

Inspection Report

14 April 2022



Escripts Marketing Ltd

Type of Service: Independent Medical Agency (IMA)
Address: 69 Old Street, London, EC1V 9HX
Tel No: 0203 176 0022

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: Escripts Marketing Limited	Registered Manager: Dr Colin Davidson
Responsible Individual: Dr Colin Davidson	Date registered: 19 February 2020
Person in charge at the time of inspection: Dr Colin Davidson	
Categories of care: Independent Medical Agency (IMA) Private Doctor (PD)	
Brief description of how the service operates: Escripts Marketing Limited is registered with the Regulation Quality Improvement Authority (RQIA) as an independent medical agency (IMA) with a private doctor (PD) category of care. Escripts Marketing Limited provides an internet based healthcare service in the form of private and online health consultations and the provision of individual health advice in relation to travel health and occupational health. Escripts Marketing Limited also co-authors Patient Group Directions (PGDs) provided in authorised community pharmacies in Northern Ireland (NI). Following training and assessment, this service allows the authorised community pharmacists to supply and administer certain medications to patients without a prescription.	

2.0 Inspection summary

An announced inspection was undertaken on 14 April 2022.

Escripts Marketing Limited does not see patients face to face in NI and all information regarding this inspection was submitted to RQIA electronically before the inspection.

The purpose of this inspection was to assess progress with any areas for improvement identified during and since the last care inspection and to examine a number of aspects of the agency from front-line services to the management and governance oversight across the organisation.

Examples of good practice were evidenced in relation to the monitoring and updating of the private doctor's details; staff training and development; the provision of information to patients allowing them to make an informed decision; the governance and oversight of PGDs and the application of a community pharmacy audit.

No immediate concerns were identified in relation to the delivery of services. No areas of improvement were identified during this inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how a service was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Before the inspection a range of information relevant to the agency was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report

Escripts Marketing Limited is based in England, therefore as per an agreed RQIA protocol for the inspection of IMAs; the inspection was conducted via teleconference. A request for supporting documentation was forwarded to the provider prior to the inspection. The requested information was submitted to us electronically. Dr Colin Davidson, Responsible Individual, was requested to be available for contact by telephone on 14 April 2022, at an agreed time.

During the inspection, records were examined relating to the following areas:

- staffing
- recruitment and selection
- safeguarding
- information provision
- patient consultation
- practising privileges
- clinical records
- patient group directions (PGDs)
- management and governance arrangements

Following a review of all the submitted documents a discussion took place with Dr Davidson at the conclusion of the inspection regarding any issues identified and to provide our feedback on the inspection findings.

4.0 What people told us about the service

Due to the nature of this service RQIA were unable to meet with patients on the day of the inspection and discussed Escripts Marketing Limited's process of seeking the views and opinions of patient regarding the service provided with Dr Davidson, as outlined in section 5.2.9.

RQIA invited staff to complete electronic questionnaires prior to the inspection. No completed staff questionnaires were received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Escripts Marketing Limited was undertaken on 21 October 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 How does the IMA ensure that staffing levels are safe to meet the needs of patients?

Dr Davidson told us that there was sufficient staff in various roles to fulfil the needs of the agency and patients. All new staff complete a formal induction programme and induction templates were in place relevant to specific roles within Escripts Marketing Limited.

Through discussion and review of relevant documentation, it was confirmed that there were rigorous systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal, and ongoing professional development. Records reviewed demonstrated that there was a system in place to ensure that all staff received appropriate training to fulfil the duties of their role.

Dr Davidson is the medical director of Escripts Marketing Limited and is the only PD employed in the agency. A medical practitioner is considered to be wholly PD if they do not have a substantive post in the Health and Social Care (HSC) sector in NI or are not on the General Practitioner (GP) performers list in NI. Dr Davidson informed us that he does not prescribe medications or treatments for patients.

A review of the details of Dr Davidson evidenced the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed Responsible Officer
- arrangements for revalidation

Dr Davidson confirmed that he is aware of his responsibilities under [GMC Good Medical Practice](#).

Sufficient staff were in place to meet the needs of the agency and patients.

5.2.2 How does the IMA ensure that recruitment and selection procedures are safe?

A review of the submitted staffing information confirmed that no new PDs have been recruited since the previous inspection. During discussions it was confirmed that should PDs be recruited in the future, robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for inspection.

There was a recruitment policy and procedure available and review of recruitment and selection procedures demonstrated good practice in line with legislative requirements.

It was determined that the recruitment process complies with the legislation and best practice guidance.

5.2.3 Does the IMA meet current best practice guidance for the management of safeguarding concerns?

A review of the arrangements for safeguarding evidenced that a policy and procedure was in place for the safeguarding and protection of adults and children at risk of harm.

Safeguarding policies and procedures reviewed prior to the inspection and were found to be in accordance with the current regional guidance. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child.

Dr Davidson, as the safeguarding lead, had completed Level 3 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy (revised 2016). Dr Davidson informed us that authorised pharmacies and support staff have completed Level 1 safeguarding awareness training and training records are maintained in this regard.

It was confirmed that there were no safeguarding issues identified since the previous inspection.

The safeguarding arrangements evidenced that robust procedures are in place to ensure that any safeguarding issue identified would be managed in accordance with best practice guidance.

5.2.4 Is the IMA fully equipped and are the staff trained to manage medical emergencies?

Escripts Marketing Limited does not offer face to face services to residents of Northern Ireland. Dr Davidson confirmed that both he and the independent prescribing pharmacists complete annual basic life support training and this is recorded in each medical professional's log. Should it be identified following review of the patient registration and assessment documents, that a patient requires immediate medical intervention, patients would be signposted to their GP or local accident and emergency department when applicable.

Dr Davidson told us that the agency ensures arrangements are in place for those pharmacists, who provide PGDs, to have an awareness of actions to be taken in the event of a medical emergency.

5.2.5 Does the IMA adhere to infection prevention and control (IPC) best practice guidance?

As previously discussed Escripts Marketing Limited does not see patients residing in Northern Ireland face to face. Dr Davidson and independent prescribing pharmacists have completed awareness of IPC training and they adhere to regional guidance.

5.2.6 Are patient group directions (PGDs) being effectively managed?

Dr Davidson confirmed that for each PGD there are governance arrangements with clear lines of responsibility and accountability and that PGD's are developed in accordance with The Human Medicines Regulations 2012.

Dr Davidson told us that all PGD's have been authorised by a pharmacist registered with the Pharmaceutical Society of Northern Ireland (PSNI).

A review of a PGD provided by electronic mail prior to inspection and discussion with Dr Davidson evidenced that a process is in place to ensure PGD's are updated in keeping with best practice guidance.

Arrangements are in place to ensure that PGD's are being effectively managed.

5.2.7 Is the pathway of care for patients being managed safely?

The Escripts Marketing Limited website contains comprehensive information regarding the types of treatment provided. Prospective patients and other interested parties can contact the Escripts Marketing Limited for information via the website and by telephone. The information about services provided by the agency accurately reflected the types of IMA services provided and was in line with GMC Good Medical Practice.

Dr Davidson outlined the patient pathway and informed us that in order to access online services patients must register and complete an assessment and diagnosis questionnaire. Following review of the assessment and diagnosis questionnaire, should additional information be required telephone contact is made with the patient. During the registration stage prospective patients are requested to provide contact details for their GP. Dr Davidson confirmed the patient will be asked on two occasions to provide GP details. On both occasions, the patient has the option to declare that either; they do not have a GP or they do not want information about the consultation shared with their GP. These pages include:

- **The registration page-** as part of the terms and conditions, the patient must confirm that they understand in some cases, the recommendations made by the eTool may not be conclusive and they may be advised to seek further guidance from their GP or National Health Service (NHS) Direct.
- **During the eTool consultation-** this will be during the consultation with the healthcare professional. If the patient refuses to provide GP details, the healthcare professional is expected to make a clinical decision on the suitability of the supply.

If the sharing of GP details is considered necessary for a particular prescription only medicine (POM), by the medical team, the PGD may specify that GP details are required before any supply is made. In these instances, the patient will be unable to proceed with the consultation if they do not provide the GP details.

Dr Davidson confirmed that there are systems in place to identify and verify the patient at the start of the first consultation and subsequent consultations. Escripts Marketing Limited utilises the services of a third party provider to verify the identity of patient and protect against individuals using multiple identities.

It was confirmed that prescriber review meetings are held regularly and learning from complaints incidents/near misses is effectively disseminated to staff.

Discussion with Dr Davidson and a review of the records provided demonstrated that information provided to patients afforded a transparent explanation of their condition and any treatment proposed. The information also included any risks, complications, treatment options, and the expected outcome of the treatment. The costs of treatments were found to be up to date and included all aspects of the treatment.

Dr Davidson confirmed that PGDs are drawn up by a multi-disciplinary group involving a doctor, a pharmacist and a representative of the agency. The PGD is signed by each member of the multi-disciplinary group; the representative of the agency; and the individual health professionals working under it. Each PGD is reviewed annually or sooner if circumstances change.

The monthly clinical review includes a review of patient survey responses, patient complaints, pharmacist survey responses, pharmacist complaints, adverse events and significant events. The review is done by the registered manager and a medical clinician.

It was confirmed that robust systems are in place to ensure the pathway of care for patients is being managed safely.

5.2.8 Are records being effectively managed?

The arrangements for the management of records were reviewed to ensure that records are managed in keeping with legislation and best practice guidance.

A policy and procedure for the management of clinical records which details the arrangements for the creation; storage; transfer; disposal of and access to records was in place. Escripts Marketing Limited also has a policy statement in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Dr Davidson confirmed that the agency is aware of the [General Data Protection Regulation \(GDPR\)](#) that came into effect during May 2018 and that they are compliant with this legislation.

Review of ten electronic patient records relating to the Escripts Marketing Limited service found that all entries were dated, signed and outlined a contemporaneous record of the treatment provided. It was confirmed that any alterations or additions were recorded in such a way that the original entry could still be read.

Patient electronic records are accessed using individual usernames and passwords. Dr Davidson confirmed that patient care records are stored securely and are accessible online via secure online patient records systems.

Discussion with Dr Davidson and review of training records confirmed that appropriate staff have received training in records management. It was confirmed that all staff are aware of the importance of effective records management and records are held in line with best practice guidance and legislative requirements.

Dr Davidson demonstrated a good knowledge of effective records management including maintaining patient confidentiality.

There are systems in place to audit the completion of clinical records remotely and an action plan is developed to address any identified issues. The outcome of the audit is reviewed through the agency's clinical governance structures.

Escripts Marketing Ltd is registered with the Information Commissioner's Office (ICO).

It was confirmed that the arrangements for records management are in accordance with legislation, standards and best practice guidance.

5.2.9 Are patients treated with dignity and respect and fully involved in decisions affecting their treatment, care and support?

Dr Davidson told us that the patient's dignity was respected at all times during the consultation and treatment process and confirmed that the community pharmacy premises were assessed for suitability for providing the service to patients.

The patient satisfaction survey is in the form of a questionnaire and is available for all patients online at any time. Escripts Marketing Ltd also seeks to engage in feedback by phone when a patient has called into the office. Patients are offered the opportunity to complete a verbal questionnaire or if preferred a copy of the questionnaire can be sent by post to the patient's home address. The information received from patient feedback questionnaires is collated into a summary report which is made available to patients and other interested parties to read online on the Escripts Marketing Ltd website.

Dr Davidson confirmed that Escripts Marketing Limited do not have direct contact with patients however patients using the service are offered the opportunity to complete a feedback questionnaire on line. Dr Davidson informed us that no patients residing in NI had provided feedback to date. Escripts Marketing Limited seeks the views of pharmacists who provided the PGDs. Dr Davidson stated Escripts Marketing Limited is continually reviewing processes and would welcome information from patients which may improve the services they provide.

5.2.10 Are there robust systems and processes in place to provide assurance to senior management of the operational performance of the organisation?

Discussion and review of the governance arrangements in place demonstrated there were systems and processes to provide assurance to senior management of the operational performance of the organisation.

A range of the audit reports were examined which evidenced that where improvement is identified, action outcomes are developed and compliance is monitored to ensure improvement is achieved and sustained.

Dr Davidson as the responsible individual and registered manager is in day to day control of Escripts Marketing Limited and confirmed that communication systems are in place within the organisation and staff are aware of who to speak to if they had a concern.

The only mechanism for a medical practitioner to work in a registered IMA is either through direct employment by the agency or under a practising privileges agreement. Practising privileges can only be granted or renewed when full and satisfactory information has been sought and retained in respect of each of the records specified in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended. A practising privileges policy and procedure was in place which outlined the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges. However it was determined that a process for granting practising privileges is not required as Dr Davidson is the only private doctor and is a director of the organisation.

All medical practitioners working within the agency must have designated RO. In accordance with the requirements of registration with the GMC all doctors must revalidate every five years. The revalidation process requires doctors to collect examples of their work to understand what they are doing well and how they can improve. Experienced senior doctors work as RO's with the GMC to make sure doctors are reviewing their work. As part of the revalidation process, RO's make a revalidation recommendation to the GMC. Where concerns are raised regarding a doctor's practice information must be shared with their RO who then has the responsibility to share this information with all relevant stakeholders in all areas of the doctor's work. A review of documentation evidence that Dr Davidson has a designated external RO and has successfully revalidated.

It was established that a range of policies and procedures were available to guide and inform staff. The policies and procedures were indexed, dated and would be systematically reviewed at least every three years. Dr Davidson told us staff were aware of the policies and how to access them.

A complaints policy and procedure was in place which is made available to patients/and or their representatives on the agency's website. Dr Davidson demonstrated a good awareness of complaints management. It was established that three complaints relating to the provision of services in NI had been received since the previous inspection and had been managed appropriately. Dr Davidson explained that the complaints management system was a continuous process of ongoing audit and shared learning.

A review of the arrangements in respect of the management of notifiable events/incidents found that a robust incident management policy and procedure was in place to guide and inform staff. It was confirmed that there had been no notifiable incidents affecting patients who reside in NI. Dr Davidson outlined the governance systems in place to audit, review and identify any learning coming from any incident and/or near misses. A trend analysis is completed quarterly and where recommendations were made, areas were re-audited, with the outcome recorded.

Risk management procedures were in place to ensure that risks were identified, assessed, and managed.

Dr Davidson demonstrated that a system was in place to ensure that urgent communications, safety alerts, and notices were reviewed, actioned and, where appropriate, promptly made available to key staff.

Arrangements were in place to monitor the competency and performance of all staff and report to the relevant professional bodies per their guidance. There were systems in place to check the registration status of all health care professionals with their appropriate professional bodies on an annual basis.

A whistleblowing/raising concerns policy was available which provided help to staff to make a protected disclosure, should they need or wish to. Dr Davidson told us that staff knew who to contact should they have concerns or needed to discuss a whistleblowing matter.

Dr Davidson demonstrated a clear understanding of their role and responsibilities in accordance with legislation. Information requested by RQIA had been submitted within specified timeframes. The statement of purpose and patient's guide were kept under review, revised and updated when necessary and available to patients on request.

Insurance documentation reviewed evidenced that current insurance policies were in place.

The governance structures within the agency provided the required level of assurance to the senior management team.

5.2.11 How does a registered provider who is not in day to day management of the IMA assure themselves of the quality of the services provided?

Where the business entity operating an establishment is a corporate body or partnership or an individual owner who is not in day to day management of the agency, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Dr Davidson is the named individual with overall responsibility for the day to day management of the agency therefore the unannounced quality monitoring visits by the registered provider are not applicable.

5.2.12 Does the IMA have suitable arrangements in place to record equality data?

The arrangements in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Dr Davidson who advised that equality data collected will be managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dr Davidson, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care