

Registered pharmacy inspection report

Pharmacy Name: courierpharmacy.co.uk., Suite 202 The Old Court House, 18-22 St. Peters Churchyard, Derby, Derbyshire, DE1 1NN

Pharmacy reference: 9010051

Type of pharmacy: Internet / distance selling

Date of inspection: 20/05/2021

Pharmacy context

This internet pharmacy first opened in May 2015. It provides services at a distance to patients through the website www.courierpharmacy.co.uk. The pharmacy is not accessible to members of the public. It is situated within an office building alongside other local businesses. The pharmacy does not have an NHS contract and the main activity is dispensing private prescriptions issued after an online consultation through the website. The website offers prescription medicines for a range of conditions, but it mainly supplies medicines for the treatment of asthma, erectile dysfunction, hair retention and weight loss. The online prescribing service is not registered with the Care Quality Commission as the medical prescriber is based in Bulgaria. The pharmacy also has a pharmacist independent prescriber. The inspection was completed during the COVID-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	3.1	Standard not met	The pharmacy's website is designed so that a member of the public can select a medicine before commencing a consultation. The online questionnaires are designed so that people are guided into providing a response that allows them to proceed.
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

Members of the pharmacy team follow written procedures to make sure they work safely, and they protect people's private information. But the pharmacy does not always identify and manage risks when it undertakes new services as well as it could do. And the its clinical records sometimes have details missing, so the pharmacy cannot easily demonstrate how prescribing decisions are made. One of the pharmacy's prescribers is registered in Bulgaria, so they are not registered with UK regulators. But the prescribing service generally follows UK prescribing guidance.

Inspector's evidence

The pharmacy's business involved the supply of prescription only medicines (POMs) to patients in the UK through its website www.courierpharmacy.co.uk (the "website"). The prescribing service was accessed via the website and people could also contact the pharmacy by telephone to speak to a pharmacist before placing an order. A small number of private prescriptions were received from an external private clinic. A range of medicines were available on the website and the listings had been agreed by both the pharmacists and prescribers. The two pharmacists were also directors of the pharmacy and one was a pharmacist independent prescriber.

Some of the risks associated with the medicines available on the website and the conditions being treated were considered prior to adding them to the website. But these risk assessments were not always in sufficient depth. For example, unlicensed medicines were being advertised on the website and the risk assessment had not identified that this was not allowed. This was resolved immediately after the inspection as all unlicensed medicines were removed from the website.

The pharmacy worked with a medical prescriber based in Bulgaria who issued private prescriptions for the licensed medicines available on the website used to treat conditions such as erectile dysfunction. The pharmacist independent prescriber wrote prescriptions for the unlicensed and bespoke medicines, such as hair loss solutions and low dose naltrexone (LDN). People selected the medication they required from the products available, registered or signed into their account and completed an online consultation form. This information was submitted to the prescriber for review. A prescription was either generated, or the request was refused. The pharmacists contacted people by email if the prescriber did not authorise the request and they were given an explanation, a refund, and signposting information if necessary.

The medical prescriber had worked with the owners for around eight years and, prior to the pandemic, he had met with the pharmacists on a regular basis. When setting up the initial arrangement with the prescriber in Bulgaria, one of the pharmacists had travelled to Bulgaria to meet him and check his registration and prescribing rights with the professional body in Bulgaria. His ongoing registration and professional indemnity insurance were checked every three months.

There were regular virtual meetings between the pharmacists and the prescriber. These were usually held every one or two months. They followed a general format and meeting notes were taken. Meetings covered a variety of topics such as the introduction of additional medicines to the formulary, inappropriate use of steroid inhalers and COVID-19. Some of the minutes did not contain detailed

information of what was agreed during the meeting. For example, cold-chain deliveries were discussed but the outcome was not recorded.

Some prescribing audits had been carried out and these were based on refusing to supply salbutamol inhalers and Saxenda injections. The audits did not appear to review any the supplies that had been made against national guidance and focused on the reason for refusal, so they were not as effective as they could be.

The prescriber and pharmacists decided what questions should be on the online consultation form for each medicine and what quantities should be available. UK prescribing guidance, such as NICE Guidance and the BTS/Sign Asthma Guidelines were discussed during the pharmacist and prescriber meetings and they were followed in practice. People were contacted if there was a concern about their ordering habits. For example, a person was contacted when the prescriber was concerned about the quantity and frequency of salbutamol inhalers that he was ordering. The pharmacist identified that the person was not using his preventor inhaler properly as he was experiencing side effects linked to poor inhaler technique and so he was provided with counselling and signposting information. The pharmacists and prescriber had made the decision to remove zopiclone from the website after the GPhC Guidance for Providing Pharmacy Services at a Distance that was published in April 2019, as they felt this was high-risk and liable to be misused.

Anyone signing up to the website had their identity checked using an identity checking service. The name, date of birth and the post code was checked, and the outcome was flagged either red or green. A red outcome would show there was incorrect information entered and the pharmacists contacted the person to ask for them to submit additional proof of identification before a prescription could be issued. The system also showed how often the patient had requested medication and limits had been set to control the frequency of orders.

A range of up to date standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been reviewed in May 2021. The pharmacists had developed the SOPs to reflect the pharmacy services provided. Roles and responsibilities of staff were highlighted within the SOPs. Records of near misses were kept in a record book and the pharmacists discussed any incidents.

Patients could give feedback or complain to the pharmacy in a number of ways. The website had an email address for the pharmacy, a contact telephone number and an online contact form. Customers could leave reviews on Trust Pilot about the pharmacy and 151 reviews had been left with a 4.9 (excellent) rating. People had also given positive feedback directly to the pharmacists using the contact telephone number. Some people had decided to use the pharmacy after reading positive feedback on online forums for certain medical conditions.

An up-to-date certificate of professional indemnity insurance was displayed in the pharmacy. The pharmacist provided assurance that the policy covered the online prescribing service and compounding of medicines. The Responsible Pharmacist (RP) log was recorded in a record book and was seen to comply with requirements. The RP notice showed the details required and was clearly displayed in the dispensary. Private prescriptions were recorded electronically on the computer system. The pharmacy kept records of their specials, these included the quantity, batch number and expiry date of each of the ingredients, certificates for each ingredient and a copy of the dispensing label.

The pharmacist independent prescriber made clinical records on a Microsoft Word document and these were stored on his computer. He explained that he was researching clinical report keeping computer systems that would formalise his records and enable the other pharmacist to view them. The medical

prescriber was asked to supply clinical records for a selection of prescriptions, and these were supplied in the form of 'screen shots' of the patient questionnaire, rather than actual clinical records, so they contained only limited information.

Patient information was secured in a number of ways; the pharmacy used secure servers for the website and used Sage Pay for processing payments. There was a privacy policy on the pharmacy website. Confidential waste was shredded. The pharmacists had completed a Centre for Pharmacy Postgraduate Education training pack on safeguarding. The website could not be used by patients under the age of 18.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The pharmacy's team members are encouraged to use their professional judgement to make sure medicines are appropriate for people.

Inspector's evidence

The pharmacy team consisted of two regular pharmacists. It was extremely rare for the pharmacists to take annual leave and they could cover for each other as required.

The pharmacists used their professional judgement to refer patients to their GP or other local services when needed. Patients could contact the pharmacy using the details on the website. The pharmacists completed CPD as on-going training. One of the regular pharmacists was an independent prescriber and did ongoing reading and research into the clinical areas that he specialised in.

The pharmacists could contact the GPhC if they had any concerns about the other pharmacist. The pharmacists did not have targets.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy is clean, properly maintained and it provides a suitable environment for the services carried out. The pharmacy uses a website that allows people to select the prescription only medicines they want before they have a consultation with a prescriber. This means people may receive medicines that are not the most suitable for them.

Inspector's evidence

The premises were smart in appearance and well maintained. Any maintenance issues were reported to the building caretaker. The premises were adequately organised for the services being provided and sufficient workbench space was available. The pharmacy had acquired some bulky specialist equipment for making specials and the pharmacists were looking at expanding into a second workspace within the building. The premises were clean and clutter free.

The main office building had shared handwashing and toilet facilities. There was a sink in the pharmacy which had been installed for hand washing before making specials.

The pharmacy's website was designed so that people could select 'start consultation' after they had selected a medicine, rather than it being from a generic condition or consultation page.

At the time of inspection, the website listed a number of unlicensed medicines, such as bespoke hair retention solutions and low dose naltrexone. These were removed immediately after the inspection as advertising of unlicensed medicines was not appropriate as outlined in the MHRA's Blue Guide. The website contained details of the prescribers, the prescriber's registration and indemnity insurance, the address of the pharmacy and the names of the regular pharmacists. The GPhC voluntary logo was displayed but this was not a live link to the GPhC website. The website contained a disclaimer which did not contain appropriate wording for the service being provided from the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services and supplies medicines safely, and people can easily contact the pharmacy. But its online consultation questionnaires are not always as effective as they could be. And the pharmacy could be more proactive in sharing information with other health professionals involved in the person's care when supplying prescription medicines for ongoing conditions, such as asthma. The pharmacy gets its medicines from licensed suppliers, and it stores them securely and at the correct temperature, so they are safe to use.

Inspector's evidence

People could access the pharmacy services via the website and by telephone. The website contained information about different medical conditions and about the medicines that were available.

People selected a medicine, proceeded to log in and completed the online questionnaire. The responses to some of the online consultation questionnaires were pre-populated and if a person selected the incorrect answer, they were unable to proceed. This guided the person into how to complete the questionnaire in order to proceed, rather than providing their own answers for the prescribers to review.

People were asked for details of their usual GP as part of the online consultation process. The pharmacy team only informed the GP of the supply if the person had given their consent. So, the pharmacy did not always share relevant information with other health professionals involved in the care of the person or make sure that appropriate monitoring is in place, when supplying prescription medicines. This means people's use of medicines may not be appropriately controlled and their ongoing condition might not be properly monitored.

They had noticed that some people were not losing weight when they had been prescribed weight loss medication and this led them to develop YouTube videos. The pharmacists had uploaded 16 videos that they had created to show how some of the medicines worked and how to use them. This meant that people understood what to expect before they started using the medication and only ordered it if they were motivated to undertake the lifestyle changes that were required for the medication to work. They noticed an increase in people's reported weight loss and only people lost sufficient weight were allowed to continue with the treatment. People were asked to enter their height and weight as part of the online consultation so that their body mass index could be calculated and monitored.

The pharmacy's computer system had been updated so that prescriptions were sent electronically from the medical prescriber in Bulgaria to the pharmacy. The system used secure 'digital signatures' and the pharmacy had researched different methods with a specialist IT company prior to updating the system. The labelling system printed the pharmacy name, address and telephone number on the medicine label so patients knew where their medication had been dispensed. Baskets were available for dispensing. These ensured medication for different patients was separated. The pharmacists explained that they sometimes worked alone, so they were required to self-check prescriptions. A mental break was taken between the dispensing and checking stages.

The pharmacy supplied some unlicensed specials which were manufactured in the pharmacy on a named patient basis against a legally valid private prescription. Some of these medicines were prescribed by the pharmacist independent prescriber and some were prescribed by private clinics. The pharmacy had invested in a laminar flow cabinet, electronic stirring device and device for packing creams. Raw ingredients were obtained from a specialist supplier. These medicines were prepared by one of the pharmacists and checked and 'released' by the second pharmacist.

The pharmacists had researched different delivery services and had decided that Royal Mail tracked was the best for their needs. Medication was tracked through the delivery system and could not be left at an address without being proof of delivery being obtained.

Stock was obtained from licenced wholesalers. The pharmacy kept a small amount of stock and there was a date checking process in place. The date checking records were not completed, however no out of date medicines were seen. Stock was obtained from licenced wholesalers. There was a medical fridge in place to hold stock medicines and a freezer for ice packs used for packaging and distributing fridge lines. The medicines in the fridge were stored in an organised manner. The pharmacists did regular validation checks on the cold chain supply packaging to ensure the packaging kept medication within an appropriate temperature range for an appropriate period of time. The pharmacy did not stock any controlled drugs that require safe custody.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including online access to the BNF. Internet access was available. Patient records were stored electronically and there were enough computer terminals for the workload currently undertaken. The pharmacy had some equipment for making specials. These were new to the pharmacy and the pharmacists were unsure of the cleaning and maintenance schedules, but they agreed to follow this up with the manufacturers.

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.