

# Announced Inspection Report 17 January 2020



## The Independent Medical Agency

**Type of Service: Independent Medical Agency (IMA)**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

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) provided in selected Boots pharmacies in Northern Ireland.

### 3.0 Service details

<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 manager registered:</b> 25 May 2017
<b>Categories of care:</b> Independent Medical Agency (IMA) (PD) Private Doctor	

### 4.0 Inspection summary

An announced inspection took place on 17 January 2020 from 09:00 to 11:40.

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 inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the IMA was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice was evidenced in 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.

There were no areas of improvement identified during this inspection.

The findings of this report will provide the IMA with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

## 4.1 Inspection outcome

	Regulations	Standards
<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 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 8 March 2019

No further actions were required to be taken following the most recent inspection on 8 March 2019.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the IMA was reviewed. This included the following records:

- notifiable events since the previous inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report

Questionnaires were provided to patients prior to the inspection by the IMA on behalf of RQIA. Returned completed patient questionnaires were analysed following the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. Returned completed staff questionnaires were analysed following the inspection.

The agency is based in England, therefore as per an agreed RQIA protocol for the inspection of IMAs; the inspection was conducted in the offices of RQIA. A request for supporting documentation was forwarded to the provider prior to the inspection. Mrs Nevinson, responsible individual was requested to be available for contact via the telephone on the date of inspection, at an agreed time. Having reviewed the records Mrs Nevinson was then contacted at the conclusion of the inspection to discuss any issues and to provide feedback on the findings.

During the inspection the inspectors held discussions with Mrs Claire Nevinson, responsible individual, Mrs Janet Jones, registered manager and a specialist practitioner.

A sample of records were examined prior to and during the inspection in relation to the following areas:

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

The findings of the inspection were provided to Mrs Nevinson, responsible individual and Mrs Jones, registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 8 March 2019

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 8 March 2019

There were no areas for improvement made 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.**

## Staffing

The Independent Medical Agency is an online medical service which provides healthcare to patients through online consultations and through patient group directions (PGDs) provided in selected Boots pharmacies in Northern Ireland. A consultation is provided online which may or may not result in the clinician prescribing a prescription only medicine for the patient.

Discussion with Mrs Nevinson and Mrs Jones demonstrated that there was sufficient staff in various roles to fulfil the needs of the agency and patients. Mrs Nevinson and Mrs Jones confirmed that staffing levels are constantly under review and discussed during staff meetings.

Mrs Nevinson and Mrs Jones confirmed that there are induction programme templates in place relevant to specific roles within the agency. A completed induction record for the senior medical advisor was submitted to RQIA and reviewed prior to the inspection.

Review of records and discussion with Mrs Nevinson and Mrs Jones confirmed that there are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

Mrs Nevinson and Mrs Jones confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

It was confirmed that there is one private doctor involved in the agency. 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. A review of the details of the senior medical advisor evidenced of the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Discussion with Mrs Nevinson and Mrs Jones confirmed the senior medical advisor is aware of their responsibilities under GMC Good Medical Practice.

## **Recruitment and selection**

A review of the submitted staffing information and discussion with Mrs Nevinson and Mrs Jones confirmed 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.

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements.

There was a recruitment policy and procedure available.

## **Safeguarding**

It was 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.

It was confirmed 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.

It was 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.

The agency's safeguarding policy and procedure was provided by electronic mail prior to inspection and was found to be in accordance with current guidance.

## **Management of medical emergencies**

Mrs Nevinson and Mrs Jones confirmed the agency ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of the actions to be taken in the event of a medical emergency. Training records are retained in this regard.

## **Infection prevention control and decontamination procedures**

Mrs Nevinson and Mrs Jones confirmed the agency ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of infection prevention and control and that they adhere to regional guidance. Training records are retained in this regard.

## **Patient group directions (PGD)**

It was 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.

## **Risk Management**

It was confirmed that risk management procedures are in place to ensure that risks are identified, assessed and managed. The agency has a corporate risk register, this is a live document which is updated and amended as and when necessary. It was confirmed that arrangements were in place to review the risk register and measures to mitigate and control the risks identified are in place.

## Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, management of medical emergencies, infection prevention control and the management of medicines and development of PGDs.

## Areas for improvement

No areas for improvement were identified during the inspection.

	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.**

## Clinical records

It was confirmed that participating pharmacies must use the electronic software package or paper records as provided by the agency.

Patient electronic records are accessed using individual usernames and passwords and securely stored.

Ten redacted patient records relating to services provided by the agency were reviewed, five of these records pertained to PGDs and five records pertained to online services provided. Review of the redacted records evidenced that all entries were in line with best practice.

Discussion with Mrs Nevinson and Mrs Jones and review of training records confirmed that appropriate staff have received training in records management. Mrs Nevinson and Mrs Jones confirmed that all staff are aware of the importance of effective records management and records are held in line with best practice guidance and legislative requirements.

There are systems in place to audit the completion of clinical records remotely and an action plan is developed to address any identified issues. The outcome of the audit is reviewed through the agency's clinical governance structures.

Information is available for patients on how to access their health records, in accordance with the General Data Protection Regulations May 2018.

The agency is registered with the Information Commissioner's Office in England.

Review of documentation confirmed that the agency has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.



The agency also has 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.

Discussion with Mrs Nevinson and Mrs Jones confirmed there is an open and transparent culture that facilitates the sharing of information, and patients are aware of who to contact if they want advice or if they have any issues/concerns.

## **Audits**

It was confirmed that arrangements were 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. There is a rolling audit programme in place.

Prior to the inspection the following audits were submitted to RQIA and reviewed:

- online clinic medicines declared
- yellow fever vaccinations for travellers 60 years of age and older
- incidents

Arrangements are in place to escalate shortfalls identified during the audit process through the agencies governance structures.

## **Communication**

Information about services provided by the agency was reviewed and found to accurately reflect the types of IMA and private doctor services provided and was in line with GMC Good Medical Practice.

In order to access online services patients must register and complete an assessment and diagnosis questionnaire. Following review of the assessment and diagnosis questionnaire should additional information be required telephone contact is made with the patient. During the registration stage prospective patients must provide contact details for their general practitioner (GP). If a prospective patient does not provide contact information for their GP, they cannot proceed and services would be withdrawn. Following diagnosis and treatment systems are in place to contact the patient's GP to inform them of treatment prescribed. There are also systems for the GP to contact the agency.

The agency has a website which contains comprehensive information regarding the types of treatment provided. Prospective patients and other interested parties can contact the agency for information via the website and by telephone.

Mrs Nevinson confirmed that there are systems in place to identify and verify the patient at the start of the first consultation and subsequent consultations. The agency utilises the services of a third party provider to verify the identity of patient and protect against individuals using multiple identities.

Information provided to patients is written in plain English.

Discussion with Mrs Nevinson and Mrs Jones 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 or procedure. The costs of treatments were found to be up to date and include all aspects of the treatment.

It was confirmed that prescriber review meetings are held regularly and learning from complaints incidents/near misses is effectively disseminated to staff.

**Areas of good practice**

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits and ensuring effective communication between patients and staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Areas for improvement</b>	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.**

**Dignity, respect and rights**

Discussion with Mrs Nevinson and Mrs Jones evidenced that the patient’s dignity is respected at all times during the consultation and treatment process.

It was confirmed through the above discussion that patients are treated in accordance with the DoH standards for Improving the Patient & Client Experience and legislative requirements for equality and rights.

All patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information received from the 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 agency holds patient insight meetings and generates actions plans to address any concerns/issues/suggestions made during these meetings in order to improve the services provided. This is considered good practice.

## Informed Decision Making

Information regarding services provided by the agency accurately reflects the types of service provided and are prepared in line with GMC Good Medical Practice. The information reviewed included the costs of treatment and is written in plain English.

## Mental Capacity

It was confirmed that should any concerns be identified in relation to mental capacity following review of the patient registration and assessment documentation and any subsequent correspondence with patients that services would not be offered and the patient would be signposted to their GP.

### Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

### Areas for improvement

No areas for improvement were identified during the inspection.

	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.**

## Management and governance arrangements

There was a clear organisational structure within the agency and management were able to describe their role and responsibilities and confirmed that staff were aware of who to speak to if they had a concern. Mrs Jones, registered manager, is the nominated individual with overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures submitted to RQIA prior to the inspection evidenced they were dated and systematically reviewed on a three yearly basis.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure is available on the agency's website. Mrs Nevinson and Mrs Jones demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the agency for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice. It was confirmed that complaints are reviewed quarterly through the agencies governance structures.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

The agency has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

Discussion with Mrs Nevinson and Mrs Jones and review of the medical practitioner's file confirmed that all information required by legislation was retained by the agency prior to practising privileges being granted. There is a system in place to review practising privileges arrangements every two years.

Six monthly unannounced monitoring inspection visits had been undertaken by the Chief Pharmacist Boots Ltd UK. A copy of the most recent inspection report, dated 22 July 2019, was available for inspection.

A whistleblowing/raising concerns policy was available.

Mrs Nevinson and Mrs Jones demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

Mrs Nevinson and Mrs Jones confirmed the RQIA certificate of registration was up to date.

Observation of insurance documentation confirmed that current insurance policies were in place.

### **Areas of good practice**

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	0	0

## 6.8 Patient and staff views

Five patients submitted questionnaire responses to RQIA. Four patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Four patients indicated that they were very satisfied with each of these areas of their care; one patient indicated that they were very unsatisfied with each of these areas of their care. One questionnaire included a comment which indicated that the patient was highly satisfied with the service.

Twelve staff submitted questionnaire responses to RQIA. All staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were either satisfied or very satisfied with each of these areas of patient care.

Eight of the submitted questionnaires included positive comments. Staff indicated that management were approachable, supportive and interested in their development. Staff also indicated that there is a culture of openness and transparency; that they feel valued; proud to be working with the agency and that patient safety is given high priority.

## 7.0 Quality improvement plan (QIP)

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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