

# Inspection Report

11 March 2022



## The Independent Medical Agency

Type of service: Independent Medical Agency (IMA)  
Address: 1 Thane Road, Nottingham, NG2 3AA  
Telephone number: 011 5949 2776

[www.rqia.org.uk](http://www.rqia.org.uk)

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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> Boots UK Limited  <b>Responsible Individual:</b> Mrs Claire Nevinson	<b>Registered Manager:</b> Mrs. Janet Jones
<b>Person in charge at the time of inspection:</b> Mrs Claire Nevinson	<b>Date registered:</b> 25 May 2017
<b>Categories of care:</b> Independent Medical Agency (IMA) Private Doctor (PD)	
<b>Brief description of how the service operates:</b> 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 through patient group directions (PGDs). The Independent Medical Agency provides PGDs through selected Boots pharmacies in Northern Ireland (NI).	

## 2.0 Inspection summary

An announced inspection was undertaken on 11 March 2022.

The Independent Medical Agency does not see patients face to face in 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 agency from front-line services to the management and governance oversight across the organisation.

Examples of good practice were evidenced in relation 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; the governance and oversight of PGDs and the application of a community pharmacy audit.

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

The Independent Medical Agency is based in England, therefore as per an agreed RQIA protocol for the inspection of IMAs; the inspection was conducted via teleconference 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 11 March 2022, at an agreed time.

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

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

Following a review of all the submitted documents a discussion took place with Mrs Nevinson, Mrs Jones and a specialist practitioner, at the conclusion of the inspection to discuss any issues and to provide our 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. Seven completed staff questionnaires were received and all respondents were satisfied or very satisfied with all aspects of the service. Five respondents provided additional positive comments indicating that they feel very proud to work in The Independent Medical Agency and of the care that is provided to patients.

## **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 The Independent Medical Agency was undertaken on 4 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?**

Mrs Nevinson and Mrs Jones confirmed 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.

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 one wholly PD was working in the agency who is also the senior medical advisor. 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 Northern Ireland (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.

Mrs Jones 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?**

Mrs Nevinson and Mrs Jones told us that PDs recruited are subject to the recruitment policy and procedures. It was established that there were 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.

A review of recruitment records of the most recent private doctor recruited evidenced that relevant records had been sought; reviewed and stored as required.

The recruitment of the private doctor 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 reviewed prior to the inspection 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.

Mrs Nevinson and Mrs Jones told us that the private doctor has received safeguarding training appropriate for their role and in keeping with [RQIA training guidance](#), and this is recorded in the individual's continuing professional development (CPD) log.

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).

It was confirmed that there were no safeguarding issues identified since the previous inspection.

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?**

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. Mrs Nevinson and Mrs Jones told us that the agency ensures arrangements are in place for those pharmacists who provide PGDs to have an awareness of actions to be taken in the event of a medical emergency.

#### **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.

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.

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

Mrs Nevinson and Mrs Jones 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.

Mrs Nevinson and Mrs Jones told us that all PGD's have been authorised by a pharmacist registered with the Pharmaceutical Society of Northern Ireland (PSNI).

A review of the PGDs provided by electronic mail prior to inspection and discussion with Mrs Nevinson and Mrs Jones evidenced that a process is in place to ensure PGD's are updated in keeping with best practice guidance.

Arrangements are in place to ensure that PGD's are being effectively managed.

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

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

It was confirmed the agency's website contained comprehensive information regarding the type of treatments provided. The information provided to patients and/or their representatives was written in plain English.

Discussion and review of records confirmed that information provided to patients affords a transparent explanation of their condition and any treatment, investigation or procedure proposed. The information also includes any risks, complications, options and the expected outcome of the treatment.

Mrs Nevinson and Mrs Jones confirmed that it is the responsibility of the pharmacist to assess mental capacity. Should any concerns be identified in relation to mental capacity it was confirmed that services would not be offered and the patient would be signposted to their GP.

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.

Mrs Nevinson and Mrs Jones 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.

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

The Independent Medical Agency 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.

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

Mrs Jones and Mrs Nevinson 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.

Patients are asked for their comments in relation to the quality of treatment provided, information and care received. Every patient at the conclusion of their medical screening are requested to complete an online survey. This information is collated monthly and reviewed by the management team. In addition, there is a direct link from the patients account page to provide feedback which goes through to a dedicated email address and all feedback is processed by management and discussed at monthly meetings.



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

The Independent Medical Agency also seeks the views of pharmacists who provide PGDs.

### **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 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.

Mrs Nevinson and Mrs Jones confirmed that communication systems are in place within the organisation and staff are aware of who to speak to if they had a concern.

All medical practitioners working within the agency must have designated 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. A review of documentation evidenced that the private doctor has a designated external RO and has successfully revalidated.

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. Mrs Nevinson and Mrs Jones 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. Mrs Nevinson and Mrs Jones demonstrated a good awareness of complaints management. It was established that three complaints relating to the provision of services in NI had been received since the previous inspection and had been managed appropriately. Mrs Nevinson and Mrs Jones explained the complaints management system was a continuous process of ongoing audit and shared learning.

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. Mrs Nevinson and Mrs Jones 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 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.

Mrs Nevinson and Mrs Jones 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. Mrs Nevinson and Mrs Jones told us that staff knew who to contact should they have concerns or needed to discuss a whistleblowing matter.

Mrs Nevinson and Mrs Jones both demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. 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.

Insurance documentation reviewed evidenced 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.

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 was undertaken on 24 February 2022 and a copy of the report was provided prior to the inspection. The report was conducted in a meaningful manner and provided a constructive account of the findings.

#### **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 Mrs Nevinson and Mrs Jones 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 Mrs Nevinson, Responsible Individual, and Mrs Jones, Registered Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**🐦** @RQIANews