

Announced Inspection Report 28 August 2020



Expert Health Ltd (trading as LloydsPharmacy Online Doctor)

**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 LloydsPharmacy Online Doctor) is registered with the Regulation Quality Improvement Authority (RQIA) as an independent medical agency (IMA). An IMA is an online medical service that provides healthcare to patients through online consultations and through patient group directions (PGDs) provided in selected pharmacies in Northern Ireland (NI). RQIA had been informed at the previous inspection that Expert Health Ltd (trading as LloydsPharmacy Online Doctor) had ceased offering PGDs in NI. However prior to this inspection we were informed that one medical practitioner employed by Expert Health Ltd (trading as LloydsPharmacy Online Doctor) was involved in the authorisation of one PGD now offered to patients residing in NI. Therefore the area of PGDs was included within this inspection.

3.0 Service details

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

4.0 Inspection summary

We undertook an announced inspection on 28 August 2020 from 09.00 to 12.00 hours.

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 purpose of the inspection was to assess progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective, and compassionate care and if the service was well led.

The agency does not see patients face to face in NI and all information regarding this inspection was submitted to RQIA electronically prior to the inspection.

We found evidence of good practice in relation to 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 arrangements in respect of the development of PGDs.

No immediate concerns were identified in relation to the delivery of services. We identified no areas of improvement during this inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	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 inspection dated 16 January 2020

We identified no further actions to be taken following the most recent inspection on 16 January 2020.

5.0 How we inspect

Prior to the inspection, a range of information relevant to the agency 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; and
- the previous care inspection report.

We 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.

Expert Health Ltd (trading as LloydsPharmacy Online Doctor) 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. The requested information was submitted to us electronically. Dr Kieran Seyan, Registered Manager was requested to be available for contact via the telephone on 28 August 2020, at an agreed time.

During the inspection we spoke with Dr Seyan, Registered Manager and Medical Director, the Quality and Compliance Manager and the Clinical Governance and Compliance Officer.

We examined records relating to the following areas:

- staffing;
- recruitment and selection;
- safeguarding;
- information provision;
- patient consultation;
- practising privileges;
- clinical records;
- patient group directions (PGDs); and
- management and governance arrangements.

Following a review of all the submitted documents we spoke with Dr Seyan, Registered Manager, the Quality and Compliance Manager and the Clinical Governance and Compliance Officer, at the conclusion of the inspection to discuss any issues and to provide our feedback on the inspection findings.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 January 2020

The most recent inspection of Expert Health Ltd (trading as LloydsPharmacy Online Doctor) was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 16 January 2020

We identified no areas for improvement 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.

6.4.1 Staffing

Dr Seyan told us that there was sufficient staff in various roles to fulfil the needs of the agency and patients and that there were induction programme templates in place relevant to specific roles within the agency.

Through discussion with Dr Seyan and colleagues, and review of relevant documentation, we confirmed that there were rigorous systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal, and ongoing professional development.

We reviewed records and confirmed that there was a system in place to ensure that all staff received appropriate training to fulfil the duties of their role.

We reviewed relevant records and confirmed that there are 13 medical practitioners and four independent prescribing pharmacists who manage LloydsPharmacy Online Doctor's patients residing in NI. We established that all medical practitioners are considered to be wholly private doctors as they do not have a substantive post in the NHS in NI and or are on the General Practitioner (GP) performers list in NI. We reviewed records concerning the private doctors' and found 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 (RO); and
- arrangements for revalidation with the GMC.

Dr Seyan told us that private doctors are aware of their responsibilities under [GMC Good Medical Practice](#).

6.4.2 Recruitment and selection

We reviewed the arrangements in respect of the recruitment of private doctors and examined the recruitment policy and procedure available, which was found to be comprehensive and reflected best practice guidance. We were informed that no new private doctors have been recruited since the previous inspection. We reviewed recruitment documents provided in respect of the existing private doctors and confirmed that all information required under Regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 had been sought and retained. Our review established that there was good practice in place regarding recruitment and selection procedures in line with legislative requirements.

6.4.3 Safeguarding

We reviewed the arrangements in place for safeguarding and found that policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The agency's safeguarding policies and procedures were provided to us prior to inspection and were found to be in accordance with the 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.

The relevant contact details for onward referral to the local Health and Social Care Trust (HSCT) should a safeguarding issue arise were included. Dr Seyan told us the agency only provides services to patients aged 18 and over. We found the LloydsPharmacy Online Doctor website and the Statement of Purpose also advised prospective patients that online services are only provided to persons over 18 years.

We reviewed training records and confirmed all private doctors and independent prescribing pharmacists have undertaken level three safeguarding training.

6.4.4 Management of medical emergencies

Expert Health Ltd (trading as Lloyds Pharmacy Online Doctor) provides online private doctor services and PGDs to patients residing in NI. Whilst the agency does not offer any face to face services to residents of Northern Ireland all private doctors and independent prescribing pharmacists complete annual basic life support training. We were informed that all training is recorded in the clinical team professional log that includes the individual's continued professional development (CPD) log. We reviewed training records which confirmed this training had been completed by all staff. We were told that should it be identified following a review of the patient registration and assessment documents, that a patient requires immediate medical intervention patients would be signposted to their GP or local accident and emergency department when applicable.

Dr Seyan and colleagues confirmed that the agency ensures arrangements were in place for those pharmacists who provide PGDs to have an awareness of actions to be taken in the event of a medical emergency.

6.4.5 Infection prevention control (IPC)

We were advised by Dr Seyan and colleagues that all private doctors and independent prescribing pharmacists have a good awareness of IPC and would signpost patients where necessary. We confirmed the agency ensures arrangements are in place for those pharmacists providing PGDs to have an awareness of IPC and that they adhere to regional guidance.

6.4.6 Patient group directions (PGD)

As previously discussed, Expert Health Ltd (trading as LloydsPharmacy Online Doctor) had previously informed RQIA that the agency ceased offering patient group directions (PGDs) to patients residing in NI. However prior to this inspection we were informed that one medical practitioner employed by the agency is involved in the authorisation of one PGD offered to patients residing in NI.

We reviewed the arrangements regarding the management of the PGD which had been developed in July 2020. We established that the PGD had been developed in accordance with The Human Medicines Regulations 2012 and had been authorised by a pharmacist registered with the Pharmaceutical Society of Northern Ireland. We found that there were clear lines of responsibility, accountability and governance arrangements in place in respect of the PGD.

Discussion with Dr Seyan and colleagues and review of the PGD confirmed that a process is in place to ensure that the PGD is kept up to date and is due for review in July 2021.

6.4.7 Risk Management

We discussed risk management with Dr Seyan and colleagues who told us that risk management procedures were in place to ensure that risks were identified, assessed, and managed. We confirmed the agency had a corporate risk register; this was a live document that was updated and amended as and when necessary. We were told the areas within the corporate risk register were discussed regularly at relevant meetings such as the monthly Clinical Governance Meeting and the weekly Quality and Compliance Meeting. Risk management areas were also discussed at weekly clinical team meetings where applicable. In addition a six monthly report is produced by the Audit/Risk Management team and shared with relevant staff prompting formal review and update. Following a review of records and discussion with Dr Seyan and his colleagues we determined that arrangements were in place for regular review of the risk register. We found measures to mitigate and control the risks identified have been developed with outcomes being monitored.

Areas of good practice: Is care safe?

We found examples of good practice in relation to monitoring and updating the private doctor's information; staff recruitment; induction; training; appraisal; safeguarding; and risk management.

Areas for improvement: Is care safe?

We identified no areas for improvement in relation to safe care.

	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.

6.5.1 Clinical records

We reviewed the arrangements in place for the management of records to ensure records were managed and held in line with best practice guidance and legislative requirements. We reviewed a range of these policies and procedures and found they included the arrangements regarding the creation, use, retention, storage, transfer, disposal of and access to records. We confirmed the agency had 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.

We confirmed that participating pharmacies must use the agency's software package. We confirmed that electronic records were accessed using individual usernames and passwords and securely stored.

Ten redacted electronic patient records were provided prior to the inspection. We reviewed these patient records and found that all entries were in line with best practice.

Dr Seyan and colleagues told us that all staff were aware of the importance of effective records management and records were held in line with best practice guidance and legislative requirements. Dr Seyan and colleagues demonstrated a good knowledge of effective records management including maintaining patient confidentiality.

We reviewed records evidencing that there were systems in place to audit the completion of clinical records, develop an action plan if required and that the outcome of audits was reviewed through the agency's clinical governance structures.

We confirmed that information was available for patients on how to access their health records, in accordance with the General Data Protection Regulations May 2018 and that the agency was registered with the Information Commissioner's Office in England.

6.5.2 Communication

We discussed the patient pathway and confirmed that the online doctor services involves the provision of information, advice, testing and treatment to a range of medical conditions. Patients are required to register with LloydsPharmacy Online Doctor and create a personal secure online patient record. We confirmed there were 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. Patients were advised that for select services it is mandatory that the agency informs their GP of the treatment provided. In keeping with best practice guidance patients accessing sexual health and family planning services do not have to provide contact details for their GP.

Once a medicine is prescribed LloydsPharmacy will dispense all medicines. The patient can choose to collect the prescription in store at their selected participating LloydsPharmacy store including at some Sainsbury's; or to have their medicines delivered to their address. Dr Seyan told us the agency supports medical practitioners to practice in line with the [GMC guidance on remote prescribing](#) as outlined in good practice in prescribing and managing medicines and devices guidance.

We reviewed information about the services provided by the agency and found that it accurately reflected the type of online private doctor services and PGDs provided and was in line with GMC Good Medical Practice.

We confirmed the agency had a website that contained comprehensive information regarding the type of treatments provided. We found that the information provided to patients and/or their representatives was written in plain English.

We reviewed records and confirmed that information provided to patients afforded a transparent explanation of their condition and any treatment, investigation, or procedure proposed. The information also included any risks, complications, treatment options, and the expected outcome of the treatment or procedure. The costs of treatments were found to be up to date and included all aspects of the treatment.

Areas of good practice: Is care effective?

We found examples of good practice regarding the management of clinical records; the range and quality of audits; and ensuring effective communication between patients and staff.

Areas for improvement: Is care effective?

We identified no areas for improvement in relation to effective care.

	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.

6.6.1 Dignity, respect and rights

Dr Seyan and colleagues told us that the patient’s dignity was 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.

We confirmed through the above discussion that patients were treated per the DoH standards for [Improving the Patient & Client Experience](#) and legislative requirements for equality and rights.

We noted that in relation to the provision of online medical services, patient consultations were provided via the secure online patient record system; accessible via the website. We found that patients were fully involved in decisions regarding their treatment. We were advised that patients have the opportunity to raise any concerns or issues they may have via the online patient record system.

We confirmed that patients were invited to complete an online patient satisfaction survey and were asked to provide their comments regarding the quality of treatment provided, information, and care received. A link to this survey was included in the email correspondence to the patient. We were told that the information received from the patient feedback questionnaires was collated into an annual summary report which was made available to patients and other interested parties to read on the agency’s website. In addition to the patient feedback, we were told that clinicians also provided feedback to the medical director of the agency. We established that the agency sought the views of pharmacists who provided the PGD. All information received was considered by the agency and used to improve the services they provide.

6.6.2 Informed Decision Making

We reviewed information regarding the services provided by the agency and confirmed it accurately reflected the types of services provided and was prepared in line with GMC Good Medical Practice. The information reviewed included the costs of treatment and is written in plain English. We found that the information provided to patients enabled them to make informed decisions regarding their care and treatment.

6.6.3 Mental Capacity

Dr Seyan told us that should any concerns be identified regarding a patient’s mental capacity, following review of the patient registration and assessment documentation and any subsequent correspondence with the patient, that the patient would be contacted by a member of the clinical team. The patient would be provided with further information as to why services would not be offered and the patient would be signposted to their GP or other specialist service for care and treatment.

We were informed that it was the responsibility of both the private doctor and pharmacist to assess the patient’s mental capacity and that should any concerns be identified, services would not be offered and the patient would be signposted to their GP for care and treatment.

Areas of good practice: Is care compassionate?

We found evidence of good practice regarding maintaining patient confidentiality; ensuring the core values of privacy and dignity were upheld; providing the relevant information to allow patients to make informed choices; and assessment of mental capacity.

Areas for improvement: Is care compassionate?

We identified no areas for improvement in relation to compassionate care.

	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.

6.7.1 Management and governance arrangements

We examined various aspects of the governance systems in place and found there was a clear organisational structure within the agency. Dr Seyan told us staff were aware of their roles and responsibilities and of whom to speak to if they had a concern. We confirmed that Dr Seyan was in day to day control of the agency.

6.7.2 Policies and procedures

We found that a range of policies and procedures were available to guide and inform staff. We confirmed that policies and procedures were indexed, dated and systematically reviewed at least every three years. Staff spoken with were aware of the policies and how to access them. Arrangements were in place to review risk assessments.

6.7.3 Complaints management

We confirmed that the agency had a complaints policy and procedure in place and this was made available to patients/and or their representatives on the agency's website. Dr Seyan and colleagues demonstrated good awareness of complaints management. We established that no complaints relating to the provision of services in NI had been received since the previous inspection. We were advised that complaints would be audited to identify patterns and trends and that any learning outcomes were shared with staff to improve the services delivered.

We were informed that a member of the clinical team had recently completed a post-graduation qualification on the user experience. One area of improvement prompted from this learning was that the agency reviewed the delivery of patient information to ensure patient information was provided and presented in a format suited to all patients.

6.7.4 Management of notifiable events/incidents

We reviewed the arrangements in respect of the management of notifiable events/incidents and found that that no incidents requiring notification to RQIA had been identified since the previous inspection. We found that a robust incident management policy and procedure was in place to guide and inform staff. We discussed the arrangements in relation to incident management and confirmed that incidents were a standing item on the agenda of the weekly clinical team meetings.

6.7.5 Practising privileges

We reviewed the arrangements relating to the management of practising privileges for the private doctors working within the agency. We confirmed that a practising privileges policy and procedure was in place which outlined the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges. Dr Seyan outlined the process for granting practising privileges and told us each medical practitioner would meet with him prior to practising privileges being granted.

We reviewed records and evidenced that there was a written agreement between each private doctor and the agency setting out the terms and conditions which had been signed by both parties. Dr Seyan told us that a system was in place to review the practising privileges agreements every two years.

All medical practitioners working within the agency must have designated Responsible Officer (RO). In accordance with the requirements of registration with the GMC all doctors must revalidate every five years. The revalidation process requires doctors to collect examples of their work to understand what they are doing well and how they can improve. Experienced senior doctors work as RO's with the GMC to make sure doctors are reviewing their work. As part of the revalidation process, RO's make a revalidation recommendation to the GMC. Where concerns are raised regarding a doctor's practice information must be shared with their RO who then has the responsibility to share this information with all relevant stakeholders in all areas of the doctor's work.

We established that all the private doctors working within the agency have a designated external RO. We discussed with Dr Seyan how concerns regarding a doctor's practice are shared with the senior management team, their RO and the wider HSC. We found that good internal arrangements were in place and the agency was linked into the RO network.

6.7.6 Quality assurance

We reviewed the arrangements 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:

- clinical audit - antibiotic prescribing;
- clinical audit – prescribing asthma treatment to patients who report cold/flu symptoms;
- HIV false positive rate; and
- incidents contributing to poor patient journey

We established that the outcome of audits was reviewed by the compliance team and used to drive quality improvement within the agency.

We evidenced that a system was in place to ensure that urgent communications, safety alerts, and notices were reviewed, actioned and, where appropriate, promptly made available to key staff.

We found that arrangements were in place to monitor the competency and performance of all staff and report to the relevant professional bodies in accordance with their guidance. There were systems in place to check the registration status of all health care professionals with their appropriate professional bodies on an annual basis.

We found that a whistleblowing/raising concerns policy was available which provided help to staff to make a protected disclosure, should they need or wish to. Dr Seyan confirmed that staff knew who to contact should they have concerns or needed to discuss a whistleblowing matter.

Dr Seyan demonstrated a clear understanding of his role and responsibility in accordance with legislation. We confirmed that all information requested by RQIA had been submitted within specified timeframes.

We reviewed and discussed the Statement of Purpose and Patient's Guide documents. Dr Seyan and colleagues told us these documents were kept under review, revised and updated when necessary. We noted the Statement of Purpose and Patient Guide were also provided on the agency's website and were seen to be up to date.

Dr Seyan told us the RQIA certificate of registration was up to date and displayed in the agency's offices.

We reviewed insurance documentation and confirmed that current insurance policies were in place.

Areas of good practice: Is the service well led?

We found examples of good practice regarding organisational and medical governance; management of complaints and incidents; and quality assurance.

Areas for improvement: Is the service well led?

We identified no areas for improvement in relation to the service being well led.

	Regulations	Standards
Areas for improvement	0	0

6.8 Staff views

We invited staff to complete an electronic questionnaire and 46 staff submitted responses to RQIA. We reviewed the returned questionnaires and found that 45 staff felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied or 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 however this staff member provided a very positive comment on their opinion of service delivery. It is possible they may have completed the questionnaire incorrectly.

Comments included in submitted questionnaire responses are as follows:

- 'Everyone in the organisation is an expert in their field and committed to providing the highest level of care.'
- 'The team here go above and beyond to deliver safe and effective services, always putting their patients first.'
- 'Excellent team environment and work ethic. The patient is always put first and at the heart of what Online Doctor do.'

7.0 Quality improvement plan (QIP)

We identified no areas for improvement during this inspection and a QIP is not required or included, as part of this inspection report.



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