Announced Care Inspection Report
4 September 2020

The Independent Medical Agency

Type of Service: Independent Medical Agency (IMA)
Address: 1 Thane Road, Nottingham, NG2 3AA
Tel No: 011 5959 5201
Inspector: Carmel McKeegan

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

The Independent Medical Agency is registered with the Regulation Quality Improvement Authority (RQIA) as an independent medical agency (IMA). An IMA is an online medical service that provides healthcare to patients through online consultations and through patient group directions (PGDs). The Independent Medical Agency provide PGDs through selected Boots pharmacies in Northern Ireland (NI).

3.0 Service details

Organisation/Registered Provider: Boots UK Limited **Responsible Individual:** Mrs Claire Nevinson	**Registered Manager:** Mrs Janet Jones
Person in charge at the time of inspection: Mrs Claire Nevinson	**Date manager registered:** 25 May 2017
Categories of care: Independent Medical Agency (IMA) (PD) Private Doctor	

4.0 Inspection summary

We undertook an announced inspection on 04 September 2020 from 09.00 to 12.00 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 agency 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 prior to the inspection.

We found evidence of good practice in relation to all four domains. These related to the monitoring and updating of the private doctor's details; staff training and development; the provision of information to patients allowing them to make an informed decision; engagement to enhance the patients' experience and the arrangements in respect of the development of PGDs.

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 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 Mrs Claire Nevinson, Responsible Individual and Mrs Janet Jones, Registered Manager, 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 17 January 2020

We identified no further actions to be taken following the most recent inspection on 17 January 2020.

5.0 How we inspect

Prior to 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; 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 Independent Medical 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. Mrs Claire Nevinson, Responsible Individual and Mrs Janet Jones, Registered Manager, were requested to be available for contact via the telephone on 04 September 2020, at an agreed time.

During the inspection we spoke with Mrs Claire Nevinson, Responsible Individual; Mrs Janet Jones, Registered Manager, and a specialist practitioner.

We examined records relating to the following areas:

- staffing;
- recruitment and selection;
- safeguarding;
- information provision;
- patient consultation;
- practising privileges;
- clinical records;
- patient group directions (PGDs); and
- management and governance arrangements.

Following a review of all the submitted documents we spoke with Mrs Claire Nevinson, Responsible Individual; Mrs Janet Jones, Registered Manager, and a specialist practitioner, at the conclusion of the inspection to discuss any issues and to provide our feedback on the inspection findings.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 January 2020

The most recent inspection of the IMA was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 17 January 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

Mrs Nevinson and colleagues 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.

Through discussion with Mrs Nevinson and Mrs Jones 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.

We established that there is one wholly private doctor involved in the agency. A medical practitioner is considered to be wholly private doctor if they do not have a substantive post in the NHS in NI and or are on the General Practitioner (GP) performers list in NI. This private doctor is the Senior Medical Advisor for the agency and it was confirmed that this doctor does not prescribe medications or treatments for patients. We reviewed the details of the Senior Medical Advisor and 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); and
- arrangements for revalidation with the GMC.

Mrs Nevinson and Mrs Jones told us the Senior Medical Advisor is aware of their responsibilities under GMC Good Medical Practice.

6.4.2 Recruitment and selection

We reviewed the arrangements in respect of the recruitment of private doctors and examined the recruitment policy and procedure available, which was found to be comprehensive and reflected best practice guidance.

Mrs Nevinson and Mrs Jones told us that no new private doctors have been recruited since the previous inspection. During discussion Mrs Nevinson and Mrs Jones confirmed that should any 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 would be sought and retained for inspection.

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.

We confirmed that specific online services such as acne treatments and period delay treatments are available to persons aged 16 and over and that specific PGDs are available to children aged one and over.

We found the agency has arrangements in place to ensure that the authorised pharmacists and other staff have an awareness of actions to be taken should a safeguarding issue arise. We confirmed that safeguarding training has been provided for staff and the agency has carried out a training audit to ensure all staff have completed safeguarding training. Mrs Nevinson and Mrs Jones confirmed the most recent Northern Ireland regional guidance has been included in this training and made available to all of the community pharmacists involved.

6.4.4 Management of medical emergencies

As previously discussed The Independent Medical Agency does not offer face to face services to residents of NI and PGDs are provided in selected Boots pharmacies in NI. We confirmed the Senior Medical Advisor and Independent Prescribing Pharmacists complete annual basic life support training which is recorded in the individual's continued professional development (CPD) log. We reviewed the training records and confirmed this. We were told that should it be identified following a review of the patient registration and assessment documents, that a patient requires immediate medical intervention patients would be signposted to their general practitioner (GP) or local accident and emergency department when applicable.

Mrs Nevinson and Mrs Jones told us that the agency ensures arrangements were in place for those pharmacists who provide PGDs to complete training annually in the management of a medical emergency.

6.4.5 Infection prevention control (IPC)

Mrs Nevinson and Mrs Jones told us the agency ensures arrangements are in place for those pharmacists providing PGDs to have an awareness of IPC and that they adhere to regional guidance.

6.4.6 Patient group directions (PGD)

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

All PGD's have been authorised by a pharmacist registered with the Pharmaceutical Society of Northern Ireland.

Discussion with Mrs Nevinson and Mrs Jones and a review for the PGDs confirmed that a process is in place to ensure that they are kept up to date and reflect more frequent changes

6.4.7 Risk Management

Mrs Nevinson and Mrs Jones 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 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. We found measures to mitigate and control the risks identified have been developed with outcomes being monitored.

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 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 management and records were held in line with best practice guidance and legislative requirements. We reviewed a range of these policies and procedures and found they included the arrangements regarding the creation, use, retention, storage, transfer, disposal of and access to records. We confirmed the agency had a policy statement in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

We confirmed that participating Boots pharmacies must use the agency's software package or paper records as provided by the agency. We confirmed that electronic records were accessed using individual usernames and passwords and securely stored.

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

Mrs Jones and colleagues 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. Mrs Jones and colleagues demonstrated a good knowledge of effective records management including maintaining patient confidentiality.

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

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

6.5.2 Communication

We discussed the patient pathway and confirmed that the online doctor services involves the provision of information, advice, testing and treatment to a range of medical conditions. Patients are required to register with The Independent Medical Agency and create a personal secure online patient record. We confirmed there were systems in place to contact the patient's GP, with their consent, for further information if necessary and to inform the GP of treatment prescribed. Patients were advised that for select services it is mandatory that the agency informs their GP of the treatment provided.

Once a medicine is prescribed a pre-selected Boots pharmacy will dispense the medicines and supply all goods. The patient can choose to collect the prescription in store at their selected participating Boots pharmacy; or to have their medicines delivered to their address.

Mrs Jones 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.

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

We confirmed the agency 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 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. The costs of treatments were found to be up to date and included all aspects of the treatment.

Areas of good practice: Is care effective?

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

Areas for improvement: Is care effective?

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

	Regulations	Standards
Areas for improvement	0	0

6.6 Is care compassionate?

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

Mrs Jones and colleagues told us that the patient's dignity was respected at all times during the consultation and treatment process and confirmed that the community pharmacy premises were assessed for suitability for providing the service to patients.

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

We confirmed that patients were invited to complete an online patient satisfaction survey and were asked to provide their comments regarding the quality of treatment provided, information, and care received. A link to this survey was included in the email correspondence to the patient. We were told that the information received from the patient feedback questionnaires was collated into an annual summary report which was made available to patients and other interested parties to read on the agency's website. We established that the agency sought the views of pharmacists who provided the PGD. All information received was considered by the agency and used to improve the services they provide.

6.6.2 Informed Decision Making

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

6.6.3 Mental Capacity

Mrs Jones and colleagues told us that should any concerns be identified regarding a patient's mental capacity, following review of the patient registration and assessment documentation and any subsequent correspondence with the patient, that the patient would be contacted by a member of the clinical team. The patient would be provided with further information as to why services would not be offered and the patient would be signposted to their GP or other specialist service for care and treatment.

We were informed that it was the responsibility of both the private doctor and pharmacist to assess the patient's mental capacity and that should any concerns be identified, services would not be offered and the patient would be signposted to their GP for care and treatment.

Areas of good practice: Is care compassionate?

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

Areas for improvement: Is care compassionate?

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

	Regulations	Standards
Areas for improvement	0	0

6.7 Is the service well led?

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

6.7.1 Management and governance arrangements

We examined various aspects of the governance systems in place and found there was a clear organisational structure within the agency. Mrs Jones and colleagues told us staff were aware of their roles and responsibilities and of whom to speak to if they had a concern. We confirmed that Mrs Jones is the nominated individual with overall responsibility for the day to day management of the service.

Where the entity operating a registered establishment is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

We confirmed that Mrs Nevinson monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. The most recent Regulation 26 unannounced monitoring report undertaken on 1 August 2020 was provided prior to the inspection. We found the report was conducted in a meaningful manner and provided a constructive account of the findings and also reflected on the impact of the COVID-19 pandemic had on the service.

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. We determined that Mrs Jones and colleagues were aware of the policies and described how all staff have access to them. Arrangements were in place to review risk assessments.

6.7.3 Complaints management

We confirmed that the agency had a complaints policy and procedure in place and this was made available to patients/and or their representatives on the agency's website. Mrs Jones and colleagues demonstrated 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 and found that that no incidents requiring notification to RQIA had been identified since the previous inspection. We found that a robust incident management policy and procedure was in place to guide and inform staff. We discussed the arrangements in relation to incident management and confirmed that incidents were a standing item on the agenda of the weekly clinical team meetings.

6.7.5 Practising privileges

We reviewed the arrangements relating to the management of practising privileges. We confirmed that a practising privileges policy and procedure was in place which outlined the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges. Mrs Jones confirmed that the Senior Medical Advisor is employed directly by the agency therefore a practising privileges agreement is not required.

All medical practitioners working within the agency must have designated Responsible Officer (RO). In accordance with 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 all the Senior Medical Advisor working within the agency have a designated external RO. We found that good internal arrangements were in place and the agency was linked into the RO network.

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 found the agency has a programme of audits planned which commenced in April 2020 and concludes at the end of March 2021. The following audits were reviewed:

- Clinical Records Audit Report 1January 2020 to 31 March 2020;
- Clinical Records Audit Report 1 April 2020 to 30 June 2020; and
- NI patient feedback survey.

We established that audit of services delivered in Boots pharmacies falls under the Superintendent Pharmacist's remit. To support the Superintendent Pharmacist, the Independent Medical Agency audits the patients who used services provided in Boots pharmacies, including pharmacies in NI. In addition the participating pharmacies are provided with a self-audit to be undertaken quarterly, the output of which are reviewed and actioned by the Area Manager responsible for the store. The audit includes the delivery of the IMA services delivered within the store. Mrs Nevinson and Mrs Jones told us Boots stores that provide private IMA services are audited as part of a rolling programme of audit to ensure they are meeting the standards as set by the agency.

We evidenced that a system was in place to ensure that urgent communications, safety alerts, and notices were reviewed, actioned and, where appropriate, promptly made available to key staff.

We found that arrangements were in place to monitor the competency and performance of all staff and report to the relevant professional bodies in accordance with their guidance. There were systems in place to check the registration status of all health care professionals with their appropriate professional bodies on an annual basis.

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

Mrs Nevinson, Responsible Individual and Mrs Jones, Registered Manager, demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA had been submitted within specified timeframes.

Mrs Jones told us that the statement of purpose and patient's guide was kept under review, revised and updated when necessary and was available to patients on request.

We were informed 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

The agency distributed questionnaires to patients on our behalf and no patients submitted responses to RQIA.

We invited staff to complete an electronic questionnaire and ten staff submitted responses to RQIA. We reviewed the returned questionnaires and found that ten staff 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 with each of these areas of patient care.

Eight staff members provided detailed comments in submitted questionnaire responses. A sample is included as follows:

- 'The Independent Medical Agency leadership is exemplary and there is a culture of collaborative learning with a laser focus on patient safety and customer experience.'
- 'The Independent Medical Agency is a great agency to work for, as a prescriber. The environment created in this team is supportive and caring. As a prescriber I know I can approach a number of other prescribers for help or advice if needed, during all my working hours. The team is led by a caring and professional manager. I feel that as a team, we all have the same values and goals when delivering the service.'
- 'I feel that the recent COVID pandemic has really strengthened the relationship between the prescribing team. We have adapted our working practice to ensure that there has been minimal impact on the patients using our service. The team have met challenges head on and have continued to upskill in new areas of prescribing to ensure the safe, effective supply of medicines to patients at all times.'

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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