

Expert Health Limited

# DrThom / LloydsPharmacy Online Doctor

## Inspection report

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Expert Health Limited on 17 May 2017.

Expert Health Limited provides an online primary care consultation service and medicines ordering service. Patients register for the service on the provider's website which uses the trading name Lloyds Pharmacy Online Doctor.

We found this service provided safe, effective, caring, and responsive and well led services in accordance with the relevant regulations.

### Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse.
- There was a comprehensive system in place to check the patient's identity. Checks included, systems that identified duplicate patients, similar names or addresses, gender name checks, payment card checks and IP addresses to ensure the patient was UK based; and requested photographic evidence where necessary.
- There were systems in place to mitigate safety risks including analysing and learning from significant events and safeguarding.
- There were appropriate recruitment checks and induction programmes in place for all staff. A new system was being introduced to improve access and management oversight of HR records.
- Prescribing was monitored to prevent any misuse of the service by patients and to ensure GPs and the independent prescribing pharmacist were prescribing appropriately.
- There were systems to ensure staff had the information they needed to deliver safe care and treatment to patients.
- The service learned and made improvements when things went wrong. The provider was aware of and complied with the requirements of the Duty of Candour.
- Patients were treated in line with best practice guidance and appropriate medical records were maintained. Prescribers from the service met with local specialists on a regular basis to maintain knowledge and skills.
- The service had a programme of ongoing quality improvement activity, which included clinical and non-clinical audit.

# Summary of findings

- Consultation templates had been reviewed by internal and external GPs to ensure quality and consistency.
- The service shared information about treatment with the patient's own GP, however, this was not always in line with General Medical Council guidance. The service responded immediately when this was raised and ensured improved processes were put into place.
- Improvements were made to the quality of care as a result of complaints. There was a clear business strategy and plans in place.
- Staff we spoke with were aware of the organisational ethos and philosophy and told us they felt well supported and that they could raise any concerns.
- There were clinical governance systems and processes in place to ensure the quality of service provision.
- The service encouraged and acted on feedback from both patients and staff.
- Systems were in place to protect personal information about patients. Both the company and individual GPs were registered with the Information Commissioner's Office.

## **The areas where the provider should make improvements are:**

- Ensure oversight of HR systems and processes are effectively implemented and maintained.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- There were enough GPs to meet the demand of the service and appropriate recruitment checks for all staff were in place. However, many of these were stored at the parent company head office and the provider did not have oversight of these. We were told that this had been recognised and a new software system was being installed, which would give them access to this information.
- We saw that when medicines such as salbutamol inhalers for asthma were issued, there was a clear record of the decisions made. However, we did not see evidence that the service contacted the patient's own GP to advise them and enable the GP to better manage the patient's condition. Following the inspection, the provider sent us evidence that they now required patients to consent to information being shared with GPs before prescribing these medicines.
- All staff had received safeguarding training appropriate for their role. All staff had access to local authority information if safeguarding referrals were necessary.
- Patient identity was checked on registration and at every consultation or when prescriptions were issued
- In the event of a medical emergency occurring during a consultation, systems were in place to ensure emergency services were directed to the patient and we saw an example of where these had been effective. The service had a business contingency plan.
- Prescribing was constantly monitored and all consultations were monitored for any risks.
- There were systems in place to meet health and safety legislation and to respond to patient risk.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- GPs assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, for example, National Institute for Health and Care Excellence (NICE) evidence based practice. We reviewed a sample of anonymised consultation records that demonstrated appropriate record keeping and patient treatment.
- All consultation templates were peer reviewed by four GPs who worked for the service. They had also been assessed and commented on by external GPs.
- For certain medicines, for example weight loss, the first prescription had to be collected in person from a pharmacy in order that a weight and height could be taken and recorded. However we found that the provider did not have oversight of whether weight and height readings had been taken. When we raised this on the day of the inspection, the provider implemented a system whereby the prescription could not be downloaded by the pharmacist until a weight and height had been inputted to the system.
- Recommendations made following audit results had not been actioned, for example uploading of photographs in the wart audit. Following the inspection we received evidence that the consultation form had been amended to ensure uploading of a photograph was mandatory.
- The service had a programme of ongoing quality improvement activity. For example an audit to determine how effective the prescribing of emergency contraception had been, demonstrated that 1.3% of patients had become

# Summary of findings

pregnant compared to a national figure of 2.5% to 6%. The service recognised that efficacy was greater the earlier this medicine was taken and the ability for patients to collect prescriptions from Sainsbury branches, during the supermarkets extended hours, facilitated the positive results. In order to build on this the service had engaged additional external stakeholders to expand the sexual health service offered.

- There were induction, training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment. However, we found the records of induction training and appraisal were not in a format that provided clear management oversight.
- The service had arrangements in place to coordinate care and share information appropriately for example, when patients were referred to other services.
- The service's web site contained information to help support patients lead healthier lives, and information on healthy living was provided in consultations as appropriate.

## Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- The provider carried out audits to ensure all staff were complying with the expected service standards and communicating appropriately with patients.
- Patients had access to information about the GPs. GPs that were available were listed on the services website along with a picture, a short description of their qualifications and areas of special interest and their General Medical Council registration numbers.
- We did not speak to patients directly on the days of the inspection, however we reviewed data from patient feedback surveys. All patients were sent a feedback questionnaire following a consultation and 10,000 responses had been categorised and analysed. Results showed 95% of patients said they would recommend LloydsPharmacy Online Doctor to a friend or member of their family and 94% said they found the service easy to use.
- The provider had looked at ways of meeting the needs of patients with different requirements. For example, wording of consultation templates were developed in a way that may support patients with literacy problems. Guidance had been applied for, regarding the implementation of assistive technology.

## Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations

- There was information available to patients to demonstrate how the service operated.
- The service could be accessed through their website, [onlinedoctor.lloydspharmacy.com](http://onlinedoctor.lloydspharmacy.com), where patients from the UK were able to place orders for medicines.
- Patients could choose whether they had their medicines delivered to their home address or to collect them from one of the 2000 pharmacies affiliated to the service. Certain medicines had to be collected to allow a face to face interaction, for example, the first prescription for weight loss medicine. Patients receiving contraception medicines were required to attend the pharmacy to have their blood pressure and weight checked on initiation, at three months and thereafter annually.
- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients. Information for patients about how to make a complaint was available on the website. The complaints we looked at on the day were all handled in an appropriate way and actions taken to improve the service as a result.

# Summary of findings

- Consent to care and treatment was sought in line with the provider policy. All of the GPs had received training about the Mental Capacity Act.

## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- There were business plans and an overarching governance framework to support clinical governance and risk management.
- There was a management structure in place and the staff we spoke with understood their responsibilities. Staff were aware of the organisational ethos and philosophy and they told us they felt well supported and could raise any concerns with the provider or the manager. There was evidence that suggestions and feedback from staff were welcomed by management and acted upon where appropriate.
- The service encouraged patient feedback. For example, 20 patients had been invited to the offices, to user test and give feedback on proposed changes to consultation questionnaires.
- Systems were in place to ensure that all patient information was stored securely and kept confidential. There were systems in place to protect all patient information and ensure records were stored securely. Both the service and the GPs were registered with the Information Commissioner's Office.
- In order to improve safety of online prescription services for patients, the provider was continually improving their external stakeholder engagement. For example, the provider actively engaged with external providers as part of an initiative to improve safety of online prescribing services.

# DrThom / LloydsPharmacy Online Doctor

## Detailed findings

## Background to this inspection

### Background

Expert Health Limited is based in central London. Expert Health Limited set up an online service in 2002 which includes consultation with a GP. We did not inspect the provider's affiliated pharmacies which are based throughout England. We inspected the online service known as Lloyds Pharmacy Online Doctor at the following address from where the provider is registered to provide services:

Mezzanine Floor, 50-54 Wigmore Street, London. W1U 2AU

At the time of the inspection, Lloyds Pharmacy Online Doctor had approximately 1.3million patients registered. However, although all these patients are registered with the service, not all of them may have been prescribed medicines as some will have cancelled, not completed or been rejected. The service can be accessed through their website, [onlinedoctor.lloydspharmacy.com](http://onlinedoctor.lloydspharmacy.com) where patients can place orders for medicines. The service is available only for patients in the UK. If orders are placed between 9am and 6pm on a weekday, the clinical team will aim to assess it and respond to the patient within one hour. Orders placed after 6pm will be processed the next morning, whilst orders placed at weekends or bank holidays between 9am and 6pm will take longer to assess but should be processed within a few hours. Medicine orders cannot be placed over the phone but a phone line is available to answer queries Monday to Friday 8am to 6pm, Saturday 9am to 6pm and Sunday 11am to 5pm.

This is not an emergency service. Patients do not have to pay to register with the service. Subscribers to the service

pay for their medicines when making their on-line application. Once approved by the prescriber, medicines prescribed via the Lloyds Pharmacy Online Doctor website can be collected from one of the 1,800 affiliated pharmacies, or one of the 280 affiliated pharmacies located in Sainsbury stores, chosen by the patient at the time of ordering. Alternatively they can be dispensed, packed and posted; or delivered by a third party, tracked and secure courier service. Approximately 70% of patients choose to collect their medicine from a pharmacy.

The service is led by a managing director and a clinical director who are supported by; 15 GPs, both male and female, 9 of whom are salaried and 6 contracted, one independent prescribing pharmacist, a compliance and quality manager, as well as an IT team, a customer services team and an administrative team. GPs carried out the online consultations remotely usually from the providers offices but sometimes at their home.

Expert Health Limited is registered with Care Quality Commission (CQC) and has a registered manager in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

### How we inspected this service

Our inspection team was led by a CQC Lead Inspector and accompanied by a second CQC Inspector, a CQC director, a Pharmacist Specialist and two GP Specialist Advisors.

# Detailed findings

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew.

During our visits we:

- Spoke with a range of staff including the managing director, clinical director, six GPs, two members of the customer services team and a range of administrative and IT support staff.
- Reviewed organisational documents.
- Reviewed the organisation's website.
- Reviewed medical records.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

## **Why we inspected this service**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

# Are services safe?

## Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

### Keeping people safe and safeguarded from abuse

All staff employed had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them. All the GPs had received level three child safeguarding training and adult safeguarding training. It was a requirement for the GPs registering with the service to provide safeguarding training certification. All staff had access to safeguarding policies, and could access information about who to report a safeguarding concern to. The service had worked with the General Medical Council and the NHS England safeguarding lead to develop a policy specific to the online environment and had been invited to share learning at the British Association for Sexual Health and HIV 2017 conference.

The service did not treat children and we saw the safeguards in place to identify patients under 18 attempting to access the service were effective. For example, we saw that a patient who was under 18 had requested contraceptive medicines by inputting an incorrect date of birth. The service had a policy that all contraceptive medicines needed to be collected from a pharmacy which allowed for a secondary check of identity; when the date of birth was found to be incorrect the medicine was not dispensed. Where appropriate, policies were in place to follow up and refer to the relevant agencies.

### Monitoring health & safety and responding to risks

All incidents were logged by whoever raised them on an electronic form which was easily accessible and all staff we spoke with were aware of. We saw that those raised were reflected on and actions that could be taken to prevent reoccurrence detailed. All incidents were reviewed by the Clinical Director and/or a Medical Directorate member and progress monitored at each weekly clinical meeting. Staff who were unable to attend the meeting were updated via the circulation of meeting minutes. The IT team provided support with regular reports, which categorised incidents, in order to analyse trends.

All clinical consultations were rated by the GPs for risk. For example, if the GP thought there may be serious mental or physical issues that required further attention the GP

would arrange a telephone or skype call with the patient to have further discussions. If there were concerns additional systems in place to manage risk was available. For example, if a patient had requested the delivery option, they would be informed that they would need to collect their prescription from a local pharmacy to ensure face to face contact was made.

The provider headquarters was located within modern purpose built offices, housing the, clinical team, IT team, management and administration staff. Patients were not treated on the premises. Most of the time GPs carried out the online consultations remotely usually from the providers offices but sometimes at their home. All staff had received training in health and safety including fire safety.

Consultations were carried out within the main office. All staff working within the offices had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The provider expected that all staff would maintain the patient's confidentiality. Each GP had their own computer card to log in and all members of staff had their own log in , which had individualised access rights to various part of the system. There were offices available for GPs to have discussions in private with patients, via telephone or skype

There were processes in place to manage any emerging medical issues during a consultation. In the event an emergency did occur, the provider had systems in place to ensure the location of the patient at the beginning of the consultation was known, so emergency services could be called. We saw an example where this had been effective. A member of the customer services team had taken a call where the patient was threatening self-harm. The company policy was followed and an ambulance and the police were dispatched to the patient's home where the patient was cared for. Following this incident the provider had decided to offer all customer services staff, crisis training in order that they felt more confident dealing with similar situations.

At the time of the inspection the service was not intended for use by patients with either long term conditions, other than asthma, or as an emergency service.

# Are services safe?

## Staffing and Recruitment

There were enough staff, including GPs, to meet the demands for the service and there was a rota for the GPs. There was a support team available to the GPs during consultations and a separate IT team.

The provider had a selection process in place for the recruitment of all staff. Required recruitment checks were carried out for all staff prior to commencing employment. Potential GP candidates had to be working in the NHS and continue to do so and be registered with the General Medical Council (GMC). All candidates were on the GMC GP register and had their appraisal. Those GP candidates that met the specifications of the service then had to provide documents proof of registration with the GMC proof of their qualifications and certificates for training in safeguarding and the Mental Capacity Act. Medical indemnity insurance for the GPs was provided through the company policy. We saw that the insurance policy detailed cover for business, online and remote medical services including consultations.

We reviewed five recruitment files which showed the necessary documentation was available. The GPs could not be registered to start any consultations until these checks and induction training had been completed. The provider kept records for all staff including the GPs. However, many of these were stored at the parent companies head office and the provider did not have oversight of these or a system in place that flagged up when any documentation was due for renewal such as their professional registration. We were told that this had been recognised and a new software system was being installed, which would give them access to this information.

## Prescribing safety

All medicines prescribed to patients from online forms were monitored by the provider to ensure prescribing was evidence based. If a medicine was deemed necessary following a consultation, the GPs were able to issue a private prescription to patients. The GPs could only prescribe from a set list of medicines which the provider had risk-assessed such as sildenafil for erectile dysfunction, medicines for emergency hormonal contraception and finasteride for hair loss treatment. There were no controlled drugs on this list. The service's website advertised that a medicine for delaying a period was available and systems were utilised to prevent the misuse of this medicine. For example, patients were required to

have their blood pressure, height and weight checked which verified that they were within normal parameters at a community pharmacy, before they could collect this medicine. When medicines such as a salbutamol inhaler for asthma were issued, there was a clear record of the decisions made but we did not see evidence that the service contacted the patient's regular GP to advise them. Following the inspection, the provider sent us evidence that they require patients to consent to information being shared with GPs before prescribing these medicines.

Once the GP prescribed the medicine and correct dosage of choice, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine and any likely side effects and what they should do if they became unwell.

The service encouraged good antimicrobial stewardship by only prescribing from a limited list of antibiotics which was based on national guidance.

The services prescribed some medicines outside of their licenced use, for example for the treatment of jet lag and premature ejaculation. (Medicines are given licences after trials have shown that they are safe and effective for treating a particular condition. Use for a different medical condition is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks). There was clear information on the consultation form to explain that the medicines were being used outside of their license, and the patient had to acknowledge that they understood this information. Additional written information to guide the patient when and how to use these medicines safely was supplied with the medicine.

Prescriptions were monitored by the clinicians for any form of abuse. For example, we saw one instance where a patient had filled out the online questionnaire declaring that they were 18 years old (the minimum threshold age for treatment). Upon verifying the age and finding out that the patient was under 18 years old, treatment was refused and the patient was referred back to their own GP.

We were told that patients were able to choose an affiliated community pharmacy where they would like their prescription dispensed or it could be delivered direct to the patient.

# Are services safe?

## **Information to deliver safe care and treatment**

On registering with the service, and at each consultation patient identity was verified. Checks included, systems that identified duplicate patients, similar names or addresses, gender name checks, payment card checks and IP address checks to ensure the patient was UK based. Additionally, if any area was flagged as a concern, photographic identification was requested. Identification checks also took place in pharmacies when medicines were dispensed. GPs had access to the patient's all previous records held by the service.

## **Management and learning from safety incidents and alerts**

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. We reviewed a number of incidents and found that these had been fully investigated, discussed and as a result action taken in the form of a change in processes. For example: When the provider was made aware that a dispensing error had taken place at the nominated pharmacy, where a substitute vaccination

product had been supplied that was not in line with the prescriber's intentions, they improved their processes to clarify with the pharmacy when the prescription was brand specific and when substitution was permissible.

We saw evidence from incidents that we looked at which demonstrated the provider was aware of and complied with the requirements of the Duty of Candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken.

There were systems in place to deal with medicine safety alerts. Medical alerts came into the service via a central email address and were assessed by the clinical director. All alerts relevant to GPs were forwarded to all GPs. Action was taken to change consultations immediately if necessary. The clinical director identified any patients that may be affected and contacted them as appropriate. An alert was also put onto any relevant patient record. The pharmacy superintendent and the clinical director liaised to ensure affiliated pharmacies were aware.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

### Assessment and treatment

We were told that each GP assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based practice.

Patients completed an online form which included their past medical history. There was a set template to complete for each consultation that included the reasons for the consultation and the outcome to be manually recorded, along with any notes about past medical history and diagnosis. All templates and any subsequent changes were peer reviewed by at least four GPs. There were systems in place to identify anomalies with patient answers. If an answer had been changed by a patient, this would be flagged to the GP. Also, there was no indication during the questionnaire to the patient, that a specific answer would preclude prescribing of the medicine, which could give the opportunity for the answer to be changed. At the end of the questionnaire a consultation was undertaken by a GP and assessment as to suitability of treatment made at that point. We reviewed 52 medical records which were complete records and adequate notes were recorded. The GPs had access to all previous notes. If the GP had not reached a satisfactory conclusion at the end of the consultation there was a system in place where they could contact the patient again.

The GPs providing the service were aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients. They worked carefully to maximise the benefits and minimise the risks for patients. For example, all contraceptive medicines could only be collected from a pharmacy to ensure blood pressures readings were undertaken at the appropriate times. Only once these readings had been inputted by the pharmacist could the prescription be downloaded and dispensed to the patient. Also all patients requiring weight loss medicines, had to collect the first prescription from the pharmacy in person, in order for the weight and height to be checked. However, we found that the provider did not have oversight of whether these readings had been taken.

When we raised this on the day of the inspection, the provider implemented a system whereby the prescription could not be downloaded by the pharmacist until a weight and height had been inputted to the system. If a patient needed further examination they were directed to an appropriate agency. If the provider could not deal with the patient's request, this was adequately explained to the patient and a record kept of the decision.

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes and benchmarked results against NHS standards. A rolling programme of clinical audit was in place. We saw that 12 clinical audits had been carried out in the previous 12 months which included:

- An audit of the number of patients who had become pregnant following emergency contraception treatment. From 600 replies they were able to determine that 1.3% had become pregnant which was comparable the national average of between 2.5% and 6%. An audit of the wart treatment service offered had been undertaken in June 2016. A number of recommendations were made following this audit, however, these had not been implemented. For example, photograph uploads had not been requested as detailed in the policy. Following the inspection we received evidence that the consultation form had been amended to ensure uploading of a photograph was mandatory.
- Thirty consultations and prescribing practices for each GP were reviewed six monthly by the lead GP and any issues identified and fed back to the GP concerned. Self prescribing audits were also undertaken by GPs. Results showed that there was a 2% prescribing error compared to national figure of 7.5%.

### Quality improvement

The service collected and monitored information on people's care and treatment outcomes.

- The service used information about patients' outcomes to make improvements. For example, an audit to ensure adherence to guidelines regarding recurrent urine infections, which found 95% adherence compared to 83% in the previous audit undertaken.
- The service took part in quality improvement activity. For example, interactions made with customers by the

# Are services effective?

(for example, treatment is effective)

customer services team was audited monthly. Training had been provided for how to deal with patients in a variety of situations and as a result customer satisfaction scores had improved from 80% to 85%.

## Staff training

All staff had to complete induction training which consisted of IT training, confidentiality and competencies relevant to their role. Staff also had to complete other training on a regular basis including for example, safeguarding, basic life support and mental capacity training.

The GPs registered with the service had to receive specific induction training prior to treating patients. A weekly update was distributed by the lead GP to all other GPs which included clinical and organisational updates. The GPs told us they received excellent support if there were any technical issues or clinical queries and could access policies. When updates were made to the IT systems, all staff received further online training. We saw evidence of peer review of consultations and also reflection from the GP directly involved with any incident raised, in order to maintain and improve performance.

Administration staff received regular performance reviews. For example, the customer services team received one to ones with their team leader fortnightly as well as annual appraisals.

All the GPs had to have received their own appraisals before being considered eligible at recruitment stage. In addition to annual appraisals GPs had six monthly reviews with the GP lead.

## Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP in line with GMC guidance.

We saw that there was a policy in place for managing test results and referrals. Following training and achievement of competencies, the customer services team triaged and actioned test results. Patients were able to purchase testing kits for sexually transmitted infections. There were processes in place for handling results and all positive results were followed up by a GP. Patients who had received positive results and who had not proceeded to request treatment were messaged three times and then written to with comprehensive advice. All patients who received a positive or equivocal HIV result were contacted by the GP by telephone in order that a patient could be spoken to and referred to a service local to their home address. The provider also engaged with partner notification if requested to do so by the patient.

## Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and had a range of information available on the website (or links to NHS websites or blogs). For example:

- Health advice pages included sexual health, stop cessation, high cholesterol and allergy and migraine. Medical information and advice for each condition the service prescribed medicines for was also available. For example, advice for patients requesting inhalers for asthma included how to prevent an asthma attack. Links to other websites were also available. For example, on the weight loss page a link was provided to the NHS weight loss plan website.
- Patients testing positive to chlamydia (a sexually transmitted infection) were offered free treatment to try to prevent the infection being transferred to others.

We also saw other ways that the service improved support for patients. For example, a smart phone application had been introduced, called myAsthma app, to help patients better understand asthma in more detail.

# Are services caring?

## Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

### **Compassion, dignity and respect**

The provider carried out audits to ensure all staff were complying with the expected service standards and communicating appropriately with patients.

We did not speak to patients directly on the day of the inspection, however, we did review data from patient feedback surveys. All patients were sent a clinical feedback questionnaire following consultation. Additionally, all patients treated within an 18 month period had been surveyed and the 10,000 responses had been categorised and analysed. We reviewed the latest survey information and saw that:

- 95% of patients said they would recommend LloydsPharmacy Online Doctor to a friend or member of their family.
- 94% said they found the service easy to use.

In addition independent trust pilot surveys were conducted. Any reviews that received only one or two stars were followed up with the patient where possible. Overall we saw that the provider had received a score of 4.5 out of 5 from the trust pilot survey.

### **Involvement in decisions about care and treatment**

Patient information guides about how to use the service and technical issues were available. There was a dedicated team to respond to any enquiries.

Patients had access to information about the GPs. GPs that were available were listed on the services website along with a picture, a short description of their qualifications and areas of special interest and their General Medical Council registration numbers.

The provider had looked at ways of meeting the needs of patients with different requirements. For example, wording of consultation templates was developed in a way that supported patients who may have literacy problems. Also guidance had been applied for, regarding the implementation of assistive technology. The website was not delivered in different languages as this had been investigated and a decision had been taken that it was not possible to deliver this in a safe way for patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing a responsive service in accordance with the relevant regulations.

### Responding to and meeting patients' needs

The service could be accessed through their website, [onlinedoctor.lloydspharmacy.com](http://onlinedoctor.lloydspharmacy.com), where patients were able to place orders for medicines. The service was available only for patients in the UK. If orders were placed between 9am and 6pm on a weekday, the clinical team aimed to assess it and respond to the patient within one hour. Orders placed after 6pm would be processed the next morning, whilst orders placed at weekends or bank holidays between 9am and 6pm would take longer to assess but should be processed within a few hours. Medicine orders could not be placed over the phone but a phone line was available to answer queries Monday to Friday 8am to 6pm, Saturday 9am to 6pm and Sunday 11am to 5pm. This was not an emergency service. Patients did not have to pay to register with the service. Subscribers to the service paid for their medicines when making their on-line application. Once approved by the prescriber, medicines prescribed via the Lloyds Pharmacy Online Doctor website could be collected from one of the 1,800 affiliated pharmacies or one of the affiliated 280 affiliated pharmacies located within Sainsbury's, chosen by the patient at the time of ordering. Alternatively, they could be dispensed, packed and posted; or delivered by a third party, tracked and secure courier service. Approximately 70% of patients chose to collect their medicine from a pharmacy. Certain medicines, for example those for, contraception and weight loss medicines could only be collected from a pharmacy.

The provider made it clear to patients what the limitations of the service were. For example, the website made clear the treatment areas for which medicines could be provided.

Patients requested medicines by completing an online questionnaire. If following this the GP required further information, the GP could telephone or arrange a skype consultation with the patient.

### Tackling inequity and promoting equality

The provider offered consultations to anyone who requested and prescribed medicines where appropriate, to those who to paid the appropriate fee. They did not discriminate against any client group other than those under the age of 18, to whom services were not provided.

### Managing complaints

Information about how to make a complaint was available on the service's web site. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for the recording of complaints has been developed and introduced for use. The provider was able to demonstrate that the complaints were reviewed, handled appropriately and that patients had received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following complaints, and had been communicated to staff. For example, the provider was made aware of a complaint made that that a parcel had been signed for and left with a neighbour. In response the provider had parcel stickers made, stating that packages were only to be signed for at the delivery address and were not to be left with a neighbour.

### Consent to care and treatment

There was clear information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries. Information about the cost of the consultation was known in advance and paid for when an order was placed. The costs of any resulting prescription or medical certificate were handled by the administration team at the headquarters following the consultation. If the GP rejected the request for a medicine the patient was refunded immediately and informed of the decision.

Staff understood and sought patients' consent to care and treatment in line with legislation and taking into account guidance. The process for seeking consent was monitored through audits of patient records.

All GPs had received training about the Mental Capacity Act 2005. Staff understood and sought patients' consent to

# Are services responsive to people's needs? (for example, to feedback?)

care and treatment in line with legislation and guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

We found that this service was providing well led services in accordance with the relevant regulations.

### **Business Strategy and Governance arrangements**

The service had an overarching governance framework which supported the delivery of their strategy and patient care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The provider had implemented policies which were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### **Leadership, values and culture**

The service was led by a managing director and clinical director. In addition there were four GPs who were directors and also a nominated lead for the GP team. They attended the service daily. There were systems in place to address any absence of a senior manager .

The service had an open and transparent culture. We saw that teams worked collaboratively. Each day a 10 minute meeting was held, where each department was represented. Issues were identified early and acted upon to mitigate risks. Action plans, suggestions for improvement and work cycles were visible to all staff via team boards on the walls.

We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy.

### **Safety and Security of Patient Information**

Systems were in place to ensure that all patient information was stored and kept confidential.

There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. The service was registered with the Information Commissioner's Office. There were business contingency plans in place to minimise the risk of losing patient data.

### **Seeking and acting on feedback from patients and staff**

Patients could rate the service they received via a Trust Pilot survey. This was constantly monitored any scores of one or two stars would trigger a review which involved contacting the patient and reviewing the consultation to address any shortfalls. In addition, patients were emailed at the end of each consultation with a link to a survey they could complete or could also post any comments or suggestions online. Patient feedback was published on the service's website.

The service invited patients to become a member of a patient panel and this had been used to improve services. For example, when the service were improving the patient consultation questionnaires, 20 patients were invited to the office to test the new questionnaires for user friendliness and understanding.

There was evidence that the GPs were able to provide feedback about the quality of the operating system and any change requests were logged, discussed and decisions made for the improvements to be implemented. Other staff we spoke with said they felt respected, valued and supported, particularly by the senior management . All staff were involved in discussions about how to run and develop the service, and the management teams encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, a member of staff suggested that a newsletter be sent to the pharmacy network to build relationships. This was actioned and implemented with positive outcomes.

### **Continuous Improvement**

The service consistently sought ways to improve. All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Patient consultation questionnaires were continually being updated to improve patient experience and to ensure they were in line with up to date clinical evidence. For example, work was being undertaken to improve templates to be more interactive and improve the opportunistic advice given to patients. Four GPs reviewed any changes to ensure that high quality and consistency were maintained and an external panel of specialists were also consulted.
- In order to improve safety of online prescription services for patients, the provider was continually improving their external stakeholder engagement. This included sharing expertise with professional and regulatory bodies, presenting at conferences and initiating expert advisory panels which benefited both the GPs and patients. For example, a local urology consultant had met with the GPs to discuss management of erectile dysfunction to ensure patients received care in line with best practice.