

Inspection Report

29 March 2022



Expert Health Ltd (trading as LloydsPharmacy Online Doctor)

Type of service: Independent Medical Agency (IMA)
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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: Expert Health Ltd	Registered Manager: Dr Kieran Seyan
Responsible Individual: Mr Andrew Sloman	Date registered: 3 June 2019
Person in charge at the time of inspection: Dr Kieran Seyan	
Categories of care: Private Doctor (PD)	
Brief description of the accommodation/how the service operates: 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 that Expert Health Ltd (trading as LloydsPharmacy Online Doctor) has ceased offering PGDs in NI.	

2.0 Inspection summary

An announced inspection was undertaken by a care inspector on 29 March 2022 from 9:00am to 1:00pm.

Expert Health Ltd does not see patients face to face in NI and all information regarding this inspection was submitted to RQIA electronically before the inspection.

The purpose of this inspection was to assess progress with any areas for improvement identified during and since the last care inspection and to examine a number of aspects of the agency from front-line services, to the management and governance oversight across the organisation.

Examples of good practice were evidenced in relation to; patient safety in respect of the provision of suitably qualified staff; the management of the patients' consultation and patient pathway; records management and organisational governance and the medical governance arrangements.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how a service was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Before 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 agency
- written and verbal communication received since the previous care inspection
- the previous care inspection report

Expert Health Ltd is based in England, therefore as per an agreed RQIA protocol for the inspection of IMAs; the inspection was conducted remotely. 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 zoom meeting on 29 March 2022, at an agreed time. However due to unforeseen circumstances Dr Seyan was unable to attend this meeting and a further zoom meeting was arranged on 6 April 2022 at 10am.

During the inspection, we examined records relating to the following areas:

- staffing
- recruitment and selection
- safeguarding
- information provision
- patient consultation
- practising privileges
- clinical records
- management and governance arrangements

Following a review of all the submitted documents, Dr Seyan was contacted at the agreed date and time to discuss any issues and to provide feedback on the inspection findings.

4.0 What people told us about the service

We were unable to meet with patients on the day of the inspection and assessed patient feedback by reviewing the most recent patient satisfaction survey which was very positive.

We also invited patients and staff to complete electronic questionnaires prior to the inspection.

We received 55 completed questionnaires, one from a patient and the rest from staff. All but two respondents were satisfied or very satisfied with all aspects of the service and there were overwhelmingly positive comments about the service. Respondents were very dissatisfied with all aspects of the service however provided no further comment. A sample of the very positive comments and two constructive comments from staff were shared with Dr Seyan. He welcomed the positive comments and confirmed staff are given opportunities to provide feedback on the service to management. Dr Seyan agreed to remind staff that the organisation welcomes their input.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Expert Health Ltd (trading as LloydsPharmacy Online Doctor) was undertaken on 28 August 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 How does the IMA ensure that staffing levels are safe to meet the needs of patients?

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.

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

It was confirmed that there are 18 medical practitioners who provide services to LloydsPharmacy Online Doctor's patients residing in NI. As none of the GPs hold a substantive post in the Health and Social Care (HSC) sector in NI and are not on the GP's performers list in NI they are considered to be wholly private doctors.

A review of records concerning the private doctors' evidenced 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](#).

A review of the staff training matrix confirmed that there was a robust system in place to ensure that all wholly private doctors undertake appropriate training to fulfil the duties of their role. Records concerning staff training also included details of the individuals job function, employment type as well as training topics as detailed below:

- adult and child safeguarding
- whistleblowing awareness
- data security awareness
- incident reporting
- data protection and confidentiality
- The investigation of incidents and complaints, as applicable.

All wholly private doctors receive a corporate induction and complete bespoke induction training applicable to their role and responsibilities and the services they will be providing prior to commencing clinical work.

It was confirmed that regular educational sessions and education webinars are provided for all medical practitioners, which they are encouraged to attend.

Sufficient staff were in place to meet the needs of the agency and patients.

5.2.2 How does the IMA ensure that recruitment and selection procedures are safe?

Dr Seyan told us that all private doctors recruited by Expert Health Ltd are subject to the recruitment policy and procedures. A review of recruitment and selection procedures established that there robust recruitment and selection policies and procedures, that adhered to legislation and best practice that ensured suitably skilled and qualified staff work in the agency.

The recruitment of the private doctors complies with the legislation and best practice guidance.

5.2.3 Does the IMA meet current best practice guidance for the management of safeguarding concerns?

A review of the arrangements for safeguarding evidenced that a policy and procedure was in place for the safeguarding and protection of adults and children at risk of harm.

The agency's safeguarding policies and procedures were submitted to us and reviewed prior to the inspection. These 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 Trusts (HSCTs) should a safeguarding issue arise were included.

Dr Seyan told us that all private doctors receive safeguarding training appropriate for their role. As previously discussed a review of the staff training matrix evidenced that all private doctors had completed training in safeguarding adults and children. A review of 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.

The safeguarding arrangements evidenced that robust procedures are in place to ensure that any safeguarding issue identified would be managed in accordance with best practice guidance.

5.2.4 Is the IMA fully equipped and are the staff trained to manage medical emergencies?

As previously stated this service does not offer face to face consultations to patients.

Discussion with Dr Seyan and review of records demonstrated that a system was in place to ensure all private doctors complete annual basic life support (BSL) training in keeping with [RQIA training guidance](#), however with the advent of the COVID -19 pandemic, some staff are overdue their BSL update training and it was confirmed they will be encouraged to undertake this training as soon as possible. Training is recorded in the individual's continuing professional development (CPD) log.

Dr Seyan confirmed 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 emergency department when applicable.

Patients are clearly advised that the IMA does not provide an emergency service and that in emergency situations the patient should summon the emergency services.

Appropriate arrangements are in place to ensure any patient who is identified as requiring immediate medical intervention is signposted to an appropriate emergency service.

5.2.5 Does the IMA adhere to infection prevention and control (IPC) best practice guidance?

As discussed this service does not offer face to face consultations to patients. However Dr Seyan and colleagues confirmed that all private doctors have a good awareness of IPC and would signpost patients where necessary.

5.2.6 Are patient group directions (PGDs) being effectively managed?

Dr Seyan and colleagues told us that Expert Health Ltd does not offer PGDs in NI.

5.2.7 Is the pathway of care for patients being managed safely?

Expert Health Ltd (trading as LloydsPharmacy Online Doctor) has a website, the information on the website is written in plain English and provides prospective patients with information about the services provided and how to access them. The website also includes the costs of treatments.

There are arrangements in place to ensure that Expert Health Ltd supports the GP's practice in line with the GMC guidance on remote prescribing as outlined in [Good Medical Practice](#) and in [Good practice in prescribing and managing medicines and devices](#).

There are protocols to identify and verify the patient's identity during the first consultation and subsequent consultations. The patient information system highlights other patients that have the same name, address, Internet Protocol (IP) address and/or phone no. The clinical team checks these duplicate records to ensure that the patient is not opening multiple records and accessing excess medication.

Private Doctors are able to write prescriptions for patients if required. Prescriptions can be sent to named pharmacies in NI. It is made clear to patients that this IMA does not supply any type of medication or medicinal products.

Dr Seyan advised that where there may be evidence of a lack of mental capacity, contact would be made with the patient and services would either be offered or the patient would be signposted to an alternative service for follow-up.

It was confirmed that robust systems are in place to ensure the pathway of care for patients is being managed safely.

5.2.8 Are records being effectively managed?

The arrangements for the management of records were reviewed to ensure that records are managed in keeping with legislation and best practice guidance.

A policy and procedure for the management of clinical records which details the arrangements for the creation; storage; transfer; disposal of and access to records was in place.

Dr Seyan and colleagues confirmed that the agency is aware of the [General Data Protection Regulation \(GDPR\)](#) and that they are compliant with this legislation.

Dr Seyan advised that a system is in place to ensure that the electronic clinical records completed by the private doctors, is in line with best practice. This system has different levels of access depending on staff roles and responsibilities and the system is password protected and routinely backed up.

There are systems in place to audit the completion of clinical records and it was confirmed that an action plan will be generated to address any identified issues. The outcome of the audit will be reviewed through the agency's clinical governance structures.

Expert Health Ltd (trading as LloydsPharmacy Online Doctor) is registered with the Information Commissioner's Office (ICO).

It was confirmed that the arrangements for records management are in accordance with legislation, standards and best practice guidance [GMGR records management](#).

5.2.9 Are patients treated with dignity and respect and fully involved in decisions affecting their treatment, care and support?

Dr Seyan informed us that the patient's dignity was respected at all times during the consultation and treatment process.

It was confirmed that patients were treated per the Department of Health (DoH) standards for [Improving the Patient & Client Experience](#) and legislative requirements for equality and rights.

Online medical patient consultations were provided via a secure online patient record system; accessible via the website. Discussion with Dr Seyan and review of records demonstrated that patients were fully involved in decisions regarding their treatment. It was clear that patients have the opportunity to raise any concerns or issues they may have via the online patient record system.

A review of patient information submitted to us before the inspection found it accurately reflected the type of service provided. Information was prepared in line with GMC Good Medical Practice. It was found that the information provided to patients enabled them to make informed decisions regarding the medical advice, care and/or treatment they were provided with during their consultation.

It was demonstrated that arrangements were in place to ensure patients are provided with information and advice to enable them make an informed decision regarding their consultation outcome. Feedback comments received from patients as outlined in section 4.0 indicated that patients felt there were treated with dignity and respect.

5.2.10 Are there robust systems and processes in place to provide assurance to senior management of the operational performance of the organisation?

Discussion with Dr Seyan and review of the governance arrangements in place demonstrated there were systems and processes to provide assurance to senior management of the operational performance of the organisation.

A range of the audit reports were examined which evidenced that where improvement is identified, action outcomes are developed and compliance is monitored to ensure improvement is achieved and sustained. Dr Seyan told us he was confident that communication systems within the organisation ensure staff members are aware of their roles and responsibilities and who to speak to if they had a concern. Discussion with Dr Seyan demonstrated he was well informed and had good knowledge of the day to day functions of Expert Health Ltd (trading as Lloyds Pharmacy Online Doctor). He confirmed he meets with Mr Sloman, Responsible Individual, on a weekly basis and stated that Mr Sloman is fully involved in the management of the agency. It was suggested that a written record is made of these weekly meetings to evidence formal communication between the two parties. Dr Seyan was receptive to this advice.

The only mechanism for a medical practitioner to work in a registered IMA is either through direct employment by the agency or under a practising privileges agreement. Practising privileges can only be granted or renewed when full and satisfactory information has been sought and retained in respect of each of the records specified in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended.

It was confirmed a policy and procedural guidance for the granting, review and withdrawal of practicing privileges agreements was in place and private doctors had practicing privileges agreements in place. A review of the oversight arrangements of the granting of practicing privileges agreements has provided assurance of robust medical governance arrangements within the organisation.

It was established that a range of policies and procedures were available to guide and inform staff. The policies and procedures were indexed, dated and would be systematically reviewed at least every three years. Dr Seyan told us staff were aware of the policies and how to access them.

A complaints policy and procedure was in place which is made available to patients/and or their representatives on the agency's website. Dr Seyan demonstrated a good awareness of complaints management. It was established that no complaints relating to the provision of services in NI had been received since the previous inspection. Dr Seyan explained the complaints management system, which includes a continuous process of ongoing audit. The outcome of audits is presented through the clinical governance arrangements at regular intervals and any learning outcomes disseminated to appropriate staff to improve the services delivered.

A review of the arrangements in respect of the management of notifiable events/incidents found that a robust incident management policy and procedure was in place to guide and inform staff. Dr Seyan confirmed that there had been no notifiable incidents affecting patients who reside in NI. Dr Seyan outlined the governance systems in place to audit, review and identify any learning coming from any incident and/or near misses. It was confirmed incidents are discussed at the weekly clinical team meeting. A trend analysis is completed regularly and actioned through the governance arrangements; there was evidence that where recommendations were made, areas were re-audited, with the outcome recorded.

Risk management procedures were in place to ensure that risks were identified, assessed, and managed. Dr Seyan informed us that the Risk Register is discussed and reviewed at the monthly clinical governance meetings and at board level.

Dr Seyan and colleagues demonstrated 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.

Arrangements were in place to monitor the competency and performance of all staff and report to the relevant professional bodies per 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.

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 and colleagues told us 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. Information requested by RQIA had been submitted within specified timeframes. Dr Seyan and colleagues confirmed that the Statement of Purpose and Patient's Guide were kept under review, revised and updated when necessary and available to patients on request.

It was confirmed that 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.

The governance structures within the agency provided the required level of assurance to the senior management team.

5.2.11 How does a registered provider who is not in day to day management of the IMA assure themselves of the quality of the services provided?

Where the business entity operating an establishment is a corporate body or partnership or an individual owner who is not in day to day management of the agency, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Dr Seyan is the registered manager with overall responsibility for the day to day management of the agency and Mr Sloman is the responsible individual. As outlined in section 5.2.10 the two meet weekly and Mr Sloman, is fully involved in the management of the agency and therefore the unannounced quality monitoring visits by the registered provider are not applicable.

5.2.12 Does the IMA have suitable arrangements in place to record equality data?

The arrangements in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Dr Seyan and colleagues. Dr Seyan advised that equality data collected will be managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

	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 Seyan, Registered Manager as part of the inspection process and can be found in the main body of the report.



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