the patient again.

Patients completed an online form which was specific to the condition for but which always included their past medical history. For example, the Medical Consultation Questionnaire for the "Blood Pressure Medicine Repeat Prescription Service" sought information such as current medication, allergies, recent blood pressure reading and an advisory that the patient's GP would be notified if blood pressure medication was purchased. Consent was sought for this notification at the initial on line form completion stage.

GPs completed a set template depending on the consultation but we were advised this always included the reasons for the consultation and the outcome, along with any notes about past medical history and diagnosis. As an additional measure to ensure safe prescribing, patients approved for treatment were sent a text message requesting them to log back into their secure patient record to confirm their consultation information. The doctor would then review the information again prior to authorising the prescription.

We reviewed fourteen medical records which were complete records. We saw that adequate notes were recorded and the GPs had access to all previous notes.

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

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, it had commissioned an independent, external doctor to conduct monthly audits of prescribing patterns and ensure these kept patients safe.

- Records confirmed that none of the prescriptions sampled between March 2018 and June 2019 were deemed to have been inappropriately issued. We noted the monthly prescription sample size ranged from between 10% to 23% of all prescriptions issued for the respective month.

Staff training

All staff completed induction training which consisted of safeguarding, records management, confidentiality and also completed other training on a regular basis (for example when updates were made to the IT systems). The service manager had a training matrix which identified when training was due. All the GPs had to have received their own appraisals before being considered eligible at recruitment stage.

Coordinating patient care and information sharing

Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

Are services effective?

The provider had risk assessed the treatments they offered. They had identified medicines which were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP.

The service monitored the appropriateness of referrals/ follow ups from test results to improve patient outcomes.

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).

In their consultation records we found patients were given advice on healthy living as appropriate.

We also noted that the service's routine auditing process had highlighted improvements: for example suggesting that smoking cessation advice be added to a patient's prescribing message as this might support management of their condition.

Are services caring?

We rated caring as Good because:

- Feedback from people who used the service was positive about the way staff treated people
- People's privacy and confidentiality was respected at all times

Compassion, dignity and respect

We were told that the GPs undertook consultation assessments in private rooms and were not to be disturbed at any time during their working time. Induction training covered the service's confidentiality agreement and for example the need to ensure that computer screens were not in view.

We did not speak to patients directly on the day of the inspection. However, we reviewed the latest survey information. We noted the service conducted a patient questionnaire throughout 2018. The patient survey used online independent survey providers to run concurrently through 2018. One survey used a structured form to analyse responses and the other survey was a more generic

comment plus rating. The responses were analysed in December 2018 from both sets of data. We noted 123 patients had completed the structured questionnaire. Key findings were as follows:

- 112 respondents (91%) stated they would use the service again.
- 113 respondents (92%) rated the service as either "excellent" or "Good".

Involvement in decisions about care and treatment

Patient information guides about how to use the service and technical issues were available. There was a dedicated team to respond to any enquiries. Patients had access to information about the GPs working for the service.

The latest survey information was positive on the extent to which patients were satisfied with the explanation of their condition. We also noted 109 respondents (89%) were satisfied were either "Very satisfied" or "Satisfied" with the doctor's advice and instructions on how to take their medication.

Are services responsive to people's needs?

We rated responsive as Good because:

- The importance of flexibility and choice was reflected in the service.
- It was easy for people to raise a concern and they were treated compassionately when they did so.
- People could access the right care at the right time.

Responding to and meeting patients' needs

The provider's website had a set of terms and conditions and details of how patients could contact them with any enquiries. Information about the cost of the consultation and treatment was made available when the patient had created an account and had their medical questionnaire reviewed by a doctor.

The service operated between 9.00 am and 5.00 pm Monday to Friday (excluding bank holidays); during which times, phone queries were dealt with by third party operators. The website stated that these staff were not clinicians, but could inform patients of the range of services available and pass on messages, and that the provider would respond within office hours. Patients needing non-urgent medical advice outside these times were advised to contact their GP in the first instance. The website further advised patients that in an emergency they should telephone 999 or attend their nearest Accident & Emergency Department.

The website set out the range of common healthcare conditions for which services could be provided. Patients chose the relevant online questionnaire to complete and submit. They were required to provide a UK mobile phone number as text-messaging was used as part of the communication and security process, should they wish to use the service. The provider made it clear to patients what the limitations of the service were.

We did not speak to patients directly on the days of the inspection. However, we reviewed the latest survey information. We noted the service conducted a patient questionnaire throughout 2018.

- 113 respondents (92%) found it easy to find the information they were looking for on the service's website.
- 113 respondents (92%) found the service's website either "very easy" or "extremely easy" to use.
- 112 respondents (91%) were satisfied with the time it took to receive their medication.

Tackling inequity and promoting equality

The provider offered consultations to anyone who requested and paid the appropriate fee. The on line form was only available in English.

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 has been developed and introduced for use.

Although the service had not received any formal complaints in the previous 12 months, systems were in place to ensure that any complaint submitted was handled correctly, disseminated amongst staff and used to improve the service.

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.

During the initial online consultation, a general medical history would be taken and the patient subsequently advised of recommended treatments for purchase along with individual costs.

The service's website design ensured patients would be informed of any charges involved and have the option to proceed with or decline treatment. The website also listed a set of terms and conditions and details on how the patient could make contact with any enquiries. Patients only incurred a charge once treatment advice had been given and they had agreed to proceed in using the service.

All GPs 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 responsive to people's needs?

The provider understood the need to seek patients' consent to care and treatment in line with legislation and guidance and had reviewed and revised some questionnaires, relating to long-term health conditions, to require patients to provide their GPs' contact details.

Are services well-led?

We rated well-led as Good because:

- The leadership, governance and culture promoted the delivery of high-quality person-centred care.
- There was an effective governance framework, which focused on delivering good quality care.
- Full and diverse range of views and concerns from people who use the service are encouraged, heard and acted on.
- Internal audit processes functioned well and had a positive impact in relation to quality governance, with clear evidence of action to resolve concerns.

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 two 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. However, we noted the service's data protection policy did not reflect requirements relating to GDPR.

There were a variety of daily, weekly and monthly checks in place to monitor the performance of the service (for example through internal audit). 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

We were told the key objective of the service was to provide a patient-centred healthcare service, readily accessible, and which exceeds individual expectations.

The service had an open and transparent culture. For example, records confirmed 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.

Action had been taken since our last inspection in March 2018 to further improve leaders' capacity for delivering effective clinical governance. For example, the service had contracted an independent, external doctor to routinely audit the prescribing patterns of its employed doctors. Audit results we reviewed confirmed that all prescribing decisions sampled had been clinically appropriate. Shortly after our inspection we were advised the service was recruiting a medical director to further embed quality improvement and wider clinical governance activity.

Safety and Security of Patient Information

Systems were in place to ensure that all patient information was 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 and there were also business contingency plans in place to minimise the risk of losing patient data.

Seeking and acting on feedback from patients and staff

Patients could rate the service they received and were emailed at the end of each consultation with a link to a survey they could complete. They could also post comments and suggestions online. We noted survey questions included areas such as website access and speed of prescribing.

There was evidence that the GPs could 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 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.

Continuous Improvement

Are services well-led?

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.

Staff told us that monthly phone based team meetings took place, where they could raise concerns and discuss areas of improvement.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through internal audit and participation in various sector led quality improvement fora.