

Inspection Report

16 December 2021



Digital Medical Supply UK Limited

Type of service: Independent Medical Agency
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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

Organisation/Registered Provider: Digital Medical Supply UK Ltd	Registered Manager: Dr Harriet Bradley
Responsible Individual: Dr Harriet Bradley	Date registered: 2 February 2021
Person in charge at the time of inspection: Dr Harriet Bradley	
Categories of care: Independent Medical Agency (IMA) Private Doctor (PD)	
Brief description of the accommodation/how the service operates: Digital Medical Supply (DMS) UK Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent medical agency (IMA) with a private doctor (PD) category of care. An IMA is an online medical service that provides healthcare to patients through online medical consultations and/or through patient group directions (PGDs) provided in selected pharmacies in Northern Ireland (NI). DMS UK Ltd is owned and operated by KRY international AB based in Sweden, and are contracted by a private medical insurance company to provide online medical services to their registered members. The members of the private medical insurance company can book a consultation through a General Practitioner (GP) app which will enable them to access online medical services delivered by DMS UK Ltd. This includes an online consultation; prescriptions for medicines and onwards referrals (in line with their health insurance policy). DMS UK Ltd confirmed that they do not provide PGDs.	

2.0 Inspection summary

An announced inspection was undertaken on 16 December 2021 from 10:00 to 13:00 hours. DMS UK Ltd does not see patients face to face in Northern Ireland (NI) and all information regarding this inspection was submitted to RQIA electronically before the inspection.

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

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

DMS UK Ltd 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 Bradley, Responsible Individual was requested to be available for contact via the telephone on 16 December 2021, at an agreed time.

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 Bradley was contacted at the conclusion of the inspection 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. A sample of patient comments indicated that patients felt they received a professional and very helpful service.

5.0 The inspection

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

Areas for improvement from the last inspection on 09 December 2020		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 19 (1) Stated: First time	The applicant responsible individual shall develop a policy and procedure outlining the arrangements for the application, granting, maintenance and withdrawal of practising privileges. Where relevant, a practising privileges agreement must be in place between the medical practitioner and the IMA.	Met
	Action taken as confirmed during the inspection: A policy and procedure outlining the arrangements for the application, granting, maintenance and withdrawal of practising privileges was reviewed and found to be detailed and compliant with Standard 30 of the Minimum Care Standards for Independent Healthcare Establishments (July 2014).	
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for Improvement 1 Ref: Standard 13 Stated: First time	The applicant responsible individual shall ensure that all private doctors undertake infection prevention and control training in accordance with RQIA training guidance.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that a robust system was in place to ensure that all private doctors undertake infection prevention and control training in accordance with RQIA training guidance.	

Area for improvement 2 Ref: Standard 7 Stated: First time	The applicant responsible individual shall ensure the complaints procedure is further developed to include the contact details of RQIA.	Met
	Action taken as confirmed during the inspection: Review of the complaints procedure confirmed this procedure included the contact details of RQIA.	
Area for improvement 3 Ref: Standard 3.1 Stated: First time	The applicant responsible individual shall ensure the adult and children safeguarding policies are further developed to include the relevant contact details in NI for onward referral should the need arise.	Met
	Action taken as confirmed during the inspection: Review of the adult and children safeguarding policies evidenced that the contact details for onward referral in NI, were included.	
Area for improvement 4 Ref: Standard 19.1 Stated: First time	The applicant responsible individual shall ensure the incident and serious incident management policy is further developed to ensure any notifiable event affecting a patient residing in NI is reported to RQIA.	Met
	Action taken as confirmed during the inspection: Review of the incident and serious incident management policy found that the policy stated that any notifiable event affecting a patient residing in NI should be reported to RQIA.	

5.2 Inspection outcome

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

Dr Bradley told us that there was sufficient staff in various roles to meet the needs of the patients and the organisation. Through discussion and review of relevant documentation, it was demonstrated that there were rigorous systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal, and ongoing professional development.

Dr Bradley informed us that DMS UK Ltd has over 170 GPs, all of which are based and work in England. As none of the GPs hold a substantive post in the Health and Social Care (HSC) sector in NI and are not on the GP's performers list in NI they are considered to be wholly private doctors.

A review of the staff training matrix confirmed that there was a robust system in place to ensure that all wholly private doctors undertake appropriate training to fulfil the duties of their role.

Records concerning staff training also included details of the individuals job function, employment type as well as training topics as detailed below:

- adult and child safeguarding
- whistleblowing awareness
- infection prevention and control (IPC)
- data security awareness
- incident reporting
- data protection and confidentiality
- the investigation of incidents and complaints, as applicable.

All wholly private doctors receive a corporate induction and complete bespoke induction training applicable to their role and responsibilities and the services they will be providing prior to commencing clinical work.

It was confirmed that regular educational sessions and education webinars are provided for all medical practitioners, which they are encouraged to attend.

A system was in place to ensure all required records are retained in respect of all medical practitioners including the wholly private doctors. An over-arching medical practitioner records matrix was reviewed which demonstrated that the following information is in place for each private doctor:

- 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

Dr Bradley told us that all doctors are General Practitioners (GPs) in the National Health Service (NHS) in Great Britain and so are subject to the NHS appraisal scheme. Dr Bradley told us that should DMS UK Ltd employ a doctor who does not work in the NHS they will ensure the doctor has a designated Responsible Officer and is aligned to a designated body.

Dr Bradley told us that private doctors are 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?

Dr Bradley told us that all private doctors recruited by DMS UK Ltd 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 legislative and best practice that ensured suitably skilled and qualified staff work in the establishment.

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 Health and Social Care Trust (HSCT) should a safeguarding issue arise were included.

Dr Bradley told us that all private doctors receive safeguarding training appropriate for their role. As previously discussed a review of the staff training matrix evidenced that all private doctors had completed training in safeguarding adults and children.

It was also 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?

This service does not offer face to face consultations to patients.

Discussion with Dr Bradley and review of records demonstrated that a system was in place to ensure all private doctors complete annual basic life support training in keeping with [RQIA training guidance](#), and this is recorded in the individual's continuing professional development (CPD) log.

When a patient books an appointment they complete a symptom form, verify their identity and have the option to attach a photograph to help the doctor more accurately diagnose their condition. If the doctor believes that the patient is in need of medicine or further care, the patient will receive a prescription or referral for further tests. The doctor will speak with the patient about any medical condition, some conditions may require a physical examination in which case the patient is referred to their physical GP practice. If it is suspected that urgent treatment is needed the patient will be advised to attend an Urgent Treatment Centre or the local Accident and Emergency Department. Patients are clearly advised that the IMA 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?

As discussed this service does not offer face to face consultations to patients.

Discussion with Dr Bradley and review of records demonstrated that a system was in place to ensure all private doctors complete IPC training in keeping with [RQIA training guidance](#), and this is recorded in the individual's CPD log.

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

Dr Bradley told us that DMK UK Ltd does not offer PGDs.

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

DMK UK Ltd has a website, the information on the website is written in plain English and provides prospective patients with information about the services provided and how to access them. The website also includes the costs of treatments.

There are arrangements in place to ensure that DMS UK Ltd supports the GP's practise in line with the GMC guidance on remote prescribing as outlined in [Good Medical Practice](#) and in [Good practice in prescribing and managing medicines and devices](#).

There are protocols to identify and verify the patient's identity during the first consultation and subsequent consultations. The patient information system highlights other patients that have the same name, address, Internet Protocol (IP) address and/or phone no. The clinical team checks these duplicate records to ensure that the patient is not opening multiple records and accessing excess medication.

Private doctors are able to write prescriptions for patients if required. Prescriptions can be sent to any pharmacy in the UK. It is made clear to patients that this IMA does not supply any type of medication or medicinal products.

Dr Bradley advised that where there may be evidence of a lack of mental capacity, 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.

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. The policy included the retention timescales applicable in NI as specified in The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

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

Dr Bradley advised that a system is in place to ensure that the electronic clinical records completed by the private doctors, is 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.

DMS UK Ltd is registered with the Information Commissioner's Office (ICO).

It was confirmed that the arrangements for records management are in accordance with legislation, standards and best practice guidance [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 Bradley informed us that the patient's dignity was respected at all times during the consultation and treatment process.

It was confirmed that patients were treated per the Department of Health (DoH) standards for [Improving the Patient & Client Experience](#) and legislative requirements for equality and rights.

Online medical patient consultations were provided via a secure online patient record system; accessible via the website. Discussion with Dr Bradley 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. The information reviewed was written in plain English. It was demonstrated 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 arrangements were in place to ensure patients are provided with information and advice to enable them make an informed decision regarding their consultation outcome. Feedback comments received from patients as outlined in section 4.0 indicated that patients felt there were treated with dignity and respect.

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

A range of the audit reports were examined which evidenced that where improvement is identified, action outcomes are developed and compliance is monitored to ensure improvement is achieved and sustained. Dr Bradley told us she was 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 Bradley demonstrated she was well informed and had good knowledge of the day to day functions of DMS UK Ltd.

The only mechanism for a medical practitioner to work in a registered IMA is either through direct employment by the establishment 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.

As discussed in section 5.1, it was confirmed that since the previous inspection DMS UK Ltd have developed and implemented a policy and procedural guidance for the granting, review and withdrawal of practicing privileges agreements. Dr Bradley informed us that approximately 70% of the GPs are directly employed by DMS UK Ltd with the remaining GPs having private employment arrangements with the agency. During this inspection 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 Bradley 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 Bradley 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 Bradley explained the complaints management system, which included a continuous process of ongoing audit. The outcome of audits is presented to the Clinical Governance Committee 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. Dr Bradley confirmed that there had been no notifiable incidents affecting patients who reside in NI. Dr Bradley outlined the governance systems in place to audit, review and identify any learning coming from any incident and/or near misses. A trend analysis is completed quarterly and brought to the Clinical Governance Committee meetings; 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 both at a local level in the UK and internationally. The UK Risk Register is discussed and reviewed at the Clinical Governance Committee meetings. Dr Bradley outlined a new supportive strategy to support the GPs which included monthly check-ins with the GPs. This support network has been very well received as GPs have experienced considerable pressure during the Covid-19 pandemic. Dr Bradley described other support measures made available to GPs to reduce the potential risk of fatigue and burn out of this group of staff.

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

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

Dr Bradley 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.

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

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

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

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

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



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