



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

<b>Name of Establishment:</b>	<b>Expert Health Ltd</b>
<b>Establishment ID No:</b>	<b>11992</b>
<b>Date of Inspection:</b>	<b>16 February 2015</b>
<b>Inspector's Name:</b>	<b>Winnie Maguire</b>
<b>Inspection No:</b>	<b>17379</b>

**The Regulation and Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501**

**1.0 General Information**

<b>Name of establishment:</b>	Expert Health Ltd (trading as Dr Thom)
<b>Address:</b>	Mezzanine Floor 50 - 54 Wigmore Street London W1U 2AU
<b>Telephone number:</b>	02072242835
<b>Registered organisation/ registered provider:</b>	Expert Health Ltd Dr Thomas Justin Edward Brett
<b>Registered manager:</b>	Dr Thomas Justin Edward Brett
<b>Registration category:</b>	IMA – Independent Medical Agency PD – Private Doctor
<b>Date and time of inspection:</b>	16 February 2015 10:00-11:00 12:00-15:00
<b>Date and type of previous inspection:</b>	Announced Inspection 5 and 18 March 2014
<b>Name of inspector:</b>	Winnie Maguire

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS Minimum Care Standards for Independent Healthcare Establishments, July 2014, measured during the inspection were met.

## 2.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the minimum standards and to consider whether the service provided to patients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of an independent medical agency, and to determine the provider's compliance with the following:

- The HPSS (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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments

Other published standards which guide best practice may also be referenced during the inspection process.

## 2.2 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment and request for supporting documentation was forwarded to the provider prior to

the inspection. The registered provider was requested to be available for contact via the telephone on the date of inspection, at an agreed time. Having reviewed the records the inspector contacted the registered person at the conclusion of the inspection to discuss any issues and provide feedback on the findings.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self- assessment is appended to this report.

### 2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed patient feedback questionnaires, issued by the clinic	10
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### 2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Minimum Care Standards for Independent Healthcare Establishments and to assess progress with the issues raised during and since the previous inspection:

- Standard 1 – Informed Decision Making
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 8 – Records
- Standard 9 – Clinical Governance
- Standard 10 – Qualifications Practitioners, Staff and Indemnity
- Standard 11 – Practising Privileges
- Standard 16 – Management and Control of Operations

### **3.0 Profile of Service**

Expert Health Ltd is an online medical service.

The establishment's statement of purpose outlines the range of services provided.

#### **Services provided**

Nine private doctors are involved in providing medical services online.

The medical services provided are in two distinct categories:

- Online patient management
- The provision of patient group directions (known as PGDs)

Online patient management covers the following

- Women's health
- Men's health
- Sexual health
- Travel treatments
- Heart health
- Skin and nail health
- Weight loss medication
- Stop smoking medication
- Diabetes medication

Patient group directions (PGDs)

PGDs are provided to named community pharmacies in Northern Ireland. PGDs cover flu vaccines and travel vaccines. Expert Health Ltd also provides training on the use of and implementation of PGDs to pharmacists together with ongoing clinical support.

Expert Health is registered as an independent medical agency (IMA) with a private doctor (PD) category of registration.

Dr Thomas Brett has been the registered provider and manager since June 2013.

#### 4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 16 February 2015 from 10:00 - 11:00 and 12:00 - 15:00. The inspection sought to establish the compliance being achieved with respect to 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 DHSSPS Minimum Care Standards for Independent Healthcare Establishments.

There were no requirements or recommendations made as a result of the previous annual announced inspection on 5 and 18 March 2014.

The inspection focused on the DHSSPS Minimum Care Standards for Independent Healthcare Establishments outlined in section 2.4 of this report.

Dr Thomas Brett and Ms Zoe Holland were available to discuss operational issues and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector examined a selection of records.

A Statement of Purpose and Patient Guide were in place which reflected legislative and best practice guidance.

The Independent Medical Agency (IMA) provides comprehensive information to their patients on the types of services provided their website.

The IMA has robust systems in place to obtain the views of patients on a formal and informal basis. The inspector reviewed the completed patient feedback questionnaires and found that patients were highly satisfied with the care and treatment provided. Some of the comments received can be viewed in the main body of the report. The IMA collates the information from the questionnaires into a summary report which is made available to patients and other interested parties.

Expert Health Ltd has a complaints policy and procedure in place which was found to be in line with the DHSSPS guidance and legislation. No complaints have been received by the establishment, however systems are in place to effectively document, manage and audit complaints. The registered person/manager displayed a good understanding of complaints management.

There is a defined management structure within the IMA and clear lines of accountability. The registered person/manager is responsible for the day to day running of the IMA and ensuring compliance with the legislation and standards.

The inspector reviewed the policy and procedures in relation to the absence of the registered manager and whistleblowing. They were found to be in line with legislation and best practice.

The registered person/manager undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

The inspector also reviewed incident management and found this to be in line with legislation and best practice.

Systems are in place for dealing with alert letters and managing lack of competency or poor staff performance. This includes the registered manager ensuring that all staff abide by their professional codes of conduct and reporting arrangements to professional bodies if necessary.

The inspector reviewed the insurance arrangements for the IMA and found that current insurance policies were in place.

The IMA has a policy and procedure on the record control which includes completion of clinical records.

The inspector reviewed ten patient records relating to the IMA and found them to be completed in line with best practice and contained a contemporaneous record of all care and treatment provided to the patient.

The inspector reviewed a spreadsheet containing the details of nine medical practitioners and found them to contain all of the information required by legislation. The medical practitioners were appropriately qualified to provide the services within the IMA.

There are formal systems in place for granting, maintaining, suspending and withdrawing practising privileges. The inspector reviewed completed practising privileges agreements as part of the inspection process.

The practising privileges policy and procedure was updated following inspection to reflect Minimum Care Standards for Independent Health Care Establishments.

No requirements or recommendations were made as result of this inspection.

Overall, the IMA was found to be providing a safe and effective service to patients

The inspector would like to extend her gratitude to Dr Brett and Ms Holland for their contribution to the inspection process.

## **5.0 Follow Up on Previous Issues**

No previous requirements or recommendations.

## 6.0 Inspection Findings

<b>STANDARD 1</b>	
<b>Informed Decision Making:</b>	<b>Patients and clients and prospective patients and clients have access to clear, accurate and accessible information about the establishment and the services it offers.</b>
<p>The IMA has a website which contains comprehensive information regarding the types of medical services provided and detailed information about treatments.</p> <p>Information about services provided by the IMA was reviewed by the inspector and found to accurately reflect the types of private doctor service provided and were in line with General Medical Council (GMC) Good Medical Practice. The costs of treatments were found to be up to date and include all aspects of the treatment.</p> <p>The Statement of Purpose and Patient Guide were reviewed by the inspector and found to contain all of the information required by legislation. The Patient Guide is made available on the website.</p>	

### **Evidenced by:**

**Review of information provided to patients and other interested parties**  
**Discussion with staff**

<b>STANDARD 5</b>	
<b>Patient and Client Partnerships:</b>	<b>The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care</b>
<p>Expert Health Ltd obtains the views of patients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The IMA had completed a patient satisfaction survey of patients carried out by iWantGreatCare. The results of the survey are reviewed by the management team within the IMA and an action plan is developed and implemented if any issues are identified. However no issues were identified as requiring to be addressed.</p> <p>The inspector reviewed ten patient questionnaires together with the completed survey and found that patients were highly satisfied with the quality of care and treatment provided by Expert Health Ltd. Some comments received from patients included:</p> <p>“The online doctor was easy to use, suitable for people who often use the internet for services; the delivery was prompt and quick.”</p> <p>“This is great –to be able to quickly get hold of a doctor, get some advice and renew basic medications has made my life much easier.”</p> <p>The information received from the patient survey is collated into an annual summary report which is made available to patients and other interested parties to read on website.</p>	

**Evidenced by:****Review of patient satisfaction surveys****Review of summary report of patient satisfaction surveys****Summary report made available to patients and other interested parties****Discussion with staff**

<b>STANDARD 7</b>	
<b>Complaints:</b>	<b>All complaints are taken seriously and dealt with appropriately and promptly.</b>
<p>The IMA operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The registered provider/manager demonstrated a good understanding of complaints management.</p> <p>All patients have access to a copy of the complaints procedure, which is contained within the Patient Guide.</p> <p>The inspector reviewed the complaints register and found that no complaints had been received by the IMA; however systems are in place to effectively document and manage complaints.</p>	

**Evidenced by:**

**Review of complaints procedure**

**Complaint procedure made available to patients and other interested parties**

**Discussion with staff**

**Review of complaints records**

<b>STANDARD 8</b>	
<b>Records:</b>	<b>Records are maintained for every patient and client in accordance with legislative requirements and best practice guidelines.</b>
<p>The establishment 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.</p> <p>The establishment also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with General Medical Council (GMC) guidance and Good Medical Practice.</p> <p>The inspector reviewed ten copies of electronic patient care records relating to the private doctor services and found that all entries were completed in line with best practice and had a contemporaneous record of consultation and treatment provided.</p> <p>The inspector discussed care records with the medical practitioner who displayed a good knowledge of effective records management. The inspector was informed that patient care records are held in secure locked cabinets as outlined in storage of records procedures. Computerised records are secured by individual usernames and passwords.</p> <p>There are systems in place to audit the completion of clinical records within robust clinical audits and an action plan is developed to address any identified issues.</p> <p>Information was available for patients on how to access their health records, under the Data Protection Act 1998. The establishment is registered with the Information Commissioner's Office (ICO) in England.</p> <p>The management of records within the IMA was found to be in line with legislation and best practice.</p>	

**Evidenced by:**

**Review of management of records policy**  
**Review of management of records**  
**Review of clinical record keeping policy and procedure**  
**Review of patient care records**  
**Discussion with staff**  
**Review of ICO registration**

<b>STANDARD 9</b>	
<b>Clinical Governance:</b>	<b>Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.</b>
<p>The registered provider/manager ensures the IMA delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.</p> <p>The IMA has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:</p> <ul style="list-style-type: none"> <li>• Orlistat audit</li> <li>• Cystitis audit</li> <li>• Combined oral contraceptive audit</li> </ul> <p>The registered person is in day to day control of the IMA.</p> <p>The IMA has an incident policy and procedure in place which includes reporting arrangements to RQIA.</p> <p>The inspector reviewed incident management and found that incidents were documented, fully investigated and had outcomes recorded.</p> <p>The registered manager confirmed that no research is currently being undertaken within the IMA.</p>	

**Evidenced by:**

**Review of policies and procedures**  
**Discussion with registered provider/manager**  
**Review of incident management**  
**Review of research arrangements**

<b>STANDARD 10</b>	
<b>Qualified Practitioners, Staff and Indemnity</b>	<b>Staff are educated, trained and qualified for their role and responsibilities and maintain their training and qualifications.</b>
<p>The inspector reviewed a spreadsheet of the details of nine medical practitioners and confirmed that:</p> <ul style="list-style-type: none"> <li>• There was evidence of confirmation of identity</li> <li>• There was evidence of current registration with the General Medical Council (GMC)</li> <li>• The medical practitioners are covered by the appropriate professional indemnity insurance</li> <li>• Evidence of enhanced Access NI disclosure/DBS checks</li> <li>• There was evidence of ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC</li> <li>• There was evidence of ongoing annual appraisal by a trained medical appraiser</li> </ul> <p>The inspector confirmed that each medical practitioner has an appointed responsible officer.</p> <p>Arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff and reporting incompetence in line with guidelines issues by the DHSSPS and professional regulatory bodies.</p> <p>Discussion with the registered person/manager confirmed that medical practitioners are aware of their responsibilities under GMC Good Medical Practice.</p>	

**Evidenced by:**

**Review of medical practitioners details for verification of registration status with professional bodies**

**Review of professional indemnity insurance**

**Review of specialist qualifications**

**Review of arrangements for dealing with alert letter/competency**

<b>STANDARD 11</b>	
<b>Practising Privileges:</b>	<b>Medical practitioners may only use facilities in the establishment for consultation with and treatment of patients if they have been granted practising privileges.</b>
<p>Expert Health Ltd has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges. This policy and procedure was updated following inspection to reflect the Minimum Care Standards for Independent Health Care Establishments (July 2014).</p> <p>Medical practitioners meet with the Medical Director prior to privileges being granted.</p> <p>The inspector reviewed the spreadsheet which confirmed that there was a written agreement between each medical practitioner and the establishment setting out the terms and conditions of practising privileges</p> <p>There are systems in place to review practising privileges agreements every two years.</p>	

**Evidenced by:**

**Review of practising privileges policy and procedures**  
**Review of practising privileges agreements**  
**Review of medical practitioners' details**  
**Discussion with staff**

<b>STANDARD 16</b>	
<b>Management and Control of Operations:</b>	<b>Management systems and arrangements are in place that ensure the delivery of quality treatment and care.</b>
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The IMA has developed a policy and procedure to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy includes the interim management arrangements for the establishment.</p> <p>Review of the training records and discussion with the registered manager confirmed that they undertake training relevant to their role and responsibilities within the organisation.</p> <p>The inspector reviewed the IMA's Patient Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the IMA and confirmed current insurance policies were in place. The certificates of insurance were reviewed by the inspector as part of the inspection process.</p>	

**Evidenced by:**

- Review of policies and procedures**
- Review of Patient Guide**
- Review of Statement of Purpose**
- Review of insurance arrangements**

## **7.0 Quality Improvement Plan**

The details of the inspection were discussed with Dr Thomas Brett as part of the inspection process.

This inspection resulted in no recommendations or requirements being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Winnie Maguire  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



**Report Approval**  
**Announced Inspection**  
**Expert Health Ltd**  
**16 February 2015**

No requirements or recommendations resulted from the announced inspection of Expert Health Ltd which was undertaken on 16 February 2015 and I agree with the content of the report. Return this QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk).

Please provide any additional comments or observations you may wish to make below:

*We have no additional comments or observations.*

<b>Name of registered manager completing</b>	Dr. Thomas Brett	
<b>Name of responsible person/identified responsible person approving</b>	Dr. Thomas Brett	

<b>Approved by: (Inspector to complete)</b>	<b>Date</b>
	18/2/15