

# Announced Inspection Report 7 January 2020



## Medical Prescription Services (MPS)

**Type of Service: Independent Medical Agency**

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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**

Medical Prescription Service (MPS) is registered with the Regulation Quality Improvement Authority (RQIA) as an independent medical agency (IMA). MPS provides patient group directions (PGDs) to named community pharmacists in Northern Ireland.

**3.0 Service details**

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Medical Prescription Services Ltd | <b>Registered Manager:</b><br>Dr Kenneth Dawson |
|---|---|

|   |   |
|---|---|
| <b>Responsible Individual:</b><br>Mr Jonathan Tribe                                   |   |
| <b>Person in charge at the time of inspection:</b><br>Mr Jonathan Tribe               | <b>Date manager registered:</b><br>3 October 2013 |
| <b>Categories of care:</b><br>Independent Medical Agency (IMA)<br>(PD) Private Doctor |   |

#### 4.0 Inspection summary

An announced inspection took place on 7 January 2020 from 10:00 to 12:45.

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.

Evidence 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 application of a community pharmacy audit.

There were no areas of improvement identified during this inspection.

The findings of this report will provide MPS 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 Mr Jonathan Tribe, responsible individual and an independent consultant pharmacist involved in the development of PGD's, 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 care inspection dated 20 December 2018

No further actions were required to be taken following the most recent inspection on 20 December 2018.

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

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

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 the RQIA. A request for supporting documentation was forwarded to the provider prior to the inspection. Mr Jonathan Tribe, responsible individual, was requested to be available for contact via the telephone on 7 January 2020, at an agreed time. Having reviewed the records Mr Tribe was then contacted at the conclusion of the inspection to discuss any issues and to provide feedback on the inspection findings.

During the inspection the inspectors held discussions with Mr Tribe, responsible individual and an independent consultant pharmacist, who is involved in the development of the PGD's.

A sample of records was examined during the inspection in relation to the following areas:

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

The findings of the inspection were provided to Mr Tribe, responsible individual and the independent consultant pharmacist, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 20 December 2018

The most recent inspection of MPS was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 20 December 2018

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

Discussion with Mr Tribe demonstrated that there was sufficient staff in various roles to fulfil the needs of the IMA and patients.

Mr Tribe confirmed that there are induction programme templates in place relevant to specific roles within the IMA. There is only one private doctor involved in the service, Dr Kenneth Dawson, who is the registered manager.

There are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

It was confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of the private doctor's details confirmed there was evidence 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 General Medical Council (GMC)
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Mr Tribe confirmed that the private doctor is aware of his responsibilities under GMC Good Medical Practice.

### **Recruitment and selection**

A review of the submitted staffing information and discussion with Mr Tribe confirmed that no new private doctors have been recruited since the previous inspection. During discussion Mr Tribe confirmed that should 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 MPS has arrangements in place to ensure that the private doctor, the involved authorised pharmacists and other staff involved in the service have an awareness of actions to be taken should a safeguarding issue arise. Mr Tribe confirmed the most recent Northern Ireland regional safeguarding guidance has been made available to all the community pharmacists involved. The IMA has also carried out an audit to ensure all the community pharmacists involved have completed safeguarding training.

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

Mr Tribe confirmed that since the previous inspection he had completed safeguarding training in line with his role as safeguarding lead.

### **Management of medical emergencies**

Discussion with Mr Tribe and review of records confirmed that MPS ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of actions to be taken in the event of a medical emergency.

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

Mr Tribe confirmed the IMA 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.

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

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.

A number of PGD’s were provided by electronic mail prior to inspection. Review of these PGD’s and discussion with Mr Tribe and the independent consultant pharmacist evidenced that a process is in place to ensure PGD’s are updated in keeping with best practice guidance.

**Risk Management**

Mr Tribe confirmed that risk management procedures are in place to ensure that risks are identified, assessed and managed. Mr Tribe confirmed that an external auditor had been appointed to assist with the development of a corporate risk register. Mr Tribe confirmed that arrangements were in place to review the risk register and measures to mitigate and control the risks identified have been developed.

**Areas of good practice**

There were examples of good practice found in relation to monitoring and updating the private doctor’s details; awareness of recruitment and selection processes; and staff training and development.

**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                |

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

**Clinical records**

Mr Tribe confirmed that participating pharmacies must use the MPS electronic software package or paper records as provided by MPS.

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

Review of 10 redacted electronic patient records relating to the IMA private doctor service found that all entries were in line with best practice.

Mr Tribe 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. He demonstrated a good knowledge of effective records management including maintaining patient confidentiality.

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.

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

Review of documentation confirmed that MPS 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.

MPS 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.

Mr Tribe 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**

Discussion with Mr Tribe confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. Mr Tribe confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

Audits undertaken include:

- completion of patient consent forms
- review of PGDs by a third party independent pharmacist
- participating pharmacist have up to date basic life support, anaphylaxis and corresponding competencies

Arrangements are in place to escalate shortfalls identified during the audit process through the IMAs governance structure.

## **Communication**

There is an open and transparent culture that facilitates the sharing of information. Mr Tribe confirmed that participating pharmacists make patients aware of who to contact if they want advice or if they have any issues/concerns.

There are systems in place to contact the patient's registered general practitioner (GP), with their consent, for further information if necessary. Mr Tribe confirmed that a letter is issued to the patients GP following administration of vaccines.

The IMA supports private doctors to practice in line with the GMC guidance on remote prescribing as outlined in Good practice in prescribing and managing medicines and devices.

Information about services provided by MPS was reviewed and found to accurately reflect the type of private doctor service provided and was in line with GMC Good Medical Practice. Mr Tribe confirmed MPS provides PGDs relating to the seasonal influenza vaccine to named pharmacies in Northern Ireland.

MPS has a website which contains comprehensive information regarding the type of treatment provided. Mr Tribe confirmed the PGD stipulates that it is the pharmacist’s responsibility to provide specific information relating to the medication provided and a patient information leaflet is always dispensed with the medication. Mr Tribe confirmed a paper consent form is completed by the pharmacist and the patient.

Information provided to patients and/or their representatives is written in plain English.

Discussion with Mr Tribe 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 with the medical practitioner and learning from complaints incidents/near misses would be effectively disseminated to staff.

**Areas of good practice**

There were examples of good practice found in relation to the management of clinical records 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**

Mr Tribe confirmed that the patient’s dignity is 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.

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.

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 MPS email address and all feedback is processed by management. Mr Tribe confirmed, he and the medical director discuss all feedback during a monthly management meeting.

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.

MPS also seeks the views of pharmacists who provide PGDs.

**Informed Decision Making**

Information regarding services provided by MPS 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**

Mr Tribe confirmed that it is the responsibility of the pharmacist to assess mental capacity. Should any concerns be identified in relation to mental capacity Mr Tribe confirmed 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 MPS. Mr Tribe confirmed staff were aware of their roles and responsibilities and of whom to speak to if they had a concern. Mr Tribe is in day to day control of MPS.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures provided by electronic mail prior to inspection found 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 MPS website. Mr Tribe demonstrated a good awareness of complaints management. A minor amendment was made to the policy following the inspection to update the telephone number of RQIA. Mr Tribe confirmed that no complaints have been received by MPS since the previous inspection.

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. Mr Tribe confirmed that not accidents/incidents have occurred since the previous inspection.

Mr Tribe outlined the process for granting practising privileges and confirmed the medical practitioner would meet with him and the medical director prior to practising privileges being granted. Review of a copy of one medical practitioner's practising privilege agreement confirmed that there was a written agreement between the medical practitioner and MPS setting out the terms and conditions which had been signed by both parties during September 2018.

MPS has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges. Mr Tribe confirmed that a system is in place to review practising privileges agreements every two years. Following the inspection RQIA received a copy of the practising privileges policy which was found to be in accordance with current guidance.

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. The following audit was reviewed:

- completion of consent forms for PGDs

The audit result identified a good level of compliance in completion of consent forms and an action plan was developed to address any areas identified for improvement.

A whistleblowing/raising concerns policy was available.

Mr Tribe demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose (SOP) and patient’s guide (PG) are kept under review, revised and updated when necessary and available on request. Minor amendments were required to be made to the SOP and PG. Following the inspection updated SOP and PG were submitted to RQIA.

Mr Tribe confirmed the RQIA certificate of registration was up to date and displayed in the agency’s offices.

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.

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

**6.8 Staff views**

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

**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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