

Announced Care and Pharmacy Inspection Report 20 February 2019



Escripts Marketing Limited

Type of Service: Independent Medical Agency

Address: 69 Old Street, London, EC1V 9HX

Tel No: 0203 176 0022

Inspectors: Carmel McKeegan and Paul Nixon

www.rgia.org.uk

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

This is an independent medical agency (IMA) which provides an online private doctor service and offers a patient group direction (PGD) service to community pharmacists in Northern Ireland who belong to a group of independent pharmacies.

3.0 Service details

Organisation/Registered Provider: Escripts Marketing Limited	Registered Manager: Mr Richard Adams
Responsible Individual: Mr Richard Adams	
Person in charge at the time of inspection: Mr Richard Adams	Date manager registered: 18 April 2018
Categories of care: Independent Medical Agency (IMA) Private Doctor (PD)	

4.0 Inspection summary

An announced inspection took place on 20 February 2019 from 10.00 to 14.00 in the RQIA offices in Belfast. The inspection was conducted by Carmel McKeegan, care inspector and Paul Nixon, pharmacy inspector.

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 inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the independent medical agency was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to: patient safety in respect of staffing, the management of medical emergencies and infection prevention control. Other examples included: the management of the patients' care pathway; communication; records management, practising privileges arrangements and engagement to enhance the patients' experience.

No areas requiring improvement were identified.

The findings of this report will provide the independent medical agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

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 Mr Richard Adams, 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 care inspection dated 20 July 2017

No further actions were required to be taken following the most recent inspection on 20 July 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment 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
- the returned quality improvement plan (QIP) from the previous care inspection

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

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 responsible individual was requested to be available for contact via the telephone on the date of inspection, at an agreed time. Having reviewed the records the responsible individual was then contacted at the conclusion of the inspection to discuss any issues and to provide feedback on the findings.

During the inspection the inspectors held discussions with Mr Richard Adams, responsible individual, and Mr Colin Davidson, medical director.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- information provision
- patient consultation
- practising privileges
- clinical records
- management and governance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mr Adams at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 July 2017

The most recent inspection of the independent medical agency was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (2014)		Validation of compliance
Area for improvement 1 Ref: Standard 10.11 Stated: First time	The registered person shall devise an induction programme template.	Met
	Action taken as confirmed during the inspection: A new induction policy has been developed and a copy had been provided to RQIA following the previous inspection.	
Area for improvement 2 Ref: Standard 8.5 Stated: First time	The registered person shall devise a Freedom of Information Publication Scheme.	Met
	Action taken as confirmed during the	

	<p>inspection: It was confirmed that a Freedom of Information Publication Scheme is not required as Escripts Marketing Limited is not a public service.</p>	
<p>Area for improvement 3 Ref: Standard 11.1 Stated: First time</p>	<p>Action taken as confirmed during the inspection: The registered person shall devise a written policy and procedure which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A written policy and procedure outlining the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges was provided.</p>	
<p>Area for improvement 4 Ref: Standard 9.3 Stated: First time</p>	<p>The registered person shall implement the community pharmacies' audit which has been developed.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Mr Adams confirmed the community pharmacies auditing process has been implemented to ensure community pharmacies are meeting best practice.</p>	

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.

Staffing

Discussion with Mr Adams demonstrated that there was sufficient staff in various roles to fulfil the needs of the agency and patients.

Mr Adams confirmed that there are induction programme templates in place relevant to specific roles within the agency. There is only one private doctor involved in the service who is the medical director.

There are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

Discussion took place regarding the governance systems in place for ensuring that all staff receive appropriate training to fulfil the duties of their role. Mr Adams stated that this area would be included in the monthly management meetings. On 14 March 2019 Mr Adams provided a copy of the minutes of the Escripts Quality Improvement Committee Meeting- March 2019, which outlined the oversight arrangements for ensuring that all pharmacists using Escripts Marketing Limited PGDs have appropriate training.

A review of the private doctor's details confirmed there was evidence of 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

Discussion with Mr Adams and review of staff questionnaires confirmed that the private doctor is aware of his responsibilities under GMC Good Medical Practice.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Adam confirmed that no new private doctors have been recruited since the previous inspection. During discussion Mr Adam confirmed that should private doctors 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.

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements.

There was a recruitment policy and procedure available.

Safeguarding

It was confirmed that the agency has arrangements in place to ensure that the private doctor, the involved authorised pharmacists and other staff involved in the service have an awareness of actions to be taken should a safeguarding issue arise. Mr Adam confirmed the most recent Northern Ireland regional safeguarding guidance has been made available to all the community pharmacists involved. The agency has also carried out an audit to ensure all the community pharmacists involved have completed safeguarding training.

The agency's safeguarding policy and procedure was provided by electronic mail prior to inspection and was found to be in accordance with current guidance.

Mr Adam confirmed that since the previous inspection he had completed safeguarding training in line with his role as safeguarding lead.

Management of medical emergencies

Discussion with Mr Adams and review of records confirmed the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of actions to be taken in the event of a medical emergency.

It was confirmed that for each PGD there are governance arrangements with clear lines of responsibility and accountability and that PGDs are developed in accordance with The Human Medicines Regulations 2012.

Medicines management

Mr Davidson confirmed that patients are able to access an online travel vaccination and anti-malarial treatment consultation and prescribing service and be signposted to community pharmacies where they are able to attend to have the vaccines administered or the anti-malarial treatments supplied using the agency's PGDs. On completing a consultation, the system generates a code for the patient which allows pharmacists registered with the service to access the patient's record when the patient attends the pharmacy and, following a face to face consultation, administer any authorised vaccines and/or anti-malarial treatments that the patient has consented to.

Mr 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 community pharmacist has to provide the following evidence to the agency before they are eligible to use the agency's travel health eTool and PGD package:

- that they have undergone practical injection technique and basic life support training in the last 3 years; and,
- that they have a solid understanding of travel health.

The agency also checks the pharmacist registration with the Pharmaceutical Society of Northern Ireland.

The superintendent community pharmacist is responsible for ensuring that only pharmacists who are trained and competent provide the service.

It was proposed that the agency should have a mechanism to re-evaluate the training uptake by community pharmacists and maintain a record of this information.

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

Infection prevention control and decontamination procedures

Mr Adam confirmed the agency ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of infection prevention and control and that they adhere to regional guidance. Training records are retained in this regard.

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, supervision and appraisal, safeguarding, management of medical emergencies, infection prevention control.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

Clinical records

Review of six electronic patient records relating to the IMA private doctor service found that all entries were in line with best practice

Patient electronic records are accessed using individual usernames and passwords and securely stored.

Discussion with Mr Adams confirmed that appropriate staff have received training in records management, and 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.

Mr Adams 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.

Information is available for patients on how to access their health records, under the Data Protection Act 1998.

The agency is registered with the Information Commissioner's Office in England. As discussed previously, it was confirmed that a Freedom of Information Publication Scheme is not required as Escripts Marketing Limited is not a public service.

Review of documentation confirmed that the agency has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.

The agency 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.

Discussion with Mr Adams confirmed there is an open and transparent culture that facilitates the sharing of information, and patients are aware of who to contact if they want advice or if they have any issues/concerns.

Information provision

Information about services provided by the agency was reviewed and found to accurately reflect the types of IMA private doctor service provided and were in line with GMC Good Medical Practice.

The agency has a website which contains comprehensive information regarding the types of treatment provided. Prospective patients and other interested parties can contact the agency for information via the website and by email. The Patient Guide is made available on the website.

Information provided to patients and/or their representatives is written in plain English.

Discussion with Mr Adams and review of records confirmed that information provided to patients affords a transparent explanation of their condition and any treatment, investigation or procedure proposed. The information also includes any risks, complications, options and the expected outcome of the treatment or procedure. The costs of treatments were found to be up to date and include all aspects of the treatment.

Mr Adams confirmed staff meetings are held monthly and learning from complaints incidents/near misses is effectively disseminated to staff.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

Dignity, respect and involvement in decision making

Discussion with Mr Adams and review of staff questionnaires confirmed that the patient's dignity is respected at all times during the consultation and treatment process. Consultations are predominately provided online through the website. Patients may also contact the private doctor via email if they have any additional queries.

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

Patients consult via their secure online patient record which is accessible on the website regarding their treatment and are fully involved in decisions regarding their treatment. Mr Adams confirmed patients' wishes are respected and acknowledged by the agency.

It was confirmed that patient care records are stored securely and are accessible online via secure online patient records systems.

All patients are asked for their comments in relation to the quality of treatment provided, information and care received.

Patients are invited to complete an online patient satisfaction survey. The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties to read online on the agency's website.

Discussion with the registered person confirmed the agency uses the findings to make improvements to services.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

Management and governance arrangements

There was a clear organisational structure within the agency, and Mr Adams was able to describe his role and responsibilities and confirmed staff were aware of who to speak to if they had a concern. Mr Adams is in day to day control of the agency.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were indexed, dated and systematically reviewed on an annual basis.

A copy of the complaints procedure is available on the agency's website. Mr Adams demonstrated a good awareness of complaints management and confirmed no complaints had been received from patients in Northern Ireland.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. 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.

Mr Adams outlined the process for granting practising privileges and confirmed medical practitioners meet with him prior to privileges being granted.

A medical practitioner's details were reviewed and confirmed that there was a written agreement between the medical practitioner and the agency setting out the terms and conditions of practising privileges which has been signed by both parties.

There are systems in place to review practising privileges agreements every two years.

A written policy and procedure which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges was available for inspection.

It was confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. Mr Adams outlined arrangements to strengthen the clinical governance systems for the agency including the appointment of a third party private doctor to review the quality of online medical consultations.

A whistleblowing/raising concerns policy was available.

Information requested by RQIA has been submitted within specified timeframes. Mr Adams confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

Mr Adams confirmed the RQIA certificate of registration was up to date and displayed in the agency.

Observation of insurance documentation confirmed that current insurance policies were in place.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

Equality data

The arrangements in place 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 Mr Adams.

6.9 Staff views

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

7.0 Quality improvement plan

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



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