

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Outpatients Pharmacy, U C H Macmillan Cancer Centre, Huntley Street, London, WC1E 6AG

**Pharmacy reference:** 9010937

**Type of pharmacy:** Hospital

**Date of inspection:** 28/11/2019

## Pharmacy context

The Outpatients pharmacy is located in the University College Hospital Macmillan Cancer Centre which is part of University College London Hospitals NHS Foundation Trust (the Trust). It supplies oral chemotherapy and supporting oral medicines to outpatients. Medicines are supplied to people attending clinics at the Trust. The pharmacy does not sell over-the-counter medicines. The pharmacy opened in July 2018.

## 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
<b>1. Governance</b>	Standards met	1.1	Good practice	Risks associated with providing services are identified and managed.
		1.2	Good practice	The pharmacy reviews and monitors safety and quality of its services.
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy supports and encourages staff training.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy manages and delivers its services safely.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective, and it manages risk well. The pharmacy has written procedures which tell staff how to complete tasks effectively. It keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team makes sure that people have the information they need so that they can use their medicines in the right way. They understand their role in keeping people's information secure and protecting vulnerable people.

### Inspector's evidence

Near misses were recorded and reviewed before being filed in the Safer Care folder. The Safer Care folder was completed with information such as the documented weekly briefing including staffing, training and drug alerts. Safer care alerted staff to an updated ciprofloxacin patient information leaflet to read with patients during counselling. The recall for ranitidine had necessitated supplying an alternative medicine (a proton pump inhibitor) for gastric protection for multiple patients. The pharmacist said near miss events had reduced following the introduction of the EPIC pharmacy computer system. Hospital staff have access to the system but different staff have a different view depending on their role. The Safer Care board display included topics such as 'look alike sound alike' LASA medicines, marking split packs, pregnancy prevention programme information when supplying sodium valproate and isotretinoin.

Workflow: there was a mixed workload which was 'TTA' or 'walk-in' after attending hospital for treatment. The pharmacy team planned in advance to manage workload and prepare prescriptions in advance where possible. Prescriptions were either electronically prescribed or manual in the case of 'Chemocare' prescriptions which were printed and hand entered onto EPIC. Each patient had a unique barcode which appeared on the patient chart and prescription. When the patient presented at the pharmacy, they gave a date of birth or hospital number and an outpatient form was generated if the patient was waiting. A duplicate numbered ticket was issued along with the date, time and the unique barcode. One numbered ticket was given to the patient. Scanning the barcode made the prescription appear on the computer screen. The prescription was then clinically screened, accepted and the labels were generated. As part of the clinical screening process, the pharmacist could check laboratory results such as liver function tests. EPIC included all patient information. There were defined dispensing and checking areas.

Some prescriptions were clinically screened by the Trust and endorsed to show screening was completed by the Trust prescriber and pharmacist. Chemocare prescriptions were mostly screened by Trust pharmacists. These prescriptions were dispensed by the Outpatients Pharmacy team without further screening.

The Outpatient Pharmacy team clinically screened certain prescriptions following protocols in which pharmacists were trained. If appropriate, the pharmacy team checked dose, new medicines and interactions, if initiated by a named consultant, blood pressure, liver function tests and other factors in the agreed protocol.

Medicines were selected manually or by the robot. All items on the prescription were placed in a tray along with the prescription and sent to a checking bench. After final check, the items were bagged and

transferred to the patient who had the numbered ticket which was matched to the ticket retained with the prescription.

There was an electronic audit trail of who was involved in the dispensing and checking procedures for any prescription. Interactions between medicines for the same patient were checked during screening of the prescription. There was a procedure for dealing with outstanding medication. The original prescription was retained and an owing slip was issued to the patient. Outstanding medication was listed on EPIC and when it was received into the pharmacy the patient was contacted to collect it or it was sent by courier.

Multi-compartment compliance aids were made up for a small number of patients for one or two weeks at a time if they had difficulty adhering to medicines. Prescriptions were issued by EPIC and labelling included a description to identify individual tablets and capsules. Patient information leaflets (PILs) were supplied and medicines supplied would include anti-emetics such as ondansetron and antibiotics such as co-trimoxazole. Controlled drugs (CDs) and other high-risk medicines were not supplied in compliance aids.

Staff were up to date with training in pharmacy standard operating procedures (SOPs) and the hospital trust SOPs for screening certain medicines. A few patient survey forms were distributed daily to obtain patient feedback on services. Completed forms were analysed by head office and generally resulted in positive feedback although some patients commented on waiting times. The practice leaflet or Customer Charter was displayed and complaints could be registered through the pharmacy or Trust complaints procedure and Patient Advice and Liaison Service.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 30 June 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed.

CD registers were electronic. On receipt of CD stock, a 'blind' count of stock of the item was conducted and if the amount of existing stock matched expected stock listed in the CD register then the newly received stock was added along with the expiry date. If the blind count did not match the amount in the CD register, the discrepancy was investigated. CDs were dispensed on the day they were needed and booked out of the CD register. During the visit, a random check of the actual stock of oxycodone liquid 5mg/5ml reconciled with the recorded quantity in the CD register. All stock including 'specials' unlicensed medicines were purchased through Procurement.

Staff completed mandatory Trust training every 12 months which included confidentiality agreements. Staff also undertook myLearn training including General Data Protection Regulation (GDPR) and Data Security and Protection. Computers were backed up regularly and password protected. Confidential waste paper was collected for appropriate disposal. The information governance and safeguarding folders were up to date. All staff completed mandatory level 1 safeguarding training during induction and pharmacists had completed Centre for Pharmacy Postgraduate Education (CPPE) safeguarding at level 2.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. They are actively encouraged to complete ongoing training. Pharmacy staff are comfortable about providing feedback to improve the pharmacy's services.

### Inspector's evidence

Staff comprised: four full-time regular pharmacists, two full-time trainee pharmacy technicians, three full-time dispensers and one full-time trainee healthcare assistant. Staff had protected learning time in which to train in course work. MyLearn monthly training modules were available and included a sepsis case study and SOPs. Staff undertook Trust training topics such as safeguarding. Staff performance was monitored via annual contribution dialogue which staff updated on myPad. There were six monthly reviews. Staff were asked for feedback during the weekly huddle and had suggested filing prescriptions awaiting collection in a retrieval system to free up space and speed up locating the prescription. There was a whistleblowing policy. The pharmacist said targets and incentives were set but not in a way that affected patient safety and included reducing waiting times safely.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and suitable for the provision of its services. The pharmacy prevents people accessing the premises when it is closed to keep medicines and information safe.

### Inspector's evidence

The pharmacy premises and services were accessible to the public via two hatches where prescriptions were handed in at one hatch and collected from the other hatch. There was a public area which was not part of the pharmacy with seating and amenities. The pharmacy was cleaned by a cleaner who was accompanied and there was an audit trail of cleaning activities. There was no consultation room but a queue management notice asking members of the public stood away from the hatch to allow people handing in or collecting prescriptions privacy. Lavatory facilities were hygienic and handwashing equipment was provided. There was sufficient lighting and air conditioning which was monitored and the pharmacist was contacted if there were unusual out-of-range readings.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources to protect people from harm. It knows what to do if any medicines or devices need to be returned to the suppliers. The pharmacy team makes sure that medicines are stored securely at the correct temperature. They make sure that people have all the information they need so they can use their medicines safely and give advice to people about where they can get other support.

### Inspector's evidence

There was wheelchair access including a lower section of the counter at the hatch and transport could be arranged to assist patients. To assist visually impaired patients, information regarding their medicines could be transcribed to charts in larger print either at the clinic or the pharmacy. An interpreter service could be accessed by phone to assist patients whose first language was not English. Due to the nature of the location, the patient base was generally regular. People were signposted to local pharmacies for flu vaccinations or to buy over-the-counter medicines, the cancer nurse or other nurse specialist. Interventions were logged manually and entered onto EPIC. Interventions were reviewed monthly and a report was compiled on Excel to submit to the Trust. The pharmacy followed up patients with their doctors to monitor interventions.

The pharmacist had trained on myLearn and was aware of the procedure for supply of sodium valproate to people in the at-risk group and information on the pregnancy prevention programme (PPP) to be explained. The intervention would be recorded. The pharmacist was aware of the procedure to supply isotretinoin to people in the at-risk group. Laboratory results were checked following the patient attending the dermatology clinic. The treatment was initiated by a consultant and would be supplied following a negative pregnancy test result. The patient would be counselled on PPP and the intervention recorded. For prescriptions for more than 30 days' supply of a CD as good practice, the pharmacy team would check with the prescriber. Interventions were recorded showing checks that medicines were safe for people to take and appropriate counselling was provided to protect patient safety.

Patients were counselled at the hatch on dose, side effects and interactions. Warning stickers were in use to attach to prescription items and to alert the pharmacist to counselling such as 'CYTOTOXIC DRUG Handle With Care' or 'STORE IN A REFRIDGERATOR'. Audits to monitor internal standards were carried out following head office protocols.

If needed medicines were delivered to patient's homes by courier and if the patient was not at home the medicines were returned to the pharmacy.

Medicines and medical devices were obtained through the procurement department in the Trust. Floor areas were mostly clear, stock was stored in the robot and split packs were stored in dispensary drawers. The robot selected the shorter dated medicines first. The expiry date was entered onto the robot system when stock was loaded. Other non-robot stock was date checked and recorded on a matrix. No date-expired medicines were found in a random check. Liquid medicines were marked with the date of opening and medicines were stored in original manufacturer's packaging. Cold chain items were stored in medical fridges. Uncollected prescriptions were cleared from retrieval every four weeks.

High risk medicines were cleared weekly and a spreadsheet was populated. Checks were made if the medicine could be re-dispensed. CD were only dispensed on the day the patient attended. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. Drug alerts and recalls were actioned and filed, and a matrix was completed.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

### Inspector's evidence

Current reference sources included BNF, eBNF, clinical guidance for medicines for clinics, and outpatient clinical guidance. There were clean, stamped glass measures to measure liquids including separate marked measures for CDs. The three medical fridges were in good working order. Temperatures were monitored constantly by Ice Spy equipment in the fridges, the robot and the dispensary. The pharmacist was alerted to any out of range temperatures. The CD cabinet fixings were not visible. The robot was serviced annually and in the event of breakdown there was a program to give the location so a staff member could pick medicines manually. Staff could run a maintenance program where medicines were date checked. When loading medicines, their barcodes were scanned or manually entered along with an expiry date. The robot then placed the medicines on specific shelves.

Computers were backed up regularly and password protected. Confidential waste paper was collected for appropriate disposal. The information governance and safeguarding folders were up to date.

### 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.