

Announced Inspection Report 21 October 2020



Escripts Marketing Limited

Type of Service: Independent Medical Agency (IMA)

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Escripts Marketing Limited is an independent medical agency (IMA) that provides an internet based healthcare service, in the form of private online health consultations, for the provision of individual health advice concerning travel health and occupational health. Escripts Marketing Limited also co-authors Patient Group Directions (PGDs) for use by community pharmacists in Northern Ireland. Following training and assessment, this service allows authorised community pharmacists to supply and administer certain medications to patients without a prescription.

3.0 Service details

Organisation/Registered Provider: Escripts Marketing Limited	Registered Manager: Dr Colin Davidson
Responsible Individual: Dr Colin Davidson	
Person in charge at the time of inspection: Dr Colin Davidson	Date manager registered: 19 February 2020
Categories of care: Independent Medical Agency (IMA) Private Doctor (PD)	

4.0 Inspection summary

We undertook an announced inspection on 21 October 2020 from 10.00 to 13.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The purpose of the inspection was to determine if the IMA was delivering safe, effective, and compassionate care and if the service was well led.

The agency does not see patients face to face in Northern Ireland and all information regarding this inspection was submitted to RQIA electronically prior to the inspection.

We found evidence of good practice in relation to all four domains. These related 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 and engagement to enhance the patients' experience.

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

4.1 Inspection outcome

	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 Colin Davidson, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 28 January 2020

We identified no further actions to be taken following the most recent inspection on 28 January 2020.

5.0 How we inspect

Prior to the inspection, a range of information relevant to the IMA 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; and
- the previous care inspection report.

We invited staff to complete an electronic questionnaire prior to the inspection. Returned completed staff questionnaires were analysed following the inspection and are discussed in section 6.8 of this report.

The agency is based in England, therefore, as per an agreed RQIA protocol for the inspection of IMAs; the inspection was conducted in the offices of RQIA. A request for supporting documentation was forwarded to the provider prior to the inspection. The requested information was submitted to us electronically. Dr Davidson, Responsible Individual was requested to be available for contact via the telephone on 21 October 2020 at an agreed time.

During the inspection, we spoke with Dr Davidson, Responsible Individual.

We examined records relating to the following areas:

- staffing;
- recruitment and selection;
- safeguarding;
- information provision;
- patient consultation;

- practising privileges;
- clinical records;
- patient group directions (PGDs); and
- management and governance arrangements.

We reviewed the records and Dr Davidson was contacted at the conclusion of the inspection to discuss any issues and to provide feedback on the inspection findings.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 January 2020

The most recent inspection of Escripts Marketing Limited was an announced pre-registration inspection.

6.2 Review of areas for improvement from the most recent inspection dated 28 January 2020

We identified no areas for improvement as a result of the announced pre-registration inspection on 28 January 2020.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

6.4.1 Staffing

Dr Davidson told us that there was sufficient staff in various roles to fulfil the needs of the agency and patients. He also informed us there were induction programme templates in place relevant to specific roles within the agency.

Through discussion and review of relevant documentation, we confirmed that there were rigorous systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal, and ongoing professional development.

We reviewed records and confirmed 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 private doctor employed in the agency. It was confirmed that Dr Davidson 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; and
- arrangements for revalidation.

We determined that Dr Davidson is aware of his responsibilities under GMC Good Medical Practice.

6.4.2 Recruitment and selection

We reviewed the arrangements in respect of the future recruitment of a private doctor and examined the recruitment policy and procedure available; which was found to be comprehensive and reflected best practice guidance. Dr Davidson told us that no new private doctors have been recruited since the previous inspection. We reviewed the individual recruitment file, in place for Dr Davidson, and confirmed that the file included all information required under Regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005. Our review established that there was good practice in place, regarding recruitment and selection procedures, in line with legislative requirements.

6.4.3 Safeguarding

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

The agency's safeguarding policies and procedure were provided by electronic mail prior to inspection and were found to be in accordance with 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.

6.4.4 Management of 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 general practitioner (GP) or local accident and emergency department when applicable

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

6.4.5 Infection prevention control (IPC)

We were advised by Dr Davidson that all independent prescribing pharmacists have a good awareness of IPC and would signpost patients where necessary. We were informed that the agency ensures arrangements are in place for those pharmacists providing PGDs to have an awareness of IPC and that they adhere to regional guidance.

6.4.6 Patient group directions (PGD)

We reviewed the arrangements regarding the management of PGDs. We found that for each PGD there were clear lines of responsibility, accountability and governance arrangements in place. We established that PGD's were developed in accordance with The Human Medicines Regulations 2012.

6.4.7 Risk Management

Dr Davidson told us that risk management procedures were in place to ensure that risks were identified, assessed, and managed. We confirmed that Escripts Marketing Limited has a Business Continuity Plan which is updated and amended as and when necessary. The Business Continuity Plan is presented and discussed at board meetings where arrangements are in place to mitigate and control any risks identified

Areas of good practice: Is care safe?

We found examples of good practice regarding monitoring and updating the private doctor's information; staff recruitment; induction; training; appraisal; safeguarding; and risk management.

Areas for improvement: Is care safe?

We identified no areas for improvement in relation to safe care.

	Regulations	Standards
Areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

6.5.1 Clinical records

We reviewed the arrangements in place for the management of records to ensure they were held in line with best practice guidance and legislative requirements. We reviewed a range of policies and procedures and found they included the arrangements regarding the creation, use, retention, storage, transfer, disposal of and access to records. We confirmed the agency had 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.

We confirmed that participating pharmacies must use the agency's software package. We evidenced arrangements were established to ensure that electronic records were accessed using individual usernames and passwords and securely stored.

Ten redacted electronic patient records relating to Escripts Marketing Limited were provided prior to the inspection. We reviewed these patient records and found that all entries were in line with best practice.

Dr Davidson told us that all staff were aware of the importance of effective records management and records were held in line with best practice guidance and legislative requirements. Dr Davidson demonstrated a good knowledge of effective records management including maintaining patient confidentiality.

We reviewed records evidencing that there were systems in place to audit the completion of clinical records, develop an action plan if required and that the outcome of audits was reviewed through the agency's clinical governance structures.

We confirmed that information was available for patients on how to access their health records, in accordance with the General Data Protection Regulations May 2018 and that the agency was registered with the Information Commissioner's Office in England.

6.5.2 Communication

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. We found 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 NHS Direct; and
- **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

Following discussion with Dr Davidson and a review of the records provided, we confirmed 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.

Areas of good practice: Is care effective?

We found examples of good practice regarding the management of clinical records; the range and quality of audits; and ensuring effective communication between patients and staff.

Areas for improvement: Is care effective?

We identified no areas for improvement in relation to effective care.

	Regulations	Standards
Areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

6.6.1 Dignity, respect and rights

We were informed that the patient’s dignity was respected at all times during the consultation and treatment process and confirmed that the participating community pharmacy premises were assessed for suitability for providing the service to patients.

It was confirmed through the above discussion that patients were treated in accordance with the DoH standards for Improving the Patient & Client Experience and legislative requirements for equality and rights.

We noted that in relation to the provision of online medical services, patient consultations were provided via the secure online patient record system; accessible via the website. We found that patients were fully involved in decisions regarding their treatment. We were advised that patients have the opportunity to raise any concerns or issues they may have via the online patient record system.

Dr Davidson confirmed that Escripts Marketing Limited do not have direct contact with patients however, we established that the agency sought the views of pharmacists who provided the PGDs. Dr Davidson confirmed that the agency has not yet conducted a patient consultation

process and readily agreed to implement a structured system to seek the views the opinions of patients receiving treatments via the PGDs. We were told that the information received from the patients would be collated into an annual summary report which will be made available on the agency's website. Dr Davidson stated the agency was constantly reviewing processes and would welcome information from patients which may improve the services they provide.

6.6.2 Informed Decision Making

We reviewed information regarding the services provided by the agency and confirmed it accurately reflected the types of services provided and was prepared in line with GMC Good Medical Practice. The information reviewed included the costs of treatment and is written in plain English. We found that the information provided to patients enabled them to make informed decisions regarding their care and treatment.

6.6.3 Mental Capacity

Dr Davidson told us that should any concerns be identified regarding a patient's mental capacity, following review of the patient registration and assessment documentation and any subsequent correspondence with the patient, that services would not be offered and the patient would be signposted to their GP for care and treatment. We were informed that it was the responsibility of the pharmacist to assess the patient's mental capacity and that should any concerns be identified, services would not be offered and the patient would be signposted to their GP for care and treatment.

Areas of good practice: Is care compassionate?

We found evidence of good practice regarding maintaining patient confidentiality; ensuring the core values of privacy and dignity were upheld; providing the relevant information to allow patients to make informed choices; and assessment of mental capacity.

Areas for improvement: Is care compassionate?

We identified no areas for improvement in relation to compassionate care.

	Regulations	Standards
Areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

6.7.1 Management and governance arrangements

We examined various aspects of the governance systems in place and found there was a clear organisational structure within the agency and Dr Davidson was able to describe his role and responsibilities. We were told that staff were aware of who to speak to if they had a concern.

Dr Davidson as the Responsible Individual and Registered Manager is in day to day control of Escripts Marketing Limited.

Where the entity operating the agency is a corporate body or partnership or an individual owner who is not in day to day management of the IMA Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Dr Davidson is in day to day charge of the agency; therefore Regulation 26 unannounced quality monitoring visits do not apply.

6.7.2 Policies and procedures

We found policies and procedures were available for staff reference. The policies and procedures provided to RQIA were indexed, dated and included a minimum of a two yearly review date. Arrangements were in place to review risk assessments.

6.7.3 Complaints management

We confirmed that the agency had a complaints policy and procedure in place and this was made available to patients/and or their representatives on the agency's website. Dr Davidson demonstrated a good awareness of complaints management. It was confirmed that no complaints relating to the provision of services in Northern Ireland had been received since the previous inspection. We found arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. It was demonstrated that records of complaints would include; details of any investigation undertaken, all communication with complainants, and the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

Dr Davidson informed us that an audit of complaints is undertaken for the entire organisation and the learning outcomes are analysed to identify trends, drive quality improvement and to enhance service provision throughout the organisation. Any themes emerging from complaints are reviewed with the relevant governance committees.

6.7.4 Management of notifiable events/incidents

Dr Davidson described the system to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. We determined that a system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

6.7.5 Practising privileges

We 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.

6.7.6 Quality assurance

We reviewed the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients; at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

We established that the outcome of audits was reviewed by at the Quality Improvement Committee Meeting and Clinical Directors meetings and used to drive quality improvement within the agency.

We evidenced 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.

We found that arrangements were in place to monitor the competency and performance of all staff and report to the relevant professional bodies in accordance with 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.

We found that a whistleblowing/raising concerns policy was available which provided help to staff to make a protected disclosure, should they need or wish to. Staff confirmed that they knew who to contact should they have concerns or needed to discuss a whistleblowing matter.

Dr Davidson demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by us had been submitted within specified timeframes. Dr Davidson told us that the statement of purpose and patient's guide was kept under review, revised and updated when necessary and was available to patients on request.

Dr Davidson told us the RQIA certificate of registration was up to date and displayed in the agency's offices.

We reviewed insurance documentation and confirmed that current insurance policies were in place.

Areas of good practice: Is the service well led?

We found examples of good practice regarding organisational and medical governance; management of complaints and incidents; and quality assurance.

Areas for improvement: Is the service well led?

We identified no areas for improvement in relation to the service being well led.

	Regulations	Standards
Areas for improvement	0	0

6.8 Staff views

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

7.0 Quality improvement plan (QIP)

We identified no areas for improvement during this inspection and a QIP is not required or included as part of this inspection report.



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