

# Announced Care Inspection Report 20 December 2018



## 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 an independent medical agency (IMA) which is an online private doctor service for the provision of patient group directions (PGDs) to named community pharmacists in Northern Ireland.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Medical Prescription Services Ltd  <b>Responsible Individual:</b> Mr Jonathan Tribe	<b>Registered Manager:</b> Dr Kenneth Dawson
<b>Person in charge at the time of inspection:</b> Mr Jonathan Tribe	<b>Date manager registered:</b> 3 October 2013
<b>Categories of care:</b> Independent Medical Agency (IMA) (PD) Private Doctor	

### 4.0 Inspection summary

An announced inspection took place on 20 December 2018 from 10.00 to 13.45.

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 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 Mr Jonathan Tribe, responsible individual, 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

No further actions were required to be taken following the most recent inspection on 13 December 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment 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 20 December 2018, 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 findings.

During the inspection the inspectors held initial discussion with Mr Martin Brown, an independent consultant pharmacist, who had to leave to attend another appointment. Further discussions took place with Mr Tribe who facilitated the main elements of inspection.

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, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 13 December 2017

The most recent inspection of the Medical Prescription Services was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 13 December 2017

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 agency and patients.

Mr Tribe confirmed that there are induction programme templates in place relevant to specific roles within the agency. 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, carried out on 07 November 2018
- 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 is 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 the agency 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 agency has also carried out an audit to ensure all the community pharmacists involved have completed safeguarding training.

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.

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**

Mr Tribe and review of records confirmed that the agency ensures arrangements are in place for those pharmacists who are providing Patient Group Directions (PGD) to have an awareness of actions to be taken in the event of a medical emergency. Training records are retained in this regard.

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

## Infection prevention control and decontamination procedures

Mr Tribe 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.

### 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.

	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

Review of 11 redacted electronic patient records relating to the IMA private doctor service found that all entries were in line with best practice.

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

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, under the Data Protection Act 1998.

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.

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.

### Information provision

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

The agency 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 is 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
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.**

### Dignity, respect and involvement in decision making



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 weekly 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 Medical Prescription Services 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.

The agency also seeks the views of pharmacists who provide PGDs.

### 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. 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 the agency.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures 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 agency's website. Mr Tribe demonstrated a good awareness of complaints management. A minor amendment was made to the policy following the inspection relating to the inclusion of RQIA contact details. An electronic copy of the amended policy was submitted to RQIA following the 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 outlined the process for granting practising privileges and confirmed the medical practitioner would meet with him and the medical director prior to 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 the establishment setting out the terms and conditions which had been signed by both parties during November 2015. Mr Tribe was aware that the practising privileges agreement should be reviewed at least every two years. Following the inspection RQIA received a copy of the medical practitioner's most recent practising privileges agreement which had been signed by both parties during September 2018.

The agency 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.

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. The audit showed that less than half of the community pharmacists participated in the audit, this was discussed with Mr Tribe who provided assurances that measures are being taken to ensure all community pharmacists participate in audits conducted by the agency.

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 and patient's guide are kept under review, revised and updated when necessary and available on request.

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
Areas for improvement	0	0

## 6.8 Equality data

### Equality data

The arrangements in place 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 Mr Tribe.

## 6.9 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

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



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