

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: 19/08/2022

Pharmacy context

This internet pharmacy provides services at a distance to patients through the website www.courierpharmacy.co.uk. The premises 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 small range of conditions, but it mainly supplies medicines for the treatment of asthma. The online prescribing service is not registered with a UK healthcare regulator such as the Care Quality Commission, as the medical prescriber is based in Bulgaria.

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

Members of the pharmacy team follow written procedures to make sure they work safely, and they protect people's private information. The pharmacy uses risk assessments to help make changes or improvements to the services and the way the pharmacy operates. The pharmacy's prescriber is registered in Bulgaria, so the prescribing service is not registered with a UK healthcare regulator. But the prescribing service was aware of UK prescribing guidance.

Inspector's evidence

The pharmacy's business involved the supply of prescription only medicines (POMs) to people in the UK through its website www.courierpharmacy.co.uk (the "website"). The prescribing service was accessed via the website and people could contact the pharmacy by telephone to speak to a pharmacist before placing an order. A small selection of medicines was available on the website and the listings had been agreed by both the pharmacists and the prescriber. The pharmacy was managed by two pharmacists who were both directors of the company which owned the pharmacy. One of the pharmacists was a pharmacist independent prescriber (PIP).

The pharmacy had a detailed prescribing framework. The pharmacy team had identified some areas of risk for each of the services that it delivered and had a plan to mitigate them. The pharmacy team had conducted a temperature control audit to validate the packaging used for cold-chain deliveries, however it was no longer supplying medicines requiring refrigeration. The team had not completed any clinical audits but provided confirmation following the inspection that an audit focusing on asthma services had been started.

The pharmacy worked with a medical prescriber based in Bulgaria who issued private prescriptions for licensed medicines used to treat conditions such as asthma and erectile dysfunction. People selected the medical condition that they required medication for, and they could view the products available and the price, before starting a consultation. People were required to register or sign into their account before completing an online consultation form. The information was screened by a pharmacist first, and then submitted to the prescriber. 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 a long time, and, prior to the pandemic, he had met with the pharmacists on a regular basis. Since the start of the pandemic these meetings had been held virtually and they communicated regularly using WhatsApp. 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. The pharmacists checked the prescriber's ongoing registration and professional indemnity insurance every six months with the Bulgarian Medical Association.

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 appeared to be followed in practice. The pharmacy team explained that people could request a maximum of two inhalers at a time and most people that used the service for asthma inhalers used the service for a 'one-off' prescription if they had misplaced their inhaler or required an additional inhaler for their gym bag or office drawer. This meant that there was no evidence to suggest that there were any frequent supplies, and the RP said that an annual request was acceptable, and if they were more frequent than that he contacted the person to ask additional questions. For example, a person was contacted when the prescriber was concerned about the frequency of salbutamol inhalers that they were ordering, and they had been referred to their usual GP for an asthma review.

Anyone signing up to the website had their identity checked using an identity checking service. The name, date of birth and the post code were 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.

People 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.. People had also given positive feedback directly to the pharmacists using the contact telephone number.

An up-to-date certificate of professional indemnity insurance was displayed in the pharmacy. The pharmacist provided assurances that the policy covered the online prescribing service. 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 records were in order.

Historic consultation records relating to the bespoke unlicensed medicines prescribing service were available. These entries included a full patient history, allergy status, checking for red flags and appropriate safety netting.

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. People under the age of 18 could not access the prescribing service.

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 use their professional judgement to make sure medicines are appropriate for people.

Inspector's evidence

The pharmacy team consisted of the two pharmacists. There were no support staff. It was rare for the pharmacists to take annual leave and they could cover for each other as required. The workload was easily manageable, and the pharmacists worked flexibly to make sure a pharmacist was available.

The pharmacists used their professional judgement to refer patients to their GP or other local services when needed. The pharmacists knew they could contact the GPhC if they had any concerns.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for the provision of healthcare services. And its website provides clear and accurate information.

Inspector's evidence

The pharmacy offered its services via its website www.courierpharmacy.co.uk. The website contained details of the pharmacy such as, the GPhC voluntary logo, the premises address, services offered, the name of the superintendent (SI), complaints procedure and the company policies. Consultations for the prescribing service were condition based. The details of the prescriber were clearly available in the 'Legal Notices' on the website, together with the name of the indemnity insurance provider. The pharmacy had listed licensed injectable weight loss medication on the website but due to a downturn in requests they had not supplied any for several months and removed it from the website.

The premises were smart in appearance and well maintained. Any maintenance issues were reported to the building caretaker. Ambient temperature was monitored to comply with MHRA requirements. 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 although this service had finished earlier in the year and the equipment was no longer used. The premises were clean and clutter free. The main office building had shared handwashing and toilet facilities.

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 the pharmacy does not always share information with the person's usual GP to let them know what medicines it is supplying. This means that the usual GP may not have all of the information about ongoing conditions such as asthma when they undertake a review. 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. The consultation process consisted of an online questionnaire which had been designed by the pharmacist and prescriber. The online questionnaire was used to gather information about the patient, their symptoms, medical history and medication. The pharmacists screened the questionnaire, and they made any initial interventions with the patient before sending it to the prescriber. The prescriber then reviewed the information and used the computer system to generate a signed prescription for the pharmacy team to dispense.

The pharmacy's computer system sent electronic prescriptions 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 when they worked alone, they took a mental break between the dispensing and checking stages.

People were asked for details of their usual GP as part of the online consultation process. The pharmacy team informed the GP of the supply if the person had given their consent. So, this meant that the pharmacy did not always proactively 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 for long-term health conditions, such as asthma. And the pharmacy did not take steps to verify a diagnosis of asthma and relied on the information provided by the person requesting the medicine. The pharmacists explained that due to the low levels of dispensing activity, the computer systems used, and the same pharmacists being involved in the process, they could easily identify repeated requests for the same medication and they would contact the person in these instances to discuss their request and refuse the supply and refer the person to their usual GP if there were concerns. The pharmacist gave an example of when a request for an asthma inhaler had been refused and the information they had provided to the person.

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

The pharmacy kept a small amount of stock and there was a date checking process in place. 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 cold-chain lines. 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 its services safely. The team uses this equipment in a way that keeps people's information safe.

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, however, this service was no longer in operation and the equipment was due to be sold as they took up quite a lot of space.

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.