

# Inspection Report

21 March 2022



SH:24

Type of service: Independent Medical Agency (IMA)  
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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

<b>Organisation/Registered Provider:</b> SH:24	<b>Registered Manager:</b> Mr Glynn Parry – acting manager/ application received
<b>Responsible Individual:</b> Mr Glynn Parry- application received	<b>Date registered:</b> Registration pending
<b>Person in charge at the time of inspection:</b> Mr Glynn Parry	
<b>Categories of care:</b> Private Doctor (PD)	
<b>Brief description of how the service operates:</b> <p>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. 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 National Health Service (NHS).</p> <p>The services available to residents in Northern Ireland (NI) include testing for sexually transmitted infections (STIs), the treatment of chlamydia and contraception care is currently being piloted. 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.</p> <p>On 23 February 2022 Dr Gillian Holdsworth, previous Responsible Individual, notified RQIA that she was leaving SH:24 and that Mr Glynn Parry is the nominated acting manager effective from 18 March 2022. It was agreed that this inspection would be facilitated jointly by Dr Holdsworth and Mr Parry.</p> <p>During the inspection it was confirmed that Mr Parry would submit an application to RQIA to become the new responsible individual and registered manager for SH: 24. An application was received by RQIA on 30 March 2022.</p>	

## 2.0 Inspection summary

An announced inspection was undertaken on 21 March 2022 from 09:00 to 13:30 hours. SH:24 does not see patients face to face in Nland 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 since the last care inspection and to examine a number of aspects of the agency from front-line services, to the management; governance and oversight arrangements.

Examples of good practice were evidenced in relation to; patient safety in respect of the provision of suitably qualified staff; the management of the patients' consultation and patient pathway; records management and organisational governance and the medical governance arrangements.

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 agency
- written and verbal communication received since the previous care inspection
- the previous care inspection report

SH24 is based in England, therefore as per an agreed RQIA protocol for the inspection of IMAs; the inspection was conducted remotely. A request for supporting documentation was forwarded to the provider prior to the inspection. The requested information was submitted to us electronically. Dr Holdsworth and Mr Parry were requested to be available for contact via the telephone on 21 March 2022, at an agreed time.

As previously stated the inspection was facilitated by the outgoing Responsible Individual, Dr Holdsworth and Mr Parry, acting manager.

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

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

Following a review of all the submitted documents, Dr Holdsworth and Mr Parry were contacted at the agreed date and time to discuss any issues and to provide feedback on the inspection findings.

#### **4.0 What people told us about the service.**

We were unable to meet with patients on the day of the inspection and assessed patient feedback by reviewing the most recent patient satisfaction survey which was very positive.

RQIA invited staff to complete electronic questionnaires prior to the inspection. Five completed staff questionnaires were received and all respondents were satisfied or very satisfied with all aspects of the service. One respondent provided an additional comment indicating that they feel proud to work in SH:24.

#### **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 SH:24 was undertaken on 8 September 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 Holdsworth and Mr Parry told us that there was sufficient staff in various roles to fulfil the needs of the agency and patients and that there were induction programme templates in place relevant to specific roles within the agency.

A review of relevant documentation evidenced that a robust system is in place for undertaking; recording; and monitoring all aspects of staff supervision; appraisal; and ongoing professional development.

It was evidenced that only one wholly private doctor (PD) was working 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. A review of the PD's details 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 (RO)
- arrangements for revalidation with the GMC

A review of training records submitted prior to and following the inspection evidenced that there was a system in place to ensure that the PD undertakes appropriate training to fulfil the duties of their role.

Completed induction records for the PD were submitted to RQIA and reviewed before the inspection.

Dr Holdsworth told us that the PD is aware of their 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?

Mr Parry told us that staff, including private doctors, recruited by SH:24 are subject to the recruitment policy and procedures. A review of recruitment and selection procedures established that there robust recruitment and selection policies and procedures, that adhered to legislation and best practice that ensured suitably skilled and qualified staff work in the agency.

The recruitment of the private doctors 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.

The agency's safeguarding policies and procedures were submitted to us and reviewed prior to the inspection. These 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 HSC Trusts 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 and that persons under the age of 16 attempting 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).

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?**

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. Discussion with Dr Holdsworth and Mr Parry and review of records demonstrated that a system was in place to ensure all private doctors complete annual basic life support (BSL) training in keeping with [RQIA training guidance](#).

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 GP; local accident and emergency department or local sexual health clinic.

Patients are clearly advised that the SH:24 does not provide an emergency service and that in emergency situations the patient should summon the emergency services.

Appropriate arrangements are in place to ensure any patient who is identified as requiring immediate medical intervention is signposted to an appropriate emergency service.

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

Dr Holdsworth and Mr Parry 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.

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

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

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

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 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/HSC 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 packaged and and posted/dispatched. 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/HSC 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/HSC sexual health clinic.

If a patient visits an NHS/HSC 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.

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

It was also noted that the SH:24 website provides comprehensive information regarding the type of treatments provided and is written in plain English.

Discussion with Dr Holdsworth and Mr Parry alongside a review of records demonstrated 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.

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.

Dr Holdsworth and Mr Parry confirmed that all SH:24 staff are aware of the [General Data Protection Regulation \(GDPR\)](#) and that they are compliant with this legislation.

Dr Holdsworth and Mr Parry advised that a system is in place to ensure that the electronic clinical records completed by the private doctors, are in line with best practice. This system has different levels of access depending on staff roles and responsibilities and the system is password protected and routinely backed up.

There are systems in place to audit the completion of clinical records and it was confirmed that an action plan will be generated to address any identified issues. The outcome of the audit will be reviewed through the agency's clinical governance structures.

SH:24 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 [GMGR records management](#).



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

Dr Holdsworth and Mr Parry informed us that the patient's dignity was respected at all times during the consultation and treatment process.

Online medical patient consultations were provided via a secure online patient record system; accessible via the website. Discussion with Dr Holdsworth and Mr Parry and review of records demonstrated that patients were fully involved in decisions regarding their treatment. It was clear that patients have the opportunity to raise any concerns or issues they may have via the online patient record system.

A review of patient information submitted to us before the inspection found it accurately reflected the type of service provided. Information was prepared in line with GMC Good Medical Practice. It was found that the information provided to patients enabled them to make informed decisions regarding the medical advice, care and/or treatment they were provided with during their consultation.

It was demonstrated 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.

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.

### 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 with 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 agency.

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 Holdsworth and Mr Parry told us they are confident that communication systems within the organisation ensure staff members are aware of their roles and responsibilities and who to speak to if they had a concern. Discussion with Dr Holdsworth and Mr Parry demonstrated they were well informed and had good knowledge of the day to day functions of SH:24.

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.

It was confirmed a policy and procedural guidance for the granting, review and withdrawal of practicing privileges agreements was in place and the PD had a practicing privileges agreement in place. A review of the oversight arrangements of the granting of practicing privileges agreements has provided assurance of robust medical governance arrangements within the organisation.

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 Holdsworth and Mr Parry 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 Holdsworth and Mr Parry demonstrated a good awareness of complaints management. It was established that no complaints relating to the provision of services in NI had been received since the previous inspection. Dr Holdsworth and Mr Parry explained the complaints management system, which includes a continuous process of ongoing audit. The outcome of audits is presented through the clinical governance arrangements at regular intervals and any learning outcomes disseminated to appropriate staff to improve the services delivered.

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 Holdsworth outlined the governance systems in place to audit, review and identify any learning coming from any incident and/or near misses. All incidents are discussed at the weekly clinical team meeting; a trend analysis is completed regularly and actioned through the governance arrangements. There was evidence that 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 Holdsworth informed us that the risk register is discussed and reviewed at the monthly clinical governance meetings and at board level.

It was 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 Holdsworth and Mr Parry 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. Mr Parry was provided with advice and guidance throughout the inspection in this regard.

It was established that 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.

It was confirmed that the RQIA certificate of registration was up to date and displayed in the agency's offices.

Review of insurance documentation confirmed 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 Holdsworth was the responsible individual and registered manager with overall responsibility for the day to day management of SH:24 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 Holdsworth and Mr Parry, who advised that equality data collected will be managed in line with best practice.

### **6.0 Quality Improvement Plan/Areas for Improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	0

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



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