General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Prince Pharmacy, 99 Edgware Road, LONDON, W2 2HX

Pharmacy reference: 1112006

Type of pharmacy: Community

Date of inspection: 20/03/2023

Pharmacy context

This retail pharmacy is situated on a busy road near Marble Arch. The area is a popular shopping and restaurant destination frequented by tourists and London's Arabic speaking community. The pharmacy trades extended hours late into the evening, seven days a week. It dispenses a few private prescriptions, and it sells a range of health and beauty products including over the counter medicines. It also offers private consultations with its pharmacist independent prescribers. The pharmacy does not provide any NHS funded services.

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

Overall, the pharmacy manages the risks associated with its services. It has written procedures, so pharmacy team members know how to complete daily tasks. The pharmacy protects people's private information, and team members understand their responsibility in safeguarding vulnerable people. The team keeps the records it needs to by law, but the pharmacist prescribers' consultation records do not always capture key information to show how they make prescribing decisions. And the pharmacy could improve the quality of its clinical audits, so it can demonstrate and make sure its prescribing services are safe.

Inspector's evidence

The pharmacy was one of four London based pharmacies owned by the same body corporate. It had some systems in place to help manage risks. For example, it had up to date standard operating procedures (SOPs) which covered the operational activities. Training records associated with the SOPs identified which team members had read and agreed them. The pharmacy assistant identified his signature on the training records and confirmed that he had read the SOPs. He understood the limitations of his role and he knew what activities could only take place if the responsible pharmacist (RP) was present. The RP had read the SOPs, but his signature was not included on the training records. He explained his records were kept at one of the other Prince pharmacies where he usually worked.

The pharmacy had systems for recording near misses and errors so these could be used as learning opportunities. The volume of dispensing was very low, so the RP was not working under pressure which meant errors were rare and only two or three near misses had been recorded. A notice explaining how to provide feedback on the services was displayed in the pharmacy and on the pharmacy's website. Any dispensing errors or complaints were reported to the superintendent, so he had oversight.

A copy of the pharmacy's prescribing framework was available for reference in the SOP folder. The guidelines covered the main conditions being treated by the pharmacist independent prescribers (PIPs). And the pharmacy had appropriate risk assessments for its services and the medication the PIPs prescribed.

The pharmacy had three pharmacist independent prescribers (PIPs) who offered private consultations. They worked across the four pharmacies. The superintendent (SI) pharmacist was the prescriber who had issued the most prescriptions in the last six months. The pharmacy mainly offered its PIP consultation service to people visiting the country from abroad who required medication during their stay and wished to source their medication in the UK.

The pharmacy team had conducted one recent clinical audit on antimicrobials using a NICE template. But the volume of antimicrobial prescribing was low, so the audit was not the most appropriate reflection of the pharmacy's prescribing activity which was more focused on weight loss and chronic conditions such as cardiovascular and diabetes.

The pharmacy had professional indemnity insurance with a recognised provider. A notice was displayed identifying the RP on duty. Pharmacists worked long shifts as the RP. The RP explained how he took regular breaks but did not leave the premises and no absences had been recorded in the register in recent months.

The pharmacy kept electronic private prescription record using the facility in the patient medication record system (PMR). Records appeared to generally be in order although some did not include the prescriber's address. The pharmacy did not stock or supply any controlled drugs (CD) which needed to be recorded in a CD register. It occasionally supplied unlicensed medicines and recorded these appropriately. Records of consultations with the PIPs were not available in the pharmacy. The SI provided some examples of his records following the inspection. These records generally included a full patient history, allergy status, appropriate medical assessments and examinations, checking for red flags and appropriate safety netting. Consultation records indicated the PIPs requested evidence if the person was taking regular medication, but a copy of this was not taken for their own records. And the person's height and weight were not included in consultations for weight loss medication, so the records did not clearly demonstrate the person fulfilled the BMI criteria for receiving treatment. These missing details meant the PIPs might find it harder to justify their prescribing if a query arose or patient safety incident occurred.

The pharmacy assistant understood the principles of data protection and knew that people's private information should be protected and not disclosed. The pharmacy was registered with the Information Commissioner's office. Confidential material was stored in the dispensary, so it was not accessible to members of the public, and any confidential paperwork was disposed of using a shredder. A privacy notice was available on the pharmacy's website.

The RP confirmed he was level 2 safeguarding accredited. The pharmacy's compliance manager confirmed that the PIPs were accredited to level 3. Some safeguarding information was included with the SOPs. The RP said a chaperone could be offered to people requesting a consultation with one of the PIPs but this was not advertised in the pharmacy. PIPs completed identity checks before offering private consultations and people signed consent forms. The PIPs predominantly treated adults.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services effectviely. The team members work under the supervision of a pharmacist, and they receive the right training for their roles. But the pharmacy does not have a structured approach to ongoing training, so the team members may have gaps in their knowledge and miss additional opportunities to learn.

Inspector's evidence

The RP was usually supported by a single assistant working on the counter. This was sufficient to manage the workload and the foot fall and volume of dispensing was very low. The RP explained the pharmacy was much busier during the summer months when there was an influx of tourists from Middle Eastern countries. Several regular pharmacists covered the trading hours acting as the RP. They usually worked whole day shifts, so the working hours were long. Support staff worked either early or late shifts. Staff cover was planned according to a rota. Team members could work across all four pharmacies and extra staff could be requested to cover absences. The company's administrative staff worked from the office area in the basement.

The pharmacy assistant confirmed he had completed both medicines counter assistant and a dispensing assistant courses. The company used a recognise online programme to provide ongoing training. But individual training records were not available. Team members confirmed they could usually contatct the superintendent if they needed to. The regular pharmacists had monthly team meetings when they discussed clinical matters including prescribing, complaints, and governance issues. A whistleblowing policy was available in the SOP folder.

The SI was qualified as an independent prescriber and had completed his initial training specialising in diabetes. He stated he expanded his scope of practice by attending a number of courses and completing assessments, and he provided certificates showing he had completed an Advance Practice Minor Illness training course and a professional development programme on weight loss. The other two PIPs had also completed advanced practice certificates in minor ailments. The PIPs had access to medical prescribers who they could refer to if they were unsure about a particular matter, but their details were not listed in any of the policies or prescribing framework. The PIPs held monthly meetings to review consultations records and to share their thoughts and ideas.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for the provision of healthcare services. It has suitable facilities, so people are able to have consultations in private. And the company website provides basic information about the pharmacy and its services.

Inspector's evidence

The pharmacy was situated in a standard retail unit. There was a spacious retail area, a medicines counter, and a small open plan dispensary. The dispensary had around two metres of bench space and open shelving. The size and layout were suitable for the volume of dispensing and the amount of stock held. Fixtures and fittings were appropriately maintained. Lighting was adequate and air conditioning regulated the room temperature. The pharmacy was well presented, and work areas were clean and clear.

The was an office behind the dispensary which was also used as a consultation room. The room was not accessible during the inspection. A staff toilet with handwashing facilities were available on the ground floor next the office.

Stairs from the retail area led to a basement which was mainly used as an open plan office or storage space. The pharmacy's website www.princepharmacy.com contained basic information about the pharmacy and its services including the GPhC registration number and the SI's details.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible. It obtains its medicines from reputable suppliers and it stores them securely. The pharmacy team makes checks to ensure that the medicines are kept in good condition and suitable to supply. But the prescribing service issues people with prescriptions without directly informing their usual doctor. This means their doctor may not always have relevant and up-to-date information about the person's treatment to support ongoing safe and effective care.

Inspector's evidence

The pharmacy was usually open from 10am until midnight seven days a week. It had step free access from the street. The consultation room was accessible to people with mobility difficulties or wheelchair users. Some team members were able to converse in Arabic which was helpful given that many of the people visiting the pharmacy were Arabic speaking. Health appointments were advertised via the website. Team members could signpost to other services available locally including NHS and private providers.

The RP usually assembled and checked all prescription medication. Dispensed medicines were appropriately labelled although the print was faint. so it was not easy to read. Dispensed and checked boxes on labels were not always completed identifying the pharmacist responsible for the supply, which could make it harder to investigated and share learning if an error occurred. Owings notes were handed out if the pharmacy could not supply the full amount prescribed. But owings were not recorded in the PMR so there wasn't a clear audit trail.

Most of the prescriptions dispensed by the pharmacy were issued by one of the PIPs. The pharmacy also dispensed occasional walk-in prescriptions issued by other local private clinics or hospitals. The pharmacy had a flow chart explaining how people accessed its consultation service. People requesting prescription medicines were offered a consultation with one of the PIPs. They completed a preliminary digital questionnaire which included some medical questions and was written in English and Arabic. Medication was usually prescribed after a face-to-face consultation with the PIP who took a history of the patient, allergy status, undertook appropriate medical assessments and examinations, checked for red flags and did the appropriate safety netting.

A large proportion of people accessing the prescribing service were overseas visitors from the Middle East region, so they often had hotel addresses and were under the main care of a doctor in their own country. The PIPs issued very few prescriptions for people living in the UK. There were some occasions when medications were prescribed for conditions that were not covered by the risk assessments or the prescribing frameworks, and prescribing was sometimes outside of UK guidelines. In these instances, the PIPs were not initiating the medication but were re-prescribing for a people who lived outside of the UK and were already taking the medicine. Most prescriptions were one-off supplies which meant the PIPs did not have the opportunity to follow up or monitor the person. The most commonly prescribed items were medication for cardiovascular conditions and diabetes. The PIPs sometimes dispensed prescriptions they had issued if they were also working as the RP, so there wasn't always oversight of prescribing by a second clinically competent person.

A template letter was included in the SOP folder which was used to inform a person's usual doctor of any treatment or medication supplied. As most people accessing the consultation service were from

overseas, the letter was usually handed to the person to give to their doctor, but there was no guarantee this communication was passed on. And there was no evidence of sharing information with the person's doctor by other means such as email or telephone.

Pharmacy (P) medicines were stored behind the counter. The pharmacy assistant identified over- the-counter medicines which were considered high risk such as codeine containing painkillers. He was clear what advice to give people asking for these medicines and when to refer to the RP. He said the pharmacy did not sell codeine linctus or Phenergan because of the risk of misuse. The pharmacy sold a range of health and wellbeing products sold including CE marked self-testing kits for diagnosing urinary tract infections and streptococcus A throat infections.

Medicines were sourced from licensed wholesalers. The pharmacy had a small stock holding and medicines were stored in an orderly manner. A random check of the shelves found no expired items. Short-dated items were highlighted using stickers and the team completed regular checks. There was a small fridge used to store medicines. The fridge temperature was monitored daily to make sure it was within the recommended range. The RP explained how they offered people with insulated bags if they were travelling abroad with medicines requiring refrigeration. such as Ozempic.

Obsolete medicines were segregated in designated bins and the compliance manager provided a copy of a waste consignment note from a previous collection by an authorised waste contractor. Bins were stored in an unused toilet in the basement. There were several full bins as there had not been a recent collection. The pharmacy received MHRA medicine and device alerts. The RP demonstrated how a recent alert relating to pholcodine containing medicines had been shared between the pharmacies on a group message and affected stock had been removed from the shelves. A folder contained some copies of previous alerts.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the basic equipment that it needs to provide its services safely. Equipment is appropriately maintained so that it is safe to use, and it is used in a way that protects privacy.

Inspector's evidence

The team could access the internet and suitable reference sources such as the British National Formularies. The computer terminal used to access the PMR was suitably located so it was not visible to the public. Telephone calls could be taken out of earshot of the counter if needed. There was a l dispensary sink and a measure for preparing medicines. As the consultation room was not accessible, diagnostic equipment used as part of the prescribing service was not inspected.

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.