General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Shelleys Pharmacy, 47 Yardley Green Road, BIRMINGHAM, West Midlands, B9 5PU

Pharmacy reference: 1038197

Type of pharmacy: Community

Date of inspection: 15/01/2024

Pharmacy context

This busy community pharmacy is located alongside local shops and services in the Bordesley Green area of Birmingham. People using the pharmacy are from the local community and some travel from further afield for the pharmacy's extended range of services. The pharmacy dispenses NHS prescriptions, and it provides a wide range of other NHS funded services including treatments for minor ailments, seasonal 'flu vaccinations, COVID vaccinations, sexual health services, stop smoking services, contraception service, and blood pressure testing. Private services are also available, and these include travel vaccinations, treatment for erectile dysfunction and administration of vitamin b injections.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Good practice	2.1	Good practice	Staffing levels are continuously reviewed to provide assurance that they remain appropriate and changes are made in advance of new services commencing.
		2.2	Good practice	Staff are encouraged to develop their skills and have access to accredited training courses, and a wide range of ongoing training courses. Members of the pharmacy team are fully trained and experienced and they are fully supported while undergoing training courses. Protected time is provided for staff to learn while they are at work.
		2.4	Good practice	Members of the pharmacy team demonstrate enthusiasm for their roles and can explain the importance of what they do. They are comfortable talking about their own mistakes, and can explain why it is important to share learning. The team are included when they are planning to start a new service and their ideas and opinions are taken into consideration.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy offers and proactively delivers a wide-range of private and NHS commissioned services that they have demonstrated to improve the health and wellbeing of the local community. The pharmacy works with other healthcare professionals to deliver positive health outcomes for people.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy suitably manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to help prevent the same sort of mistakes from happening again. The pharmacy team is responsive to feedback and uses this to make improvements. And the team members understand and demonstrate their role in protecting vulnerable people.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs were reviewed and updated at regular intervals by the superintendent pharmacist (SI) and dated to show when this had last been completed. Signature sheets were used to record staff training and roles and responsibilities were highlighted within the SOPs.

The pharmacy offered a wide range of NHS and private services. These were popular with members of the public and people were signposted to the pharmacy from several surgeries for services such as NHS GP CPCS, the locally commissioned extended minor ailment scheme, and the NHS Hypertension Case-Finding Service. The SI had carried out formal risk assessments for some of these services, for example, the COVID vaccination service. Risk assessments had also been carried out for the supply of sodium valproate and sales of high-risk over the counter medicines. The SI regularly reviewed alerts and updates and informed the team when there were any changes. For example, the team had already been informed about the very recent MHRA update on the new study on risk in children born to men taking valproate.

The pharmacy team were preparing for the launch of the NHS Pharmacy First service and had undertaken an informal risk assessment and created a list of tasks to conduct before the launch date. But the risk-assessment had not been documented so the pharmacy could not show which risks had been identified or considered. The pharmacy was undergoing a refit to the shop area to install a second consultation room. The team had identified that they required a second consultation room in preparation for the Pharmacy First service as they expected more people to visit the pharmacy and the other consultation room was used regularly for the existing services. Aide memoir's were available to help the pharmacy team know whether people were eligible for the service and information and education leaflets were available.

A near miss log was available. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake. The pharmacy team gave examples of different types of mistakes and of how processes had been adapted to try and avoid the same mistakes happening again. The near miss log was reviewed by the SI on a monthly basis and patterns and trends were discussed with the pharmacy team during a monthly meeting. The outcome of the review was recorded and used to populate the annual patient safety review for the NHS Pharmacy Quality Scheme (PQS) report. Dispensing errors were recorded, reviewed and reported using the NHS Learning from Patient Safety Events portal. The pharmacy kept records of prescribing interventions and the outcomes. There had been a focus on prescriptions antibiotic prescribing and the outcome had usually been a change to the prescribed

formulation to ensure that NICE guidelines were followed.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how he managed requests for codeine containing medicines, promethazine, and pseudoephedrine. He also explained how these medicines could be abused or misused.

The pharmacy’s complaints process was explained in the SOPs and people could give feedback to the pharmacy team in several different ways; verbal, written or online. The pharmacy team members tried to resolve issues that were within their control and involved the SI if they could not reach a solution. Patient feedback had led pharmacy to have two pharmacists working together on some days. People wanted consultations for services such as GP CPCS in the morning and the pharmacy had traditionally contacted people in the late afternoon when the pharmacy was quieter. The pharmacy had received positive feedback about their service from many patients and healthcare professionals. And it had been visited by ICB and LPC representatives to understand whether there were learnings that could be shared.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order. Two random balances were checked and found to match the balances recorded in the register. Patient returned CDs were recorded in a separate register. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely by a specialist company. The pharmacy team members had their own NHS Smartcards and one card had the passcode written on it so there was a chance that the card could be used by someone else. The pharmacists had completed level three training on safeguarding. The pharmacy team understood what safeguarding meant. A dispensing assistant gave examples of types of concerns that she may come across and described what action she would take. The SI gave several examples of when he had responded to safeguarding concerns. These included taking a patient to the GP surgery and waiting with him until he was seen during a mental health crisis and making referrals to the safeguarding hub. There was a list of useful contacts displayed in the dispensary that included local safeguarding contacts.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy has enough suitably trained and qualified team members to manage the workload and the services that it provides. The pharmacy considers staffing levels as part of future planning for new pharmacy services. It makes sure it completes recruitment and training before any additional work commences. The team members plan absences in advance, so they always have enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions. Members of the pharmacy team have regular training time to help them keep their skills and knowledge up to date, and tasks are delegated to suitably trained members of the team.

Inspector's evidence

The pharmacy team comprised of the SI (RP at the time of the inspection), three part-time pharmacists, five dispensing assistants, a medicines counter assistant and two home delivery drivers. Annual leave was requested in advance and the team had agreed that a maximum of one dispensing assistant could be off at any one time. Changes to the rota were made in advance when people were on holiday and members of the team worked additional hours when required.

The SI regularly reviewed the staffing levels and skills mix of the pharmacy team and made changes prior to new services starting. For example, the pharmacy already had two pharmacists working together on the days when it was busier with requests for pharmacy services. And double cover was due to increase when Pharmacy First started. Two dispensing assistants were working towards the level three pharmacy technician qualification, and they had both recently started an accuracy checking course. So when they registered as pharmacy technicians they would also have an accuracy checking qualification. They had also been given supervisor roles within the pharmacy and the SI delegated various dispensary tasks to them so he could focus more on service delivery. Three of the regular pharmacists were independent prescribers. But they did not provide any services that required them to independently prescribe at the pharmacy and where necessary medicines were supplied under patient group directions (PGDs). The part-time pharmacists were working towards accreditation for the services that they did not already offer, for example, the NHS contraceptive services.

Pharmacy team members completed training modules regularly and training needs were identified to align with the NHS PQS submission, pharmacy practice updates, new pharmacy services, seasonal conditions, and new product launches. Three external training providers were used to supply ongoing training materials, in addition to CPPE and NHS. This meant that the team had access to a wide range of training resources and they had regular training time. The team members enrolled on accredited training courses were working through their training materials and were on track to complete the course requirements within the time period specified by the course provider.

The pharmacy team members worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. Despite the inconvenience and challenge of a refit and a CDLO controlled drug destruction visit, the pharmacy team managed the workload well during the inspection. The team had regular meetings within the dispensary to discuss pharmacy matters and to share information and ideas. The pharmacy staff said that they could raise any concerns or suggestions with any of the pharmacists and felt that they were

responsive to feedback and welcomed their ideas and suggestions. Team members said that they would speak to other members of the team, their college tutor, the SI, or GPhC if they ever felt unable to raise an issue internally. The pharmacists were observed making themselves available throughout the inspection to discuss queries with people and giving advice when they handed out prescriptions, or with people on the telephone. No targets were set for professional services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare services. The pharmacy team has access to private consultation facilities for services such as vaccinations, and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and seemed to be well maintained. Any maintenance issues were reported to the SI and a list of local contractors was available. The dispensary was an adequate size for the services provided and an efficient workflow was in place. Dispensing and checking activities took place in separate areas of the dispensary, and multi-compartment compliance packs were dispensed upstairs. There were also two stockrooms upstairs and staff facilities. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The premises was part-way through planned building works to install a second consultation room in preparation for the launch of NHS Pharmacy First. The main part of the building works had taken place when the pharmacy was closed to reduce the impact on the pharmacy's services. And whilst some work was continuing, it was superficial and had negligible impact on the pharmacy team or people using the pharmacy. The new consultation room was bigger than the existing consultation room and plumbing had been installed for a hand basin, electricity for a computer terminal, and there was ample space for an examination couch. Vinyl signage had been ordered for the windows and this advertised the range of NHS and private services available. This also provided privacy screening for people using the consultation room. The shop front signage had recently been replaced and the new signage had a more contemporary look to the previous one.

The dispensary was clean and tidy. The pharmacy was cleaned by pharmacy staff and a cleaning rota was used to record when cleaning had taken place. Hot and cold running water, hand towels and hand soap were available. The pharmacy temperature felt comfortable during the inspection and lighting was adequate for the services provided.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a wide range of services that meet the needs of the local community, and the pharmacy team proactively promotes the services. It works in partnership with other healthcare professionals and monitors whether the services benefit the people that use them by following up with them. It manages its services and supplies medicines safely. It gets its medicines from licensed suppliers and stores them securely and at the right temperature, so they are safe to use.

Inspector's evidence

The pharmacy entrance had a small step up from the pavement and a portable ramp was available when required. A home delivery service was offered to people who could not access the pharmacy. The pharmacy staff referred people to other local services when necessary. They used local knowledge, a signposting guide, and the internet to support signposting. New shop front signage that advertised the NHS and private services that were available had been ordered. Pharmacy team members could speak with people in English, Urdu, Punjabi, Mirpuri and Hindi. Google Translate was also used.

There was an obvious focus on offering additional services to people using the pharmacy. This had been carefully planned and local stakeholders, such as GP's, practice managers and practice-based pharmacists had been engaged so they knew what services were available and the pathway for referring people to the pharmacy. The SI had identified that he wanted to be able to refer people back to the surgery when appropriate, and he also wanted assurance that the person had been seen by the relevant healthcare professional without undue delay. The SI had been provided with direct dial telephone numbers for the local surgeries and email addresses for key members of the surgery teams so that he could contact them directly. He was also provided with confirmation that the patient had been seen, or had an appointment so that he knew there was a positive patient outcome. The SI actively engaged with clinical leads at Birmingham and Solihull Integrated Care Board (ICB), with local and national press, and with surgery teams to promote new pharmacy services. This gave surgery teams the opportunity to discuss any concerns that they had about the service, and for the SI to provide additional information about the service to demonstrate that these concerns had already been considered and mitigated when the service was designed.

The pharmacy had a email circulation list of over-100 GP's, receptionists and practice managers within a 15-mile radius of the pharmacy. They had signed up to receive update emails from the pharmacy about important pharmacy updates such as new services launching and stock shortages. This encouraged surgeries to telephone the pharmacy to ask about suitable alternatives when medicines were out of stock. The pharmacy carried out COVID and flu vaccinations for housebound patients on behalf of four local surgeries.

A wide range of NHS Patient Group Directions (PGDs), and locally and nationally NHS commissioned services were available. The three most popular services that the pharmacy carried out were NHS GP CPCS consultations, ambulatory blood pressure monitoring (ABPM) as part of the NHS Hypertension Case-Finding Service and a locally commissioned extended minor ailment scheme. These were discussed in most detail during the inspection. Appropriate records were maintained and the way that the record was made was dependent on the service requirements. The SI also made a separate record

in a diary and he pro-actively contacted people to check on their wellbeing, whether the treatment or advice had been successful and provide additional counselling or signposting when needed. PGD documents and service specifications for the range of services were available in the pharmacy, and supporting documents were available on the internet for reference. Other NHS and locally commissioned services were offered including a stop smoking service, distribution of COVID-19 lateral flow tests and NHS contraception service.

The SI had completed training for the extended minor ailment scheme over a year ago and that covered otoscope examinations. The SI used an otoscope that recorded images of what he visualised inside the persons ears. The SI was able to then send the images to local GPs when required. On certain occasions the GP might prescribe for the patient from the images provided. The pharmacy had disposable tongue depressors, a light to see a back of the throat and an infrared thermometer in readiness for Pharmacy First.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available, and the pharmacy had carried out a valproate risk assessment and audit. A pop-up alert had been manually added to the pharmacy's computer system to remind the pharmacy team of the recent changes to valproate counselling.

Multi-compartment compliance packs were used to supply medicines for some people. Prescriptions were ordered in advance to allow for any missing items or changes to be queried with the surgery ahead of the intended date of supply. Each person had a record to show what medication they were taking and how it should be packed. Notes about prescription changes and queries were kept on the patient medication record. Descriptions of medicines were routinely recorded on the dispensing labels and patient information leaflets were supplied. There was a process in place for managing mid-cycle change requests.

A random sample of dispensary stock was checked and all the medicines were found to be in date. Date checking records were maintained and short dated medicines were listed and removed prior to their expiry date. Medicines were stored in an organised manner on the dispensary shelves. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from the MHRA. The controlled drug cabinet was secure and a suitable size for the amount of stock that was held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available and used to access online resources such as NICE and SIGN guidelines. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available. Computer screens were not visible to members of the public. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

Equipment for clinical consultations had been procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available. There was a defibrillator on the premises that had been provided to the pharmacy team for the covid vaccination clinic. The pharmacy team had received training on covid and flu vaccinations and how to use the defibrillator within the past two years.

What do the summary findings for each principle mean?

Finding	Meaning
✔ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✔ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✔ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.