

## Announced Inspection Report 16 January 2020



### **Expert Health Ltd (trading as Lloyds Pharmacy Online Doctor & Dr Thom)**

**Type of Service: Independent Medical Agency (IMA),  
Private Doctor (PD)**

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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

Expert Health Ltd (trading as Lloyds Pharmacy Online Doctor & Dr Thom) is an independent medical agency (IMA) which provides online private doctor services. Following the previous inspection the agency ceased offering patient group directions (PGDs) in Northern Ireland. This inspection focused solely on private doctor services; that fall within regulated activity and the categories of care for which the agency is registered with RQIA.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Expert Health Ltd  <b>Responsible Individual:</b> Mr Andrew Sloman	<b>Registered Manager:</b> Dr Kieran Seyan
<b>Person in charge at the time of inspection:</b> Mr Andrew Sloman	<b>Date manager registered:</b> 03 June 2019
<b>Categories of care:</b> Independent Medical Agency (IMA) Private Doctor (PD)	

### 4.0 Inspection summary

An announced inspection took place on 16 January 2020 from 10:00 to 12:35.

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 and engagement to enhance the patients' experience.

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 Dr Kieran Seyan, 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 care inspection dated 25 January 2019

No further actions were required to be taken following the most recent inspection on 25 January 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 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. Returned completed staff questionnaires were analysed following the inspection and are discussed in section 6.8 of this report.

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. Dr Kieran Seyan, registered manager was requested to be available for contact via the telephone on 16 January 2020, at an agreed time. Having reviewed the records Dr Seyan 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 inspector held discussions with, Dr Kieran Seyan, registered manager and medical director, the lead for sexual health and clinical quality, the quality and compliance manager, the clinical governance and regulatory compliance officer and a patient advisor.

A sample of records were 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 Dr Seyan, 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 25 January 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 25 January 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

Discussions demonstrated that there was sufficient staff in various roles to fulfil the needs of the agency and patients.

It was confirmed that there are induction programme templates in place relevant to specific roles within the agency.

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 doctors' 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 GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

It was confirmed that the private doctors are aware of their responsibilities under GMC Good Medical Practice.

### **Recruitment and selection**

A review of the submitted staffing information confirmed that no new private doctors have been recruited since the previous inspection. During discussions it was 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 only provides services to patients aged 18 and over.

All private doctors and independent prescribing pharmacists have undertaken level three safeguarding training.

The agency's safeguarding policies and procedure were provided by electronic mail prior to inspection and were found to be in accordance with current regional guidance. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child.

## Management of medical emergencies

Expert Health Ltd (trading as Lloyds Pharmacy Online Doctor & Dr Thom) provides online private doctor services. The agency does not offer face to face services to residents of Northern Ireland. However, all private doctors and independent prescribing pharmacists complete annual basic life support training and this is recorded in the medical professional's log. Should it be identified following review of the patient registration and assessment documents, that a patient requires immediate medical intervention patients would be signposted to their general practitioner (GP) or local accident and emergency department when applicable.

## Infection prevention control (IPC)

As discussed Expert Health Ltd (trading as Lloyds Pharmacy Online Doctor & Dr Thom) does not see patients residing in Northern Ireland face to face. All private doctors and independent prescribing pharmacists have a good awareness of IPC and would signpost patients where necessary.

## Patient group directions (PGD)

As discussed following the previous inspection the agency ceased offering patient group directions (PGDs) in Northern Ireland.

## 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. The corporate risk register is presented and discussed annually at board meetings. It was 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 staff recruitment, induction, training, appraisal, safeguarding, and risk management.

## 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 ten 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.

It was 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. Staff demonstrated a good knowledge of effective records management including maintaining patient confidentiality.

There are systems in place to audit the completion of clinical records 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.

Staff 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:

- emergency contraception service
- child and adult safeguarding
- cystitis prescribing

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.

In order to access specified services patients must provide details of their GP. There are systems in place to contact the patient’s GP, with their consent, for further information if necessary and to inform the GP of treatment prescribed. In keeping with best practice guidance patients accessing sexual health and family planning services do not have to provide contact details for their GP.

The agency operates a patient messaging system that can be utilised to gather additional information following review of the online registration and assessment documents. Medical practitioners could request telephone contact with the patient via the patient messaging system if deemed necessary to gather additional information or clarify information already provided.

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 guidance.

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

The agency has a website which contains comprehensive information regarding the type of treatments provided.

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

Discussion with staff 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.

**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

During discussion with staff it was confirmed 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.

Patients consult via their secure online patient record which is accessible via the website and are fully involved in decisions regarding their treatment. Patients can raise any concerns or issues they may have via the online patient record system.

Patients are invited to complete an online patient satisfaction survey and are asked for their comments in relation to the quality of treatment provided, information and care received. A link to this survey is included in email correspondence to the patient.

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.

In addition to the patient feedback, clinicians provide feedback to the clinical director.

### 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 via the patient messaging system 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. Dr Seyan confirmed staff were aware of their roles and responsibilities and of whom to speak to if they had a concern. Mr Sloman 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 provided by electronic mail prior to inspection found they were dated and systematically reviewed on at least 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. Staff demonstrated a good awareness of complaints management. It was confirmed that no complaints pertaining to the provision of services in Northern Ireland have been received since the previous inspection.

A system was in place to ensure that notifiable events were investigated. A discussion took place in regards to ensuring that incidents are reported to RQIA in keeping with the statutory notification guidance document. It was confirmed that incidents are a standing item on the agenda of the weekly team meetings. 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.

Dr Seyan outlined the process for granting practising privileges and confirmed the medical practitioner would meet with him prior to privileges being granted.

Review of records 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.

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

- emergency contraception service
- child and adult safeguarding
- cystitis prescribing

A whistleblowing/raising concerns policy was available.

Dr Seyan 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.

It was 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**

Thirty seven staff submitted questionnaire responses to RQIA. Thirty six staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led and indicated that they were very satisfied with each of these areas of patient care. One staff member indicated that they were very unsatisfied with each of these areas of patient care. Following the inspection the staff questionnaire responses was shared with quality and compliance manager.

Ten staff included comments in their submitted questionnaire responses. The comments were all positive and indicated that staff felt supported by management, that staff felt the service was well led and the patient safety was given high priority in the agency.

## 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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