General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Sykes Chemists, 191 Long Lee Lane, KEIGHLEY, West Yorkshire, BD21 4UX

Pharmacy reference: 1039650

Type of pharmacy: Community

Date of inspection: 15/07/2020

Pharmacy context

The pharmacy is in a residential area in Keighley. It dispenses NHS prescriptions and sells a range of over-the-counter medicines. The pharmacist offers services to people including Medicines Use Reviews (MUR) and the NHS New Medicine Service (NMS). The pharmacy supplies medicines to people in multi-compartment compliance packs. And occasionally delivers medicines to people who can't leave their home. This is a targeted inspection after the GPhC received information that the pharmacy was obtaining an unusually large quantity of codeine linctus, which is addictive and liable to abuse and misuse. All aspects of the pharmacy were not inspected on this occasion. The inspection took place during the COVID-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Statutory Enforcement

Follow this link to find out what the inspections possible outcomes mean

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy does not properly manage the risks and governance around the purchasing, sale, supply and distribution of codeine linctus. So, vulnerable people may be able to obtain codeine linctus when it could cause them harm.
		1.2	Standard not met	The pharmacy does not adequately audit or monitor its purchases, sales and supplies of codeine linctus to help identify potential abuse and misuse.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy buys, sells and distributes large amounts of codeine linctus without adequate safeguards in place.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy does not identify and manage the risks with all its services, especially in relation to the sale and supply of codeine linctus to people. Some vulnerable people may obtain medicines that could cause them harm. The pharmacy has written procedures to identify and manage risks to its other services. But the pharmacist does not always have access to the most up-to-date procedures. So, he may not be clear about the safest and most effective way to provide these services. The pharmacy protects people's confidentiality and keeps the records it must by law.

Inspector's evidence

The pharmacist had considered risks due to the coronavirus to both him and people using the pharmacy. He had not documented any risk assessments. The pharmacist was wearing a mask when he went to the pharmacy counter to speak to someone. And there was a sign on the entrance to the pharmacy asking for only one person in the pharmacy at a time. The pharmacist washed his hands after any interactions where he handled prescriptions or medicines. He explained that if he was contacted by NHS Test and Trace and asked to self-isolate, the pharmacy's owner would arrange a locum pharmacist to allow the pharmacy to continue providing services. Or the owner, who usually worked elsewhere, would come and work in the pharmacy himself.

The pharmacy had a set of standard operating procedures (SOPs) in place. The pharmacy owner had reviewed the procedures in October 2016. And had scheduled the next review of the procedures for October 2018. The pharmacist said the owner had recently completed his review. And had made the SOPs available electronically. But the current coronavirus pandemic had prevented him from visiting the pharmacy to install the electronic procedures on the pharmacy's computer system. The pharmacist had read and signed the SOPs available after the last review in 2016. The pharmacy had SOPs in place for various key processes. These included pharmaceutical assessment of prescriptions, selling medicines to people and dealing with near miss and dispensing errors.

The pharmacy's procedures did not include information about how to manage the risks of selling codeine or other medicines liable to misuse to people over the counter. The pharmacist was aware that opiates could be addictive to people. And said he would refer people who made repeated requests to buy these medicines to their GP. But the pharmacy did not have any other systems in place to monitor the number of requests for these types of medicines. The pharmacist stated that he asked people who presented and specifically asked to buy codeine linctus to describe their symptoms. And if codeine linctus did not seem appropriate to treat their symptoms, he would suggest a more suitable alternative, even if the GP had suggested codeine linctus. He did not usually ask these people any more questions about their symptoms if they had been referred to him by the GP. The pharmacist explained he received approximately one to two requests for codeine linctus each day. He stated that at least one of these requests came from people who said they had spoken to or seen their GP. And rather than prescribing anything, the GP had advised them to visit the pharmacy and ask specifically for codeine linctus. He said that local GPs also told people that if they had the same symptoms again, they should go straight to the pharmacy to ask for the medicine, rather than contacting the GP again. These people were often those who paid for their prescriptions. So, it was cheaper for them to buy codeine linctus than to receive their treatment on prescription. The pharmacist said he was reluctant to question the GPs because he wanted to maintain their good working relationship, which he relied upon.

The pharmacy did not audit or monitor the amount of codeine linctus being bought. It also did not monitor the amount of codeine linctus being sold to people. The pharmacy purchased codeine linctus to redistribute to the other pharmacies in the business. It also did not monitor the quantities of codeine linctus being transferred to its other pharmacies. After the inspection, the inspector contacted the pharmacy owner. The owner was unaware of the quantities of codeine linctus being bought or supplied by the pharmacy. And he confirmed their were no systems in place to monitor sales and supplies of codeine linctus to help identify potential unsafe or inappropriate use by people. The owner confirmed there was no SOP available, either on paper or electronically, to help pharmacy team members manage requests for high-risk medicines over the counter. Or to manage medicines that could be misused.

The pharmacist recorded any mistakes he made when dispensing. He said he rarely made a mistake. He last recorded a near miss error in August 2017. And the cause of the mistake he had documented had been the pharmacy receiving an unexpected pack size of clopidogrel from the wholesaler. This had caused him to dispense the wrong quantity. The pharmacist explained that in response to the near miss error, he now only ordered clopidogrel in a pack size of 28 tablets to match local prescribing habits. The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. It recorded incidents on a template reporting form. The pharmacist said there had not been any dispensing errors. And there were no records to see. So, the inspector could not assess the quality of dispensing error handling and reporting.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacist adequately deals with the workload in the pharmacy. But, there is an increased risk of error by only having one person involved in the dispensing process. The pharmacist is comfortable raising concerns with the owners of the business. And is clear how to raise concerns outside the organisation. But he is sometimes reluctant to raise concerns or make suggestions when people are referred to the pharmacy from their GP.

Inspector's evidence

The pharmacist was registered with the GPhC. He was subject to mandatory revalidation by the GPhC to maintain his registration as a pharmacist. The pharmacist was aware that medicines he sold over the counter that contained opiates, such as codeine could be addictive. He was unsure about other ways people could abuse these products. For example, he was unfamiliar with Purple Drank. The pharmacist admitted that he had not done any learning about medicines that could be abused for some time. And he agreed it would be worthwhile including this in his next cycle of revalidation.

The pharmacist explained that people often came to the pharmacy to request codeine linctus after they had spoken to their doctor. The inspector asked the pharmacist how confident he was to question people who asked for these medicines when they said a doctor had recommended them. The pharmacist said he always asked people to explain their symptoms. And he would suggest something else if necessary.

The pharmacist explained that he would raise professional concerns with the pharmacy's owners. He said he felt comfortable raising a concern. And confident that his concerns would be considered, and changes would be made where they were needed. The pharmacy did not have a whistleblowing policy. The pharmacist said he didn’t feel there would ever be a need to raise a concern anonymously due to the circumstances of the business. And felt he would be able to address any concerns with the owners. But he did not monitor the volume of sales of codeine linctus to people. The pharmacist said he had noticed that he received regular requests from people for codeine linctus. But he had not raised this issue with the pharmacy's owners or local GPs.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the health services provided. And the pharmacy has a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was an effective workflow in operation. And clearly defined dispensing and checking areas. The pharmacy kept equipment and stock on shelves throughout the premises.

The pharmacy had a private consultation room available. The pharmacist used the room to have private conversations with people. The room was signposted by a sign on the door. And, was located at the back of the area where medicines were prepared.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a WC which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy has processes to help manage most of its services safely. But it does not make enough checks when selling pharmacy medicines which are liable to misuse. This means there is a risk that people's conditions may not be properly monitored, and their use of medication may not be appropriately controlled. The pharmacy obtains its medicines from recognised suppliers and stores them appropriately. But it doesn't have an audit trail for the medicines it distributes to the owner's other pharmacies.

Inspector's evidence

The pharmacy had a standard operating procedure (SOP) in place to help the pharmacist manage selling some over-the-counter medicines to people. But there was no documented procedure to help him manage the risks of supplying high-risk medicines or medicines that could be misused. The pharmacist stated that he asked people questions to determine if it was safe to supply them with these medicines. He said often, people would be referred to the pharmacy by their GP to buy products to treat their symptoms, such as codeine linctus. He said he would question people about their symptoms. And recommend alternative medicines if the item suggested by the GP was not appropriate. One example was a person who had been referred by their GP to the pharmacy to buy codeine linctus for a dry cough. When the pharmacist asked the person about their symptoms, he established they had a productive cough. So, he recommended an alternative product that would treat their symptoms more effectively. The pharmacist would refer people to their GP if he felt their symptoms could not be treated with over-the-counter medicines. Or if they had tried a medicine and it had not worked. He did not usually ask these people any more questions about their symptoms if they had been referred to him by the GP. The pharmacist did not keep any intervention records for supply of codeine linctus to help monitor trends in sales, either generally or to specific individuals.

The pharmacy obtained medicines from licensed wholesalers. The pharmacist explained that he ordered medicines in various ways. Sometimes he ordered products on a one-for-one basis when they were used. He ordered other items in bulk. And some medicines were ordered in bulk and distributed between the company’s three pharmacies. The pharmacist said that medicines were ordered in bulk to take advantage of discounts on the wholesale price. And some wholesalers specified a minimum order quantity. Example of medicines ordered in bulk by the pharmacy and distributed to its other pharmacies included some over-the-counter medicines, such as paracetamol, co-codamol, codeine linctus and pholcodine linctus. The pharmacist said that he sometimes also made up a minimum order quantity by adding these items because he knew each of the pharmacies used them regularly. The inspector found a crate in the pharmacy containing 24 200ml bottles of codeine linctus. The pharmacist said the crate was due to be transferred to the company's other pharmacies. The pharmacy did not keep an audit trail of the items or quantities transferred to the company’s other pharmacies.

It stored medicines tidily on shelves. And it kept all stock in restricted areas of the premises where necessary. The pharmacist kept the contents of the pharmacy fridge tidy and well organised. He monitored the minimum and maximum temperatures in the fridge every day. And he recorded his findings. The temperature records seen were within acceptable limits.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

This principle was not assessed because the inspection focused on other key areas.

Inspector's evidence

Not all principles were assessed on this inspection as it focused on specific standards and areas.

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.