

Registered pharmacy inspection report

Pharmacy Name: Pharmacsaver, 121 Devonshire House, 582
Honeypot Lane, STANMORE, Middlesex, HA7 1JS

Pharmacy reference: 1110910

Type of pharmacy: Internet / distance selling

Date of inspection: 18/11/2019

Pharmacy context

This is a pharmacy located in an office block in Stanmore. The pharmacy has its own website, but it sells no prescription medicines online. Patients can't attend the pharmacy, but it sells GSL and P medicines on its website, www.pharmacsaver.co.uk. It also sells health food supplements, toiletries and a few GSLs via Amazon and Ebay online shops. The pharmacy also provides an on-call pharmacist advisory service for an occupational health scheme provider.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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 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

Overall, the pharmacy adequately manages most of the risks associated with its services. The pharmacy keeps the records that it needs to, and the pharmacy's team members understand how to protect vulnerable people and people's personal information.

Inspector's evidence

Standard Operating Procedures (SOPs) were in place for the dispensary tasks and were reviewed every two years with the last review having occurred in September 2019 and the next review due in September 2021. The pharmacist had signed the SOPs to say he had read and understood them. Roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was available and was valid until the end of March 2020. There was a complaints procedure in place within the SOPs and the pharmacy also had a feedback system on its website. The responsible pharmacist record was held in a book, and the correct responsible pharmacist notice was displayed in the pharmacy. The pharmacy website had the GPhC logo and the MHRA EU logo.

The pharmacy was registered with the Information Commissioners Office. Confidential information was kept securely, IT systems were password protected and confidential paper waste was shredded. The pharmacist had completed the CPPE Level 2 training programme on safeguarding vulnerable adults and children and could access the contact details for the local safeguarding authorities online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to manage its workload. They keep up to date with training and use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

Due to the low volume of business, there was just one member of staff; the superintendent pharmacist. The pharmacy does not have an NHS contract and was not contractually obliged to remain open. Therefore the service could be temporarily suspended if the pharmacist took a day off. The pharmacist said he would use locums if he was away for an extended period.

The pharmacist was contracted to the Chemist-on-Call occupational health advice line from Abbott, which operated 24 hours, 7 days a week and he worked alongside other pharmacists to deliver this service. A rota was used to ensure continual cover and pharmacists were briefed according to the contract requirements and protocols.

The pharmacist explained he kept up to date with professional changes and had completed his revalidation. He also explained he did not set himself targets and would not compromise his professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed.

Inspector's evidence

The pharmacy was located on the first floor of an office block and was fitted with a desk, locked shelving units and work benches. The pharmacy was clean and tidy, and the pharmacist explained that he cleaned the pharmacy himself. The pharmacist explained that only he had access to the pharmacy and the pharmacy was kept locked when he was not there.

There were no consultation facilities in the pharmacy as there was no public access. Medicines were stored on the shelves in a suitable manner and the lack of patient access allowed for privacy and confidentiality in the dispensary. Lighting in the pharmacy was suitable for service delivery and the air temperature was suitable for the storage of medicines.

The pharmacy website, www.pharmacysaver.co.uk, included information about the superintendent and the pharmacy's GPhC premises number. The website sold a range of GSL medicines and a few pharmacy-only medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to most people, and it manages them safely and effectively so that people receive appropriate care. It obtains its medicines from appropriate sources, and it carries out regular checks to make sure that they are supplied safely to people.

Inspector's evidence

The pharmacy's displayed its services on its website which also included contact details for the pharmacy. Contact information was supplied with medication which was delivered by courier or post. All GSL and pharmacy-only medicines were tracked. Patients requesting services which the pharmacy did not offer were directed elsewhere or advised to use the NHS Choices website. The pharmacy processed retail orders generated from the pharmacy website and Ebay which totalled around 40 orders a month. The majority of GSL retail sales were generated through Amazon which related to 5,000 orders a month. The pharmacy supplied stock of GSL medicines to Amazon who fulfilled orders on the pharmacy's behalf for dispatch directly to the customer. The pharmacist had oversight of these transactions and managed the site listings. The pharmacist gave an example of a request he had for permethrin cream on the pharmacy's website for someone in Taiwan, but he had refused the purchase as the pharmacy did not supply outside the UK.

People could purchase medicines through the website and they were required to fill in a questionnaire for each pharmacy-only medicine they purchased every time a purchase was made. The questions were based on the WWHAM questioning technique and required the customer to enter in full information. This was then reviewed by the pharmacist before he either approved the purchase or rejected it. The pharmacist explained he could monitor each person's requests and refuse them if he thought anything was suspicious or inappropriate. The pharmacist could access the systems and pharmacy emails remotely and so could respond to customer queries if needed.

The pharmacy responded to around 100 occupational health calls a week and the service was available 24 hours a day, 7 days a week. This service could be provided on-site or remotely. Calls were answered according to the agreed protocols and guidelines.

The pharmacist explained he was aware of the new GPhC Guidance for registered pharmacies providing pharmacy services at a distance including on the internet and had responded to an email from the GPhC asking how he would meet with the new guidance. As a result of this, the pharmacist had stopped dispensing private prescriptions and only carried out retail sales.

The pharmacist was aware of the EU Falsified Medicines Directive (FMD) but he did not need to comply with it as he did not deal with prescription only medicines. The pharmacy obtained stock from AAH, Alliance and Sigma. Invoices were seen to verify this. Only a minimal amount was kept in stock at the pharmacy; less than 50 lines with very few pharmacy-only medicines, and these were kept in a lockable cabinet. The pharmacy did not stock or supply any CDs or fridge lines. Three monthly date checks were completed and the pharmacy held a contract with PHS for disposal of waste medicines. MHRA alerts and recalls came to the pharmacy via email and the pharmacist would check for affected stock and record this in a log. Most recently, he had actioned a recall for paracetamol tablets.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains the equipment satisfactorily so that it is safe to use.

Inspector's evidence

The pharmacy had minimal equipment other than desks and lockable cupboards used for storage. There was suitable packaging so medicines could be dispatched discreetly and remain intact during transit. The pharmacy did not have a sink, fridge or CD cabinet as the services offered did not require these.

Up-to-date reference sources were available such as the online BNF and BNF for Children. The computers were all password protected and telephone conversations going on in the pharmacy could not be overheard clearly.

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.