

Registered pharmacy inspection report

Pharmacy Name: IQM Medical Ltd, Bradford Court, 123-131 Bradford Street, Birmingham, West Midlands, B12 0NS

Pharmacy reference: 9010411

Type of pharmacy: Internet / distance selling

Date of inspection: 14/05/2021

Pharmacy context

This pharmacy offers its services to people through its website. It does not hold an NHS contract and it is not open to the public. The pharmacy offers an online prescribing service provided by pharmacist independent prescribers (PIPs). It supplies prescription medicines to people living in the United Kingdom using a courier service. The website offers prescription-only medicines for a range of conditions, but it mainly supplies treatments for erectile dysfunction, hair loss and jet lag. And it offers a Covid-19 testing service. This inspection was undertaken during the Covid-19 pandemic.

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 generally identifies and manages the risks associated with its prescribing services adequately. It maintains some records of clinical decisions and carries out risk assessments to ensure its medicines are provided safely and effectively. And it keeps people's private information securely. The pharmacy has written procedures to help team members deliver its services safely.

Inspector's evidence

The superintendent pharmacist (SI) was the responsible pharmacist (RP) on duty on the day of the visit. This was a joint inspection undertaken by an inspector and a clinical advisor. The pharmacy had a range of standard operating procedures (SOPs) and these had been read and signed by team members. The SOP's were due to be renewed in April 2021. The SI said that he was in the process of issuing new SOP's and these would be in place next month.

The pharmacy offered an online prescribing service and it supplied medicines to people residing in the UK. The pharmacy dispensed a handful of private prescriptions each day, which were issued remotely by two pharmacist independent prescribers employed by the pharmacy. A copy of an overarching risk assessment for the online prescribing services was made available to the inspector, and the SI said that this was updated as and when a patient safety incident occurred. The risk assessment did not include an audit trail as to when it was updated and some of the information contained within it was no longer applicable. For example, the risk assessment stated that the conditions the pharmacy offered treatment for included narcolepsy and weight loss. And it considered these treatments to be low risk. The pharmacy's risk assessment for the treatment of weight loss had not addressed the clinical appropriateness of people with eating disorders trying to obtain the treatment. The pharmacy no longer provided the treatment for narcolepsy and weight loss. But the risk assessment had not been updated to reflect this. The SI said that the treatment for weight loss was no longer commercially viable and the pharmacy had stopped providing the service.

The pharmacy's online consultation questionnaire did not require people to consent for their GPs to be contacted when they obtained medicines from the pharmacy. The SI said that most of the medicines currently supplied from the pharmacy were classed as 'low-risk' with little potential of being abused or overused. However, the SI said that the pharmacy would obtain consent if medicines supplied to people were deemed liable to abuse, misuse or overuse. The SI commented that following the publication of updated guidance from the GPhC for pharmacies providing service at a distance, the pharmacy's risk assessment had considered a range of medicines that were not suitable to be supplied online. And these included opiates, sedatives and laxatives.

The pharmacy carried out identification (ID) checks on all patients before the supplies were made, via a third-party company. The ID checks included the person's address, date of birth and photo ID verification. However, the procedure for dealing with people who failed ID checks was somewhat ambiguous. The inspector saw a record of a person who had failed an ID check but was asked to send photo ID directly to the pharmacy, which was accepted, and a supply was authorised. The pharmacy's system allowed people to create duplicate accounts and/or different accounts linked to the same address. The SI said that it's not unusual for people living in the same household to want to use the same medicine. And he confirmed that the pharmacy would contact the person(s) to make sure that

they weren't over ordering. There were no records to show of this happening and the pharmacy's risk assessment did not fully address this concern. After the inspection, the SI provided an updated SOP, which required members of the pharmacy team to place orders on 'pending hold' and request two pieces of primary and secondary ID from a person. The form of primary ID accepted included a driving licence or a passport. And the secondary ID accepted by the pharmacy included a utility bill, an NHS or a government letter, or a bank statement.

The pharmacy recorded dispensing mistakes that were detected before medicines left the pharmacy (near misses). There were no records about dispensing mistakes that had reached patients (dispensing errors). The SI said that the pharmacy dispensed very few items each day and they hadn't had any dispensing errors recently. The pharmacy had appropriate insurance arrangements in place for the services it provided. A correct RP notice was on display in the pharmacy. Records about the RP and private prescriptions were kept in line with requirements. The pharmacy kept some records of when people's requests for medicines had been rejected for clinical reasons (see Principle 4). The pharmacy did not have a controlled drugs (CD) cabinet and it did not stock any controlled CDs.

Members of the pharmacy team had signed confidentiality agreements when they commenced employment. Confidential waste was separated and shredded on the premises. The pharmacy was registered with the Information Commissioner's Office and its privacy policy was posted on its website. The pharmacy's computers were password protected and the SI said that a back-up server was available for data storage. The pharmacy used Trust Pilot to monitor its customer services and people could make a formal complaint or raise concerns about pharmacy services by emailing the help desk. And these would usually be dealt with by the SI. The pharmacy had safeguarding SOPs and the SI had completed Level 2 safeguarding training. Members of the pharmacy team could locate the relevant details of safeguarding agencies online to escalate any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of staff to manage its workload. Members of the pharmacy team have appropriate qualifications for the roles in which they are working. But the pharmacy does not have a structured ongoing training programme to support its team members to develop skills specific to this type of pharmacy environment.

Inspector's evidence

The SI was the only member of staff working at the time of the inspection. The pharmacy also employed a trainee dispenser, an administrator and a locum pharmacist. But none of them were present on the day of the visit. The SI said that the trainee dispenser was undertaking an accredited training course with a training provider. Members of the pharmacy team had access to journal articles and trade magazines to help keep their skills and knowledge up to date. But records of completed training were not kept. The pharmacy employed two qualified pharmacist independent prescribers (PIPs) who provided the pharmacy's prescribing services. The PIPs were paid based on successful prescriptions written and no payment was issued to them if an order was declined. There is a risk that this system could incentivise the supply of prescription medicines.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate for the services it currently provides. The pharmacy should sustain the recent changes it has made to its website to help make sure people receive the care they need to take their medicines safely and effectively.

Inspector's evidence

The premises are not open to the public and they are located within a gated office complex. The pharmacy was in a self-contained room and it was very basic with a filing cabinet, a few tables, and chairs. Most of its stock medicines were either stored in a cupboard or in cardboard boxes. There was a small office adjacent to the dispensary. The pharmacy had adequate space for the current dispensing volume. The pharmacy had a designated area for dispensing. The SI explained the dispensing process, but no dispensing activity was undertaken during the inspection. There was adequate lighting throughout the room and ambient temperatures were suitable for storing medicines. Members of the pharmacy team had access to shared hygiene facilities and the pharmacy could be secured against unauthorised access. The pharmacy's website displayed the GPhC voluntary logo, the name of the PIPs, SI and RP. And it gave the address of where the medicines were supplied from.

At the time of the inspection, the pharmacy's website allowed people to choose the medicine, strength and quantity prior to completing an online consultation form. The SI gave an undertaking that this would be addressed immediately. Soon after the inspection, the pharmacy's website was checked and the home page on the pharmacy's website focussed on medical conditions and the services the pharmacy provided. It did not include any reference to named prescription-only medicines (POM). And people could no longer choose a POM before starting a consultation.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy has adequate systems in place to make sure it delivers its services safely. It obtains its medicines from licensed wholesalers and it stores them safely. And it takes the right action in response to safety alerts, so that people get medicines and medical devices that are fit for purpose. The pharmacy could do more to make sure that it complies fully with guidance about supplying medicines outside their licensed use.

Inspector's evidence

People accessed the pharmacy's services via its website. They could also contact the pharmacy via telephone, email and a live chat function. There was limited information about other sources of healthcare or general health advice on the pharmacy's website. Information submitted by people via the online medical questionnaire was reviewed by a PIP and was visible to the pharmacist when the prescription was issued. Most dispensed medicines were dispatched using a tracked delivery service and the pharmacy kept appropriate records about deliveries to provide an audit trail. The pharmacy did not stock or supply medicines that required cold storage. The pharmacy's website advertised the sale of Covid-19 test kits. The SI confirmed that he had self-declared on the gov.uk website but this service was now being managed from a non-registered premises.

The pharmacy's website had treatments available for conditions such as erectile dysfunction, hair loss and jet lag. The pharmacy supplied melatonin (Circadin 2mg) for the treatment of jet lag. This use is outside of the product license for Circadin. The SI said that he had risk assessed the use of this medication for treating jet lag and concluded that there was strong evidence for its efficacy and safety because it had a low side effect profile. And people were made aware of its unlicensed usage. However, there was no evidence to show that the prescribers had explored the suitability of the available licensed products and the clinical justification of prescribing an off-label medicines. And the prescribers had not made any records about their clinical decisions when supplying Circadin outside its licensed use.

When requesting medications, people were required to complete an online medical questionnaire. The responses submitted were reviewed by the prescribers and if appropriate a further telephone consultation would be undertaken. Once complete, the prescriber notified the pharmacy that a consultation had been completed and generated a private prescription of the medication which had been approved. There was some evidence to show that orders that did not meet the clinical criteria had been rejected. A few people's medication records checked during the inspection showed that the prescribers had rejected people's requests for medicines that were deemed clinically inappropriate or unsuitable. And people were referred to their GP's.

The pharmacy stocked a range of cannabidiol (CBD) products manufactured by Hunalabs™. The SI confirmed that there had not been much demand for these products, and none had been supplied to date. The SI said that he had considered relevant guidance from the Medicines and Healthcare products Regulatory Agency (MHRA), Foods Standard Agency and Royal Pharmaceutical Society.

The pharmacy obtained its medicines from licensed wholesalers. Stock medicines were stored in cardboard boxes and some in the cupboard. Medicines were somewhat organised and in their original

packaging provided by the manufacturer. The pharmacy had a date checking procedure and no expired medicines were found amongst in-date medicines. An audit trail was kept of any medicines recall or notifications received from the MHRA.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and adequate facilities it needs for the services it provides. And team members use equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to various reference sources including access to the internet. All electrical equipment appeared to be in good working order. Computer systems were password protected and a back-up server was available for storing data. Due to the closed nature of the pharmacy, all computer equipment was out of public view. Members of the pharmacy team had access to items of personal protective equipment, such as face masks. These were not in use during the inspection as the SI was the only member of staff present during the inspection.

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.