General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Graeme Pharmacy, 124 High Street, BIGGAR, Lanarkshire, ML12 6DH

Pharmacy reference: 1090498

Type of pharmacy: Community

Date of inspection: 05/11/2019

Pharmacy context

The pharmacy is on a main road in the centre of a small town. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartment compliance packs. These help people remember to take their medicines. The pharmacy provides NHS services including the treatment for urinary tract infections. And impetigo and minor ailments. It provides a private flu vaccination service.

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	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy has written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The pharmacy keeps all the records as required, by law in compliance with standards and procedures. It provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people. The team members responsibly discuss mistakes they make during dispensing. But not all near misses are formally captured. And any discussions are not recorded for review. So, they may be missing out on some learning opportunities to prevent similar mistakes from occurring.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which the pharmacist had reviewed as required. He was currently reviewing these again due to the changes with the implementation of requirements for the Falsified Medicines Directive (FMD). And he was changing them onto a new format. The pharmacist had marked all the SOPs which involved FMD such as labelling, assembly, serial prescriptions and delivery of controlled drugs (CDs). The team members confirmed they had read the previous SOPs but they had not signed some SOPs following the last review. And it was discussed that it was beneficial to sign once read to confirm this had been undertaken. The team could advise of their roles and what tasks they could do.

The pharmacy was very spacious, with a large public area. And dispensary with plenty of bench and storage space. The pharmacy workflow provided different sections for dispensing with dedicated benches for various activities. The pharmacist undertook the clinical check at the start of the dispensing process. Then the pharmacist and a dispenser generated labels and ordered the stock. The team members dispensed the items and placed these in bags, with the prescription attached and placed the bags into a green box. The pharmacist then checked the items and put them on a bench. And the team then placed them in the retrieval section. At the end of a week when it was busier the pharmacy had more of the team members present to manage the workload. The pharmacy team members used baskets for prescriptions for people waiting in the pharmacy. This helped identify these. And prioritised them.

The pharmacist logged near misses and informed the team of them. He logged these on to individual patient medication records (PMRs). He discussed recording during the inspection and he advised certain types of near misses were not formally recorded such as quantity errors. But he advised the individuals at the time. The pharmacy did not keep formal reviews of any discussions undertaken. The pharmacy had various shelf alerts in place as reminders at the picking stage. The pharmacist had developed a phrase and put it on labels to help remind the team of drugs beginning with the letter 'A'. These drugs had been the most common near miss errors. The phrase was 'A, stop and think, A is our most common selection error'. And the phrase used as a learning tool for these items read 'A, don't have a nerve (amitriptyline) as this may make you faint (amlodipine) and will slow your pulse (atenolol) and do you a fat lot of good (atorvastatin)'. The phrase incorporated what actions the drugs took. There were notes at various workstations with reminders to remember to dispense from the prescription and not the label. And a list of commonly selected errors from the National Pharmaceutical Association (NPA) for

the team to learn from others. The pharmacy had a notice displayed in the pharmacy which explained the complaints process. And a complaints SOP, with the pharmacist recording on the computer. The team explained what they would do if the pharmacy received a complaint. The pharmacist advised that he would discuss any concerns or complaints with the team. The pharmacy had current indemnity insurance with an expiry date of 30 November 2019.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records in the Community Pharmacy Scotland log. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacist checked CD stock against the balance in the register weekly. This helped to spot errors such as missed entries. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these regularly. And did not allow a build-up in the CD cabinet. The pharmacy kept records for private prescriptions in a book with around 12 entries a month. It kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy displayed a privacy notice with information on the confidential data kept and how it complied with legislation. The team had read General Data Protection Regulation (GDPR) information. The IT system was password protected. The computer stored PMRs electronically. And the team stored completed prescriptions safely. And kept patient sensitive information securely. The pharmacy team disposed of confidential waste using a shredder. The pharmacy had a SOP for the protection of vulnerable patients. And the pharmacist had undertaken NHS Education Scotland NES training. The pharmacy had contact numbers for local safeguarding available for the team.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has suitable systems in place to make sure it has enough team members with the right skills to provide its services. The team members understand their roles and responsibilities in providing services. The pharmacy supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members help each other in their day-to-day work. And they feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist, three dispensers and four medicines counter assistants (MCA) who worked in the pharmacy. On two days a week there were two pharmacists present. The dispensers worked a range of 25 to 33.25 hours a week. And the MCAs worked about 25 hours each. One of the MCAs was in training as she had just started in the summer. The MCA following the sales of medicines protocol when making over-the-counter (OTC) recommendations and referred to the pharmacist when necessary. All the team worked some Saturdays.

The team members undertook some training through the Numark training site. Some time was given for training. And had training records. The training records had recently commenced and showed the activity undertaken, time taken and the pass rate. Some additional training was undertaken through NHS Education Scotland (NES). Training had included Data protection, allergy, Falsified Medicine Directive (FMD), how it would affect community pharmacy and flu services. The team did not receive formal performance reviews but advised they could discuss any needs or issues with the pharmacist.

The dispensary team worked closely together, and the dispenser said they could provide feedback about the pharmacy or make suggestions for improvement. The team members said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the superintendent (SI). They had the number for the SI, so they could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy had no targets in place for services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and secure. The premises are well maintained and offer a professional environment for the delivery of the pharmacy's services. The pharmacy has suitable arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was clean, tidy and well maintained. It had a large retail area with a range of health-related products, gifts and toiletries. The pharmacy counter provided a professional appearance. The pharmacy had been refreshed and painted with new lighting put in which further enhanced the appearance. The seats in the waiting area had been recovered. The dispensary was fitted out to a good standard with suitable space for dispensing, storing stock and medicines and devices waiting for collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and the pharmacy team members maintained the pharmacy to a high standard. They all kept it clean and organised. And kept the floor spaces clear to reduce the risk of trip hazards.

The pharmacy had a consultation room which was also used as an office. The room had a sink, lockable cabinets and computer. The team members left no confidential papers unattended in the room. People accessed the room by a small corridor passing the end of the dispensary and the team took people to the room. The pharmacy also had a smaller consultation room, fitted out to a good standard. This had a hatch into the dispensary. It had limited floor space and there was no seating. It was predominately used for the substance misuse service. But the team could use this for private conversations in addition to the other room if required. There was a member of the team covering the counter and the dispensary members could see people from the dispensary. So, the team were aware of customers in the premises. People could not access the dispensary.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy is accessible to people. And it provides its services safely and effectively. The pharmacy team takes steps to identify people taking some high-risk medicines. And they provide people with advice. They dispense medicines into multi-compartment compliance packs to help people remember to take them correctly. The pharmacy gets it medicines from reputable suppliers. It takes the right action if it receives any alerts that a medicine is no longer safe to use. It generally stores and manages its medicines safely.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. The main consultation room was up a small step and the team assisted any person if required. They advised that there had been no issues in getting to the room. They also had the smaller consultation room which they took people to for private words. This room was easily accessible although small. And generally used for the substance misuse service. The room displayed some information on substance misuse and had helpline telephone numbers. There was an automatic double door at the entrance for easy access. There was suitable customer seating. The team wore name badges with their role.

The pharmacy displayed the practice leaflet and the hours of opening were in the window. The pharmacy had a defined professional area with healthcare related items. Pharmacy medicines could not be reached by customers and the team assisted people when required. It had a range of equipment for sale such as blood pressure monitors and nebulisers. The pharmacy had a range of leaflets on health-related topics such as gluten free information and travel advice. It had a flu display in the window for the current seasonal vaccinations. The pharmacy provided a private flu vaccination service through a Patient Group Direction (PGD) three days a week. The pharmacy had provided around 50 private flu vaccinations.

The pharmacy provided the Chronic Medication Service and had a few people registered. The pharmacist had undertaken initial assessments but there had been little more done. The pharmacist advised that the Health Board were reinstating the process and hoped that they would get people on to serial prescriptions. The pharmacy proved advice on travel requirements and supplied malaria medication through a PGD. It provided the gluten free prescribing service to around 20 people. The pharmacist went through the products available and prescribed as required. The pharmacists provided the smoking cessation service. They could both prescribe Champix but there was little demand for this product. The smoking service had picked up recently with about six or seven people starting. The pharmacy provided the Emergency Hormonal Contraception (EHC) service. It kept a range of palliative care items as minimum stock due to rurality of the area, to be able to provide these if required.

The pharmacy used the unscheduled care to reconcile prescription quantities for people. It occasionally made supplies as an emergency. But generally, if people had forgotten their medicines the surgery would register them as a patient. The pharmacy provided the Pharmacy First service for urinary tract infections (UTIs) and impetigo. The surgery sent people for trimethoprim for UTIs. And the surgery also referred people for chloramphenicol which the pharmacy could provide if the people met the requirements of the PGD. The pharmacy supplied medicines on the electronic Minor Ailments Service (eMAS), with around 200 people registered. It mostly supplied items for children with more elderly

people trending to buy items.

The pharmacy supplied medicines to around 30 people in multi-compartment compliance packs to help them take their medicines. If people requested a pack, the pharmacist discussed this with them first. And if suitable the pharmacist advised the doctor who provided the appropriate prescriptions. One dispenser tended to prepare the majority of the packs. The pharmacy made up some packs weekly if there were frequent changes. It made up others four weeks at a time. The pharmacy maintained cards for all people and it had a note of the identification of the medication used. The cards stated any items which were not supplied in the packs. The pharmacy kept a tracker to monitor the progress of packs. And generally worked a few weeks ahead. The pharmacy supplied patient information leaflets (PILs) with the first pack of each supply. The pharmacy offered a substance misuse service with a few people using this service. The pharmacist made up the prescriptions when the pharmacy received these. So, supplies were ready for people when they came in. Most people were supervised, at least one day during the week.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The team used appropriate containers to supply medicines. There were some alert stickers applied to prescriptions to raise awareness at the point of supply. The alerts included warfarin, methotrexate and 'speak to the pharmacist' which ensured patients received additional counselling. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And the pharmacy had a standard operating procedure (SOP) for this which the team had read and signed. They explained the information they provided to the people in the 'at-risk' group.

When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative. And sometimes used the unscheduled care service, particularly if strengths were not available. The doctors sent down a list with all the prescriptions they supplied to the pharmacy daily. This was useful as a checklist. If people came in, the pharmacy team members could check the list to see if people had ordered their medicines and the surgery provided a prescription. The pharmacy displayed a notice advising people when their items would be ready from the time they ordered them. This helped people to allow time for the pharmacy to have their medication ready.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. They had guidance on Fostair storage and a notice reminded people about insulin cartridges and checking the boxes. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked the shelf edge with the name of the short-dated product and the date of the expiry. And noted if it was a full or split box. They took these off the shelf prior to the expiry date. The team members generally marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use. There were a couple of bottles which had been decanted from a larger bottle and were inadequately labelled. Such as no expiry date or full name and strength. The pharmacy obtained medicines from reputable sources. The pharmacy used recognised wholesalers such as AAH, Phoenix and Alliance.

The pharmacy was set up for the Falsified Medicines Directive (FMD) and had tried the system several

months ago. But had found some packs scanned and others did not work. So, they had stopped. They were intending starting again now more packs were available. The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). The pharmacist also used the BNF App and electronic version. The team used the internet as an additional resource for information such as Medicines complete for patient information leaflets (PILs). And Community Pharmacy Scotland for information. The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules, including tablet counters. And a separate triangle for methotrexate which the team kept with the stock. The team members cleaned triangles and containers for the counter after use. The team members had access to disposable gloves and alcohol hand washing gel.

The equipment such as the carbon monoxide monitor, and blood pressure machine appeared in good working order. The Health Board checked the carbon monoxide monitor. The pharmacy replaced the blood pressure monitor when required. The pharmacy stored medication waiting collection on shelves alphabetically. The shelves were in the dispensary and people could not see them from the public area. The team kept the prescriptions attached to the bags. The computer in the consultation room was screen locked when not in use. The computer screens were out of view of the public. The team used cordless phones for private conversations. And took conversations in the office if more privacy was required.

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.