Announced Inspection Report: Independent Healthcare

Service: Simple Online Pharmacy, Glasgow
Service Provider: Simple Online Healthcare Limited

15 October 2019
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Simple Online Pharmacy on Tuesday 15 October 2019. We spoke with two members of staff. We also received feedback from seven service users through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector and one doctor.

What we found and inspection grades awarded

For Simple Online Pharmacy, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<td>5.1 - Safe delivery of care</td>
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</table>
The importance of sharing their clinical information with their GP.

**Domain 9 – Quality improvement-focused leadership**

| 9.4 - Leadership of improvement and change | The service had strong leadership and a good team working relationship. A strong continuous quality improvement culture was embedded in the service. Staff were encouraged and supported to participate and help improve the service. | ☑️ Good |

The following additional quality indicators were inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Very clear and comprehensive service user assessment forms were used. Where more information was needed, systems were in place to follow up with service users. Secure systems were in place to protect information. However, the description of what personal information is held about service users should be reviewed.</td>
</tr>
</tbody>
</table>

**Domain 7 – Workforce management and support**

| 7.1 - Staff recruitment, training and development | A good induction process and training programme was in place for all staff. Staff recruitment processes followed best practice. |

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Simple Online Healthcare Limited to take after our inspection

This inspection resulted in three recommendations. See Appendix 1 for a full list of the recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: 
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

We would like to thank all staff at Simple Online Pharmacy for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Good systems were in place for actively seeking and using service user feedback to improve the service provided. The service should look at how it gathers and uses information received from service users about the online prescribing services, particularly those service users from Scotland.

As an online service, the company relied extensively on information technology to gain feedback from service users. This included a fast chat (instant messaging) service, text messages, social media sites, email and telephone. The service also used an online customer review service. This provided service users with the opportunity to reply directly to the service and have their views displayed in a public forum.

We reviewed approximately 50 entries posted by service users on the online customer review service from 1–29 October 2019. We saw the service responded online to each entry and that, overall, there was a very high level of satisfaction. In particular, comments centred on the ease of being able to use the website, the prices of products and, where there was personal contact with the service, the professionalism and knowledge of the person who responded. Feedback from service users to our online survey was also positive.

Where there was an unsatisfactory rating, we saw the service also responded online to the service user and offered either an apology or a comprehensive reason for not being able to comply with the service user’s needs. We also saw that posts not in English were responded to in the same language.

We saw that all information received from the various methods of service user feedback was collated and discussed at the service’s management meeting held every 6 months.
As a result of feedback from service users, the service had instructed the external pharmacy who supplied and posted out medication to make sure that service users’ confidentiality was protected.

The service’s complaints policy contained details of Healthcare Improvement Scotland and when to contact us. We saw that no formal complaints had been raised with the service. Any concerns raised were dealt with by the service.

As a potential service user was required to register online before accessing the service, implied consent was deemed to be given by the service user.

The service’s website detailed all the medicines prescribed by the service, including their side effects.

**What needs to improve**

The service was unable to distinguish feedback received from service users who were commenting on the purchase and delivery of general sales or ‘over-the-counter’ medicines such as antacid tablets, and from those who had used the service’s prescription-only medicine service, such as for requesting antibiotics. In particular, it was difficult to see who had accessed the online prescribing service and how satisfied they were with this (recommendation a).

The service relied extensively on the online customer review service to evaluate its service as well as, to a lesser extent, the other methods of feedback including instant messaging and text messages. The service showed us that it had service users from all over Europe. As there are differences in the regulation of certain medicines from country to country, it was not possible to distinguish feedback received from service users in Scotland. The service would benefit from being able to clarify this to contribute to its quality improvement systems.

- No requirements.

**Recommendation a**

- The service should ensure that it can access and extract feedback received from service users about the online prescribing service from that received about the retail part of the service. This feedback should also include the country where the service user lives.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Processes were in place to ensure the service controlled access to medicines that it prescribes and issues. It was regularly looking for opportunities to improve its online security systems. Service users should be reminded of the importance of sharing their clinical information with their GP.

As an online service, the service prescribed from a limited list of medicines. In particular, any medications viewed as being subject to abuse, desirable for recreational or addictive drug use or having the potential for long-term problems were not available. The service also did not prescribe any controlled drugs. These are medicines that have the potential for abuse and therefore have strict legal controls applied to their ordering, storage, prescription and destruction. Each prescription inspected contained the name of the prescribing doctor and their General Medical Council registration number.

Online contact meant it was harder to assess an individual’s capacity for making reasonable and rational decisions about medication. If the service had any concerns about this, a prescription would not be issued. Access to over-the-counter medications such as paracetamol was restricted. These restrictions were also applied when in different combinations such as co-codamol (a codeine and paracetamol mixture), and cough and flu remedies. While this was legally required for medicines containing paracetamol, access to other over-the-counter drugs such as codeine linctus (a type of cough mixture) and prescription-only drugs such as asthma inhalers were also restricted. From service user records, we saw that if any of these medicines were requested too frequently, the service user was referred to the service’s medical staff for a more thorough assessment.
Off-label medicines are medicines used outwith their normal prescribing indications. When the service prescribed a medication for an off-label use, information about this was included on the service’s website and with the service user’s medicine supply.

To avoid fraudulent use of the service, certain precautions were taken. Service users’ identities were checked through the electoral register, credit agencies and telephone databases using a third-party identification company. As service users had to supply their age as part of the assessment process, medical staff could check if the medication requested was suitable for them. For example, some medications will not be issued to people outwith specified age limits, as detailed in the service’s guidelines.

Permission was sought to share information with the service user’s registered GP for all prescription-only medication.

The service told us that, in some instances, such as when prescribing antibiotics or medication for asthma or other long-term medical conditions, it would always seek permission to contact the service user’s GP. If permission was not given by the service user, the medication would not be issued.

In other instances, such as smoking cessation and weight loss, a protocol was in place where medical staff would also follow up with service users to check on how effective a particular treatment had been. For weight loss medicines, this happened after 3 months. The service user would be asked how effective the treatment had been and to resubmit their body mass index (this is a way of determining the correct weight for a person’s height). Follow-up protocols were also in place for smoking cessation, hair loss and erectile dysfunction. We saw that service user records were updated each time any follow-up contact took place. We saw examples of eight follow-up emails to service users asking how effective medicines issued for weight loss and smoking cessation had been. We saw that attempts had been made to contact the service user by telephone and, where this had been unsuccessful, an email had been issued. We saw that where the use of an off-label medication had been prescribed for jet lag, the prescribing doctor had contacted the service user to ask about its effectiveness.

The service did not have access to test results carried out by other healthcare providers. If the service received a letter from a service user’s GP, this would be attached to the service user’s record.

As an online service, service users’ requests were not immediately assessed and actioned in real time. Therefore, it was unlikely a service user would contact the service if they were severely unwell and needed urgent treatment.
The service was aware of the updated national guidance on antibiotic prescribing and had recently changed its assessment form about appropriate first-line treatment (the first course of medication prescribed to a patient). The assessment form had also been designed to identify symptoms which would require the service user to contact their own GP. The service showed us examples of when this had happened.

- One service user had requested antibiotics for cystitis. As the service user was male, this medication was refused as cystitis in a male can be more problematic. The service limits female service users with cystitis to a 3-day supply of antibiotics to treat their symptoms. Cystitis in men would require a longer course.

- One service user had requested treatment for erectile dysfunction. However, because they had previously had cardiac problems, the service refused and the service user was advised to go back to their GP for further cardiac checks.

- One service user had requested antibiotics for a sexually transmitted disease. After their symptoms had been reviewed, it was decided that their symptoms were sufficiently concerning that they should be referred to a genitourinary medicine (GUM) clinic.

A safeguarding policy was in place, and we were told how the service would identify areas of concern which would trigger its safeguarding guidelines. This included medications which were used for sexually transmitted infections and emergency contraception.

We saw the service had methods for recording accidents or incidents and discussing adverse events, such as medication prescribing errors. Any incidents that had occurred had been dealt with by the service, in line with its own policies.

**What needs to improve**

Service users were given the option to contact their GP themselves or to allow the service to contact their GP on their behalf, unless they had a condition which meant the service would always contact the GP. However, the service offered limited guidance to service users on the risks of not sharing information with their GP. We encouraged the service to consider guidance from the General Medical Council for prescribing and managing medicines and devices and reflect on how to implement this (recommendation b).

The service is provided to people from all over Europe. We were satisfied that all clinical guidelines were being followed. The service was not able to filter out its service users who live in Scotland. We discussed how it may be helpful to
extract and evidence information about the services provided to service users in Scotland.

- No requirements.

**Recommendation b**

- The service should reiterate to service users the importance of their clinical information being shared with their GP, and informed of the risks of not doing so.

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**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Very clear and comprehensive service user assessment forms were used. Where more information was needed, systems were in place to follow up with service users. Secure systems were in place to protect information. However, the description of what personal information is held about service users should be reviewed.

The service’s website stated that it was important that service users were honest with the information they provided, including any medications they were currently using.

For each prescription, the service user completed an assessment form detailing their symptoms. Tailored assessment forms were completed by the service user depending on the reason they were contacting the service. These assessment forms were then assessed by medical staff using in-house assessment protocols for each drug. The assessment forms had been designed by medical staff and referenced national guidance. We were told these were reviewed regularly. As each assessment form was individualised, any reason why a medicine could not be issued was clearly recorded on the form.

Service users had to enter their information afresh each time they accessed the service. They were unable to view historic information or previously completed assessment forms. This ensured that up-to-date information was submitted by the service user with each new contact.

We were shown four service user records where the service user had been refused medication. We also saw seven service user records where it was agreed that the medications requested were pharmacy medicines (if someone wished to purchase it from a pharmacy in person, the pharmacist would offer
advice on its use, the length of time it should be used and any side effects it may have). We also saw numerous records for general sales of medications.

In the majority of the service user records where concerns were raised, we saw the service would not immediately issue any medication. We were shown records where medication was issued after checks by the service. We saw the service retained all service user details, assessment forms and prescriptions issued or declined. These were then available for the service to view for subsequent contacts by a service user. Therefore, if a service user’s previous or current prescription was declined, medical staff would be able to see the reason for this.

If medical staff had concerns after reviewing a submitted assessment form, they would contact the service user to discuss their assessment. The length of telephone calls were not restricted and continued until the medical staff and service user’s concerns had been addressed.

Clear and accurate information was available on who had access to the data on the system. Each staff member had individual log-in details which gave them access to the relevant part of the system needed for their role. For example, the customer agents who verified service users’ identities did not have access to medical assessments. Remote access to data for home workers was encrypted. The only information shared was with the courier, card processing company and the service user’s GP, where applicable. The service had an information sharing protocol and was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights).

Service user records were held on the server of the service’s web design company based in the UK. These were held in a secure format and a confidentiality agreement was in place which had recently been reviewed by a specialist lawyer. The service told us that its security systems were secure, and there had been no unusual access or compromise to service user records that it was aware of.

The service showed us that it carried out regular audits on service user records to take account of its own risk assessments and priorities. This ensured that each service user’s assessment form, contained within the service user record, had been appropriately dealt with in line with the category of medicine requested. Categories include general sales, pharmacy medicines and prescription-only medicines prescribed by a doctor. The service cross-checked this with the timescales that the service user’s assessment was dealt with, that the medications had been sent to the correct address and that all advice leaflets were included.
**What needs to improve**

Information in the service’s privacy policy and in its terms and conditions on what data from service users was retained was incorrect. This needed to be reviewed to ensure service users were clear on what data was kept (recommendation c).

To improve service user confidentiality, the service could consider adding a statement about the use of email and text messages to the service’s website. This would alert service users that they may receive order confirmations to the email address or telephone number supplied in case these were shared with others.

- No requirements.

**Recommendation c**

- The service should review the description on its website about the personal information that it holds on service users.

**Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

A good induction process and training programme was in place for all staff. Staff recruitment processes followed best practice.

The service had a policy for the recruitment, induction and training of staff.

We reviewed four files for staff who interacted with service users who used the online prescribing service.

We saw that appropriate references and Protecting Vulnerable Groups (PVG) checks were in place. Staff qualification certificates were held on file, and job descriptions, interview records and contracts were in place.

All clinical staff were directly employed by the service. Annual professional registration and revalidation status checks were in place for clinical staff. We saw evidence of annual appraisals and continued professional development for clinical staff.
A comprehensive induction programme was in place for all staff. A checklist was used to make sure this was completed.

- No requirements.
- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service had strong leadership and a good team working relationship. A strong continuous quality improvement culture was embedded in the service. Staff were encouraged and supported to participate and help improve the service.

The service had embedded aspects of quality improvement in its processes and understood the importance of continued service evaluation. The service’s business plan highlighted its priorities as achieving high levels of patient satisfaction and staff development.

Staff we spoke with showed very good awareness of the challenges associated with an online service, particularly that of service user identification, and were constantly reviewing their systems in this area.

We saw evidence of how the service had invested in staff and how staff were able to grow and move forward in the service. This was a recurring theme in the service. We also saw that all members of staff could contribute any ideas or suggestions to the service. Information was collated and discussed, and the results were shared at team meetings.

The service’s risk assessment process identified medicines and service user circumstances which may be at risk of abuse. For example, the service had ‘red flags’ for emergency contraception and frequent sexually transmitted infection. To limit this risk, the service carried out regular reviews of service user assessments where cases were chosen at random and reviewed by another doctor. The service also collected outcome data from ad hoc reviews.

We saw minutes from the quality meetings which were held every 3 months, and the management meetings held every 6 months.
The service had formed partnerships with similar services to help discuss treatments, procedures or complications and provide peer support and best practice guidance when needed.

**What needs to improve**
The service’s website provides guidance and information about online prescribing of medicines linked to NHS best practice guidelines. The service’s guidance was reviewed by an external doctor 2 years ago and a further review was planned. It would be beneficial if an external review took place on a regular basis (every 2 years).

- No requirements.
- No recommendations
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td>a The service should ensure that it can access and extract feedback received from service users about the online prescribing service from that received about the retail part of the service. This feedback should also include the country where the service user lives (see page 8).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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</table>
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>b</strong> The service should reiterate to service users the importance of their clinical information being shared with their GP, and informed of the risks of not doing so (see page 12).</td>
</tr>
<tr>
<td><strong>c</strong> The service should review the description on its website about the personal information that it holds on service users (see page 14).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

**Before inspections**
Independent healthcare services submit an annual return and self-evaluation to us.
We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

**During inspections**
We use inspection tools to help us assess the service.
Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.
We give feedback to the service at the end of the inspection.

**After inspections**
We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)
We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.
We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

**Healthcare Improvement Scotland**
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** hcis.ihcregulation@nhs.net