

Announced Inspection Report 8 September 2020



SH:24

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

SH:24 is a community interest company that aims to improve access to sexual and reproductive health care through the provision of online sexual and reproductive health services. SH:24 was developed with grant funding from Guy's and St Thomas' charity and services are delivered in partnership with the NHS.

SH:24 have been offering a range of services in England since November 2014. The services include testing for HIV, syphilis, chlamydia and gonorrhoea and the prescribing of oral contraceptives and treatment of chlamydia.

SH:24 is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent medical agency (IMA) with a private doctor (PD) category of care. The services available to residents in Northern Ireland (NI) include testing for sexually transmitted infections (STIs) and treatment of chlamydia. These services are delivered in partnership with the Northern Health and Social Care Trust (NHSCT). The NHSCT has commissioned SH:24 to provide these services on behalf of all local Health and Social Care Trusts (HSCTs) in NI.

Dr Gillian Holdsworth, Responsible Individual, advised that RQIA will be notified before any additional services being offered to patients who reside in NI.

3.0 Service details

Organisation/Registered Provider: SH:24 Responsible Individual: Dr Gillian Holdsworth	Registered Manager: Dr Gillian Holdsworth
Person in charge at the time of inspection: Dr Gillian Holdsworth	Date manager registered: 22 August 2019
Categories of care: Independent Medical Agency (IMA) Private Doctor (PD)	

4.0 Inspection summary

We undertook an announced inspection on 8 September 2020 from 09:00 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 assess progress with any areas for improvement identified since the last care inspection and 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 NI and all information regarding this inspection was submitted to RQIA electronically before 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.

The findings of this report will provide SH:24 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 Dr Holdsworth, 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 22 August 2019

We identified no further actions to be taken following the most recent inspection on 22 August 2019.

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 Holdsworth, Responsible Individual was requested to be available for contact via the telephone on 8 September 2020, at an agreed time.

During the inspection, we spoke with, Dr Gillian Holdsworth, Responsible Individual and an Operations Director.

We examined records relating to the following areas:

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

Following a review of all the submitted documents, Dr Holdsworth, Responsible Individual, 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 22 August 2019

The most recent inspection of SH:24 was an announced pre-registration care inspection undertaken on 22 August 2019.

6.2 Review of areas for improvement from the last care inspection dated 22 August 2020

We identified no areas for improvement as a result of the last care inspection.

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 Holdsworth told us that there was sufficient staff in various roles to fulfil the needs of the agency and patients and that induction programme templates were in place relevant to specific roles within the agency. Completed induction records for medical practitioners were submitted to RQIA and reviewed before the inspection.

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.

Through discussion and review of relevant records, we confirmed that there are two medical practitioners involved in the provision of services to residents of NI. We confirmed that both medical practitioners are considered to be wholly private doctors as neither have a substantive post in the NHS in NI and neither are on the GP performers list in NI. We reviewed records concerning the two private doctors' and found 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 (RO); and
- arrangements for revalidation with the GMC.

Dr Holdsworth told us that private doctors are aware of their responsibilities under [GMC Good Medical Practice](#).

6.4.2 Recruitment and selection

The policy and procedure for the recruitment and selection of staff was reviewed prior to the inspection. We found the policy was comprehensive and reflected the recruitment journey and best practice guidance. As discussed two private doctors are involved in the provision of services to service users in NI. Personnel records for both private doctors were reviewed prior to the inspection and confirmed that the files included all information required under Regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005.

Dr Holdsworth told us that all personnel recruited by SH:24 are subject to the recruitment policy and procedures. Our review of recruitment and selection procedures established that there was good practice in place regarding recruitment and selection procedures in line with legislative requirements.

6.4.3 Safeguarding

We reviewed the arrangements in place for safeguarding and found that policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The agency's safeguarding policies and procedures were provided to us prior to 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. The relevant contact details for onward referral to the local Health and Social Care Trust (HSCT) should a safeguarding issue arise were included.

Dr Holdsworth told us that patients seeking to access services are required to enter their date of birth on the online portal. A red flag is raised should a date of birth identify a person under the age of 18, and additional questions to include safeguarding considerations are asked. The proforma to be completed by medical practitioners for all service users aged between 16 and 18 years of age was submitted to us before the inspection. This proforma is based on the British Association for Sexual Health and HIV (BASHH) a child sexual exploitation (CSE) proforma, Spotting the Signs, to help health professionals across the UK identify young people attending sexual health services who may be at risk of or experiencing sexual exploitation.

Dr Holdsworth told us that SH:24 do not offer services to persons under the age of 16. Patients under the age of 16 trying to access services are signposted to additional services.

Dr Holdsworth told us that all staff receive safeguarding training appropriate for their role. Training records submitted before the inspection evidenced that staff had completed training in safeguarding adults and children.

Our review of training records confirmed that the safeguarding lead had completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

6.4.4 Management of medical emergencies

SH:24 provides online services for the testing of STIs and treatment of chlamydia. SH:24 does not offer face to face services to residents of NI. However, all private doctors complete annual basic life support training, and this is recorded in the individual's continued professional development (CPD) log. We reviewed training records and confirmed this.

Dr Holdsworth told us that should it be identified following a review of a patient's registration and assessment documents that they require immediate medical intervention they would be signposted to their General Practitioner (GP); local accident and emergency department or local sexual health clinic.

6.4.5 Infection prevention control (IPC)

Dr Holdsworth told us that robust IPC measures are in place for the despatch of home STI testing kits and medications. The establishment has a partner pharmacy and laboratories.

6.4.6 Patient group directions (PGD)

Dr Holdsworth told us that SH:24 do not offer PGDs.

6.4.7 Risk Management

Dr Holdsworth told us that risk management procedures were in place to ensure that risks were identified, assessed, and managed. We confirmed the agency had a corporate risk register; this was a live document that was updated and amended as and when necessary. We were told the corporate risk register was presented and discussed monthly at the Quality and Risk Management meeting and also quarterly at the Board meetings. We reviewed records and confirmed that arrangements were in place to review the risk register and measures to mitigate and control the risks identified have been developed.

Areas of good practice: Is care safe?

We found examples of good practice in relation to 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 is 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 records were managed and 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 complied with GMC guidance and Good Medical Practice.

Ten redacted electronic patient records relating to the IMA private doctor services were submitted to us before the inspection. We reviewed these redacted patient records and found that all entries were in line with best practice and evidenced the following:

- patients asking questions during the order process;
- patients being signposted to additional local services;
- SH:24 following up with patients who did not return their test kits;
- SH:24 following up with patients when test results were incomplete (i.e. blood sample clotted);
- SH:24 following up when a patient had a reactive Syphilis result;
- SH:24 following up when a patient had a reactive HIV result;
- SH:24 following up when a patient had requested oral contraception and had indicated a risk of pregnancy; and
- links to short instructional/educational videos relevant to treatment being shared with patients.

Dr Holdsworth 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.

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, per 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

Dr Holdsworth described the patient pathway. There are protocols to identify and verify the patient at the start of the first consultation and subsequent consultations. To access services patients enter personal details to include their name; mobile phone number; postal address (including postcode); email address and date of birth. Following this patients who provide a date of birth which makes them under the age of 18 are sent a text message asking them to confirm their date of birth. User authentication was secured as all users were texted a code to ensure that the service had access to the mobile phone number associated with the order. Services cannot be accessed without entering this code.

Patients who access sexual and reproductive health services within NHS facilities can do so anonymously, this principle also applies to patients who access services offered by SH:24.

Patients who test positive for chlamydia/gonorrhoea are informed by text message and offered a text back option. Eligible users are offered chlamydia treatment by post. Patients who require chlamydia treatment complete a remote risk assessment via a telephone call or through the establishment's secure online portal. The risk assessment was based on recognised national guidelines and was designed to prompt the patient to provide information to ensure that the medical practitioners can appropriately and safely prescribe the relevant medicine.

Once a medicine is prescribed, an electronic prescription is generated and securely issued to the establishment's partner pharmacy, where the medicines are dispensed, packaged and posted. Dr Holdsworth told us the agency supports medical practitioners to practice in line with the [GMC guidance on remote prescribing](#) as outlined in good practice in prescribing and managing medicines and devices guidance.

Patients who return a reactive result for HIV/Syphilis receive a text message informing them that a clinician will call them to discuss their results. A text back option is also offered. Patients who return a positive test for Gonorrhoea or a reactive result for HIV/Syphilis are signposted to their local NHS sexual health clinic.

SH:24 also offers an anonymous partner notification service to patients who test positive for chlamydia. This service anonymously informs the patient's recent sexual partners (via text message) that they should take an STI test signposting them to an NHS sexual health clinic.

If a patient visits an NHS sexual health clinic they do not have to provide their real name or give details of their GP. All information regarding a patient's visit is treated confidentially and personal details and any information about the tests or treatments received does not have to be shared with anyone outside the sexual health clinic without the permission of the patient. This principle also applies to patients accessing services offered by SH:24.

SH:24 has systems in place to consider equality for patients. There are opportunities to raise staff awareness through training and education regarding equality legislation to recognise and respond to patients’ diverse needs.

We reviewed information about the services provided by SH:24 and found that it accurately reflected the type of online services provided and was in line with GMC Good Medical Practice.

We confirmed SH:24 had a website that contained comprehensive information regarding the type of treatments provided. We found that the information provided to patients and/or their representatives was written in plain English.

We reviewed records and through discussion with Dr Holdsworth confirmed that information provided to patients afforded a transparent explanation of their condition and any treatment, investigation, or procedure proposed. The information also included any risks, complications, treatment options, and the expected outcome of the treatment or procedure. As discussed, SH:24 is commissioned by the NHS and therefore there is no fee to access services.

Areas of good practice: Is care effective?

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

Areas for improvement: Is care effective?

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

	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

Dr Holdsworth told us that the patient’s dignity was respected at all times during the consultation and treatment process. We confirmed through the above discussion that patients were treated per the DoH standards for [Improving the Patient & Client Experience](#) and legislative requirements for equality and rights.

We noted that concerning 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 evidenced patients having the opportunity to raise any concerns or issues they may have via the online patient record system.

We confirmed that SH:24 obtains the views of patients on the quality of treatment, information and care received using a variety of means. These include a short message service (SMS) feedback survey, by facilitating design-led user groups and live user testing and ethnographic research groups, through their website and social media platforms. SH:24 also elicits feedback from commissioners and providers and the services delivered by them in Lambeth and Southwark are subject to academic evaluation by King's College London.

Review of a user engagement and feedback report dated 2020 submitted and reviewed before the inspection evidenced that almost 96% of users rated SH:24 as 5 stars out of 5. This feedback report included an action plan.

6.6.2 Informed Decision Making

Dr Holdsworth told us that the ethos of SH:24 is the promotion of self-care and self-management giving patients the ability to make decisions with support. We reviewed patient information leaflets submitted to us before the inspection and found them to accurately reflect the types of services provided. These leaflets were prepared in line with GMC Good Medical Practice. We noted the information reviewed were 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 Holdsworth advised that where there may be evidence of lack of mental capacity, telephone contact would be made with the patient and services would either be offered or the patient would be signposted to an alternative service for follow-up.

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. Dr Holdsworth told us staff were aware of their roles and responsibilities and of whom to speak to if they had a concern. We confirmed that Dr Holdsworth was in day to day control of the agency.

6.7.2 Policies and procedures

We found that a range of policies and procedures were available to guide and inform staff. We confirmed that policies and procedures were indexed, dated and systematically reviewed at least every three years. Dr Holdsworth told us staff were aware of the policies and how to access them.

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 Holdsworth demonstrated a good awareness of complaints management. We established that no complaints relating to the provision of services in NI had been received since the previous inspection. We were advised that complaints would be audited to identify patterns and trends and that any learning outcomes were shared with staff to improve the services delivered.

6.7.4 Management of notifiable events/incidents

We reviewed the arrangements in respect of the management of notifiable events/incidents. We found that a robust incident management policy and procedure was in place to guide and inform staff. On review of information submitted before the inspection, we noted an incident involving STI kits affecting patients in NI had occurred. Review of records evidenced that this incident had been appropriately managed. However, it had not been notified to us. This was discussed with Dr Holdsworth who told us that they had considered notifying us of this incident, however on review of our [Statutory notification of incidents and deaths](#) guidance document they concluded the incident did not meet the threshold for notification. We explained that the incident did meet the threshold for notification under G8 'Any other event adversely affecting a service user'. Dr Holdsworth readily agreed to submit a retrospective notification, which was submitted on 28 September 2020.

6.7.5 Practising privileges

Dr Holdsworth told us that both private doctors providing services through SH:24 are directly employed by the company. We determined that as both private doctors are both directly employed by SH:24 practising privileges agreements are not required.

All medical practitioners working within the agency must have a designated Responsible Officer (RO). Per 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.

We established that both private doctors working within SH:24 have a designated external RO. We discussed with Dr Holdsworth how concerns regarding a doctor's practice are shared with the senior management team, their RO and the wider HSC. We found that good internal arrangements were in place.

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 confirmed that SH:24 has a rolling audit programme and those audit findings are presented monthly at Quality and Risk Management meetings and form part of monthly contract performance monitoring. The following audits were reviewed before the inspection:

- NI data summary completed monthly;
- comparison of user characteristics and testing outcomes between a national online service targeting high-risk populations and local online services in the same areas; and
- service users feasibility and acceptability of an online genital diagnosis and treatment service.

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 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.

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. Dr Holdsworth told us that staff knew who to contact should they have concerns or needed to discuss a whistleblowing matter.

Dr Holdsworth demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA had been submitted within specified timeframes. Dr Holdsworth told us that the Statement of Purpose and Patient's Guide were kept under review, revised and updated when necessary and was available to patients on request.

Dr Holdsworth 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

We invited staff to complete an electronic questionnaire and 16 staff submitted responses to RQIA. All staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied or satisfied with each of these areas of patient care. Comments included in submitted questionnaire responses are as follows:

- 'SH:24 is a very supportive place to work with all managers welcoming and approachable if you have any concerns or suggestions to improve patient care and the service as a whole'.
- 'The best clinical team I have ever worked with'.
- 'I enjoy working for SH:24 - highly professional team who care about delivering a quality service for users/patients'.

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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