

Announced Care Inspection Report 05 September 2017



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

This is an independent medical agency (IMA) which provides an online private doctor service and offers a patient group direction (PGD) service to community pharmacists in Northern Ireland.

3.0 Service details

Organisation/Registered Provider: Expert Health Ltd (t/a Lloyds Pharmacy Online Doctor & Dr Thom)	Registered Manager: Ms Amanda Dorkes
Registered Person: Ms Amanda Dorkes	
Person in charge at the time of inspection: Ms Amanda Dorkes	Date manager registered: 22 February 2017
Categories of care: Independent Medical Agency (IMA) Private Doctor (PD)	

4.0 Inspection summary

An announced inspection of Expert Health Ltd took place on 5 September 2017 from 11:00 to 14:50 in the RQIA office in Belfast.

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, Social Services and Public Safety (DHSSPS) 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 independent medical agency 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 doctors 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.

No areas requiring improvement were identified during the inspection.

The findings of this report will provide the independent medical agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

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 Ms Amanda Dorkes, registered person, 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 13 September 2016

No further actions were required to be taken following the most recent inspection on 13 September 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to staff prior to the inspection by the independent medical agency on behalf of RQIA. Returned completed staff questionnaires were also analysed prior to the inspection.

A complaints return and a request for supporting documentation was forwarded to the provider prior to the inspection. Ms Amanda Dorkes, registered person and clinical director, was requested to be available for contact via the telephone on the date of inspection, at an agreed time. Having reviewed the records Ms Dorkes was then contacted at the conclusion of the inspection to discuss any issues and to provide feedback on the findings.

During the inspection the inspector held discussions with Ms Amanda Dorkes, registered person and clinical director, the quality and compliance manager, the quality and compliance co-ordinator and two medical practitioners one of whom is a medical directorate member while the other is the lead clinician.

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 to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 September 2016

The most recent inspection of the independent medical agency was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 13 September 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Discussion with Ms Dorkes and staff and review of completed staff questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the agency and patients.

Induction programme templates were 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 doctor 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 quality and compliance manager maintains a medical professionals log which includes all of the above information. The medical professionals log is reviewed and updated monthly.

Discussion with Ms Dorkes and review of staff questionnaires confirmed each private doctor is aware of their responsibilities under GMC Good Medical Practice.

Recruitment and selection

Review of submitted staffing information and discussion with Ms Dorkes evidenced that staff have been recruited in accordance with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Ms Dorkes is aware that the staff register in keeping with Schedule 3 Part II (6) of The Independent Health Care Regulations (Northern Ireland) 2005 should be kept up to date.

Safeguarding

It was confirmed that the agency only provides services to patients aged 18 and over.

It was confirmed that the independent medical agency (IMA) ensures arrangements are in place to ensure that pharmacists who are providing Patient Group Directions (PGDs) have an awareness of actions to be taken should a safeguarding issue arise. All private doctors have undertaken level three safeguarding training.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. 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.

Following the inspection the regional best practice documents and policy listed below were forwarded to the agency and it was agreed that the documents would be included in the safeguarding policies reference list:

- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)

Management of medical emergencies

Ms Dorkes confirmed that the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of actions to be taken in the event of a medical emergency. It was confirmed that the super intendent pharmacist ensures that pharmacists complete refresher training in basic life support annually and this is audited by the regional quality managers.

All private doctors complete refresher training in basic life support annually and this is recorded in the medical professional's log.

Infection prevention control and decontamination procedures

It was confirmed that the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of infection prevention and control and adhere to regional guidance. It was confirmed that the super intendent pharmacist ensures that pharmacists complete refresher training in infection prevention and control annually and this is audited by the regional quality managers.

Staff views

Twenty one staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Eighteen staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. A sample of comments included in submitted questionnaire responses is detailed below:

- “There is sufficient doctor cover and we have a rota. We have a staff induction programme, which includes training and we are in the process of implementing an appraisal programme.”
- “Safety is the whole teams paramount concern.”
- “Well staffed and supported medical team. Robust clinical governance procedures in place to protect patients and ensure continued high quality safe care.”
- “Sufficient procedures in place to protect patients i.e. data protection, safeguarding etc. NHS accredited clinicians. Fully trained staff team.”
- “Service is highly GP-led, with a consistent focus from medical/clinical team communicating aspects of importance of patient care to whole staff. Doctors very highly involved in overall design of the service.”
- “Rigorous and regularly updated clinical guidelines. Limited services dealt with online. GP team are dedicated to safe practice in the online setting.”
- “All the doctors keep up to date with CPD, mandatory training (e.g. safeguarding) and evidence their ongoing professional development. They have had training to undertake their role with the Online Service including Level 3 safeguarding training, Mental Capacity Act training and PREVENT training. The doctors providing the service are responsible and follow the duties of Good Medical Practice outlined by the GMC.”

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, supervision and appraisal, safeguarding, management of medical emergencies, infection prevention control.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of 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 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 they are securely stored.

It was confirmed that appropriate staff have received training in records management and 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. It was confirmed that an elearning system called “my learn” includes modules on records management and data protection.

Ms Dorkes demonstrated a good knowledge of effective records management including maintaining patient confidentiality.

There are systems in place to audit the completion of clinical records remotely and an action plan is developed to address any identified issues. The outcome of the audit is reviewed through the agency’s clinical governance structures.

Information is available for patients on how to access their health records, under the Data Protection Act 1998.

The agency is registered with the Information Commissioner’s Office in England.

Review of documentation confirmed that the agency has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.

The agency also has a policy statement in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Review of staff questionnaires and discussion with Ms Dorkes confirmed there is an open and transparent culture that facilitates the sharing of information and patients are aware of who to contact if they want advice or if they have any issues/ concerns.

Information provision

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

The agency has a website which contains comprehensive information regarding the types of treatment provided. Prospective patients and other interested parties can contact the agency for information via the website and by telephone. The patient guide is made available on the website. It was confirmed that the ecommerce team are currently updating the patient guide and that the updated version will include the contact details for RQIA and information on how to access the most recent RQIA inspection report.

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

Discussion with Ms Dorkes 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.

Ms Dorkes confirmed that the clinical team meet weekly and learning from complaints incidents/near misses is effectively disseminated to staff. In addition to the clinical team weekly meetings, all clinicians have a weekly one to one meeting with the clinical lead, the senior management team also meet weekly and each department within the organisation have weekly team meetings.

Staff views

All 21 submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Seventeen staff indicated they were very satisfied with this aspect of care and four indicated they were satisfied. A sample of comments included in submitted questionnaire responses is detailed below:

- “We have clear clinical guidelines and the service we provide is safe and consistent. All treatment and care is recorded in the patient’s clinical record.”
- “Our processes are robust, we are encouraged to reflect and ensure that we continually improve.”
- “Emphasis on providing good quality patient care, which gives them informed choices. Monitoring processes in place to protect patients from over-use, abuse of system etc.”
- “The clinical team review clinical guidelines regularly to make sure they are diagnosing and prescribing safely. The clinical team also do weekly reviews of the service and all of their interactions with patients are recorded in the patient records.”
- “As far as can be provided online, we signpost to face to face medical assessment whenever clinically appropriate. Clearly we cannot deal with complex issues and as a clinical team, we are careful to make sure more complicated patients are directed to traditional care in face to face settings.”
- “Weekly clinical meetings to ensure quality and safe care of meetings. All doctors record consultations appropriately.”
- “Clinical audits are regularly undertaken, identifying any actions for improvement and implementing them. This helps to ensure we are following best practice guidance,

clinicians audit their prescribing practice and we reflect and share learning as part of an open and transparent working culture. We hold weekly clinical meetings where we discuss complaints, incidents and near misses to ensure a root cause analysis is undertaken and any improvements, actions and learnings are disseminated. Patients who are prescribed treatment are given information about the treatment, how to take it, side effects, interactions, further tests and what to do if they experience any adverse effects, red flags or have any concerns with safety net advice. Patients who are not suitable for online prescribing are signposted to services where they can receive the care they need.”

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, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

Discussion with Ms Dorkes and review of staff questionnaires confirmed that the patient’s dignity is respected at all times during the consultation and treatment process. Consultations are predominately provided online through the website.

It was confirmed through the above discussion that patients are treated in accordance with the DHSSPS 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 regarding their treatment and are fully involved in decisions regarding their treatment. Ms Dorkes and staff questionnaires confirmed patients’ wishes are respected and acknowledged by the agency.

It was confirmed that patient care records are stored securely and are accessible online via secure online patient records systems.

All patients are asked for their comments in relation to the quality of treatment provided, information and care received.

Patients are invited to complete an online patient satisfaction survey. 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. Patient comments included the following:

- "Excellent, fast and very reliable."
- "Easy, quick and will definitely use the service again. Five stars."
- "I was entirely satisfied."
- "Great service."
- "Good, fast efficient service."
- "Quick, easy website and after care."

It was confirmed the agency uses the findings to make improvements to services.

Staff views

All 21 submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Sixteen staff indicated they were very satisfied with this aspect of care and five indicated they were satisfied. A sample of comments included in submitted questionnaire responses is detailed below:

- "Patient information is treated in a confidential manner and we have clear policies around this. We actively seek patient feedback and act on this to improve our service. We provide patients with options and make shared management decisions to enable them to receive the best treatment and advice for them."
- "Patients treated with respect and involved in treatment choices."
- "Clinicians contact patients directly with all outcomes for requests for treatment. They are also available to discuss any medication over the phone with the patient and ensure that they signpost to relevant services outside of our own if we cannot provide care. Queries are responded to promptly. All patient information is stored securely and data protection workshops are provided to all staff to maintain training and key learning."
- "Very good processes for preserving confidentiality of patient data. The right staff (i.e. doctors) are able to access medical histories with ease, while other staff (e.g. developers, managers) have access to large amounts of data when working to improve the service, but no access to personal identifiable and/or non-aggregated information."
- "We work in an 'agile' way, which means we are continually reviewing, analysing and responding to feedback, prioritising work that needs to be done and implementing improvements to the service. We obtain feedback through an annual survey, at follow up after a consultation, trust pilot and messages. Patients have reported a 95% overall satisfaction rating with the service. The service provides increased access to medical advice and treatment for patients that is user-centred, so they can access it at their own convenience and has been built with patient input and feedback."

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
Total number of 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 and Ms Dorkes was able to describe her role and responsibilities and confirmed staff were aware of who to speak to if they had a concern. Ms Dorkes has overall responsibility for the day to day management of the agency.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were indexed, dated and systematically reviewed on an annual basis.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure is available on the agency's website. Ms Dorkes demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the agency for completion. The returned questionnaire indicated that no formal complaints have been received for the period 1 April 2016 to 31 March 2017.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Ms Dorkes outlined the process for granting practising privileges and confirmed medical practitioners meet with her prior to privileges being granted.

Review of submitted information evidenced that there was a written agreement between each medical practitioner and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.

There are systems in place to review practising privileges agreements every two years.

Expert Health Ltd has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

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. It was confirmed that Ms Dorkes produces an annual quality services report.

A whistleblowing/raising concerns policy was available.

Ms Dorkes, registered person, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Ms Dorkes confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The registered person confirmed the RQIA certificate of registration was up to date.

Observation of insurance documentation confirmed that current insurance policies were in place.

Staff views

All 21 submitted staff questionnaire responses indicated that they felt that the service is well led. Sixteen staff indicated they were very satisfied with this aspect of the service and five indicated they were satisfied. A sample of comments included in submitted questionnaire responses is detailed below:

- "I know who to raise any concerns with and know who is accountable for what within the company. My line manager is approachable and I always feel listened to."
- "There are regular one to ones with team members, we have visible objectives."
- "Comprehensive clinical governance processes, with clear line of accountability and leadership. Process of significant event analysis, feedback/suggestions and escalation to more senior leadership."
- "Our clinical director always ensures that patient safety is paramount. Any issues complaints are acted on quickly. Sign posting for staff is clearly visible in the office with details of whom the responsible persons are. Weekly clinical meetings are held to discuss learnings and to share information between clinicians and the clinical director."
- "Managers are accountable and very visible in the business; decision making is generally well-communicated and open. A culture of finding issues and fixing them, rather than blaming or denigrating staff members, is encouraged."
- "Clinical governance policies are kept up to date and kept centrally so that everyone has access to guidelines, protocols and policies. Team members have regular one to ones with their line manager and can raise concerns and feedback. Managers foster an open and transparent working environment. Audits are regularly undertaken and learning outcomes identified, shared and implemented. Duty of candour is very important. There is also a whistle blowing policy and a formal complaints process."

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
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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