

Registered pharmacy inspection report

Pharmacy Name: mychemistplus Pharmacy, 327 Halliwell Road,
Bolton, Greater Manchester, BL1 3PF

Pharmacy reference: 9011081

Type of pharmacy: Internet / distance selling

Date of inspection: 11/07/2023

Pharmacy context

This pharmacy offers its services to people in the UK through its website (www.mychemistplus.co.uk). People cannot visit the pharmacy in person. The pharmacy has a prescribing service provided by a pharmacist prescriber. The website offers prescription only medicines for two conditions, but the pharmacy mainly supplies antibiotics for dental care.

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

The pharmacy generally manages risks to help ensure its services are safe. The pharmacy has risk assessments and prescribing policies which manage some of the risks associated with its services. Team members have written procedures on keeping people's private information safe. They understand how they can help to protect the welfare of vulnerable people and respond to people who provide feedback.

Inspector's evidence

The superintendent pharmacist (SI) was a director of the company that owned the pharmacy. She also worked as the regular responsible pharmacist (RP), and her name was displayed in the pharmacy. She was a pharmacist independent prescriber (PIP), and she provided the pharmacy's prescribing service as well as supervising dispensing activity. As the SI undertook the roles of prescriber and supplying pharmacist, the pharmacy had appointed another healthcare professional to carry out monthly audits to monitor prescribing and compliance with prescribing policies, in order to mitigate some of the risks created by working in clinical isolation.

The pharmacy had standard operating procedures (SOPs) for the services provided which had been prepared by the SI. The SOPs had been reviewed in August 2022. One of the SOPs had been amended in light of an incident involving the ordering and storage of stock. The dispenser, who was the only other member of the pharmacy team, had signed to indicate he had read and accepted the SOPs, but on a date before the amendment, so there was a risk that he might not follow the updated procedures.

The SI explained that since the previous inspection she had reviewed the pharmacy's risk assessments and reduced the conditions being treated to dental abscesses and erectile dysfunction (ED). These were the only two conditions included on the website for which prescription treatments were offered. The pharmacy's records showed that since 1 January 2023 only amoxicillin 500mg capsules, and metronidazole 200mg and 400mg tablets had been supplied; around 86% of the prescriptions were for amoxicillin 500mg capsules.

Medicines were prescribed following the completion of an online consultation questionnaire. The SI could access Summary Care Records (SCR). Consent to access people's SCRs was only requested in the dental consultation if they had consented for their information to be shared with their GP. The SI estimated that this happened in around 10% of consultations. The SI explained that SCRs were only used to verify the person's GP details and she did not access the person's healthcare records for clinical reasons when she prescribed for dental abscess. There was no face-to-face examination, and the pharmacy did not generally verify the information provided on the questionnaire. This meant people effectively self-diagnosed and there was a risk that they might be able to obtain antibiotics even though they were not always clinically appropriate. Overuse of antibiotics potentially increases the emergence of antimicrobial resistance.

There were risk assessments for each category of prescription only medicine (POM) offered. These aimed to identify the different areas of risk for each service it delivered and a plan to mitigate them. The pharmacy's plan to manage the risk of antibiotic resistance when prescribing metronidazole and

amoxicillin was not to prescribe to the same person more than once in six months. The SI felt this was in line with good antimicrobial stewardship. The SI checked for repeat requests when reviewing the consultation before issuing a prescription, and the dispenser also checked when labelling the prescription using the patient medication record (PMR). A search of the antibiotics supplied in the previous six months did not identify any repeat supplies to the same person. Amoxicillin was the first line treatment offered for dental abscess. The SI explained this was included in the risk assessment and it was in line with National Institute for Health and Care Excellence (NICE) guidelines. She confirmed that local antimicrobial clinical guidelines were considered as she prescribed for people in all parts of the UK, and currently amoxicillin was first line in all areas of the UK due to better compliance over penicillin.

The SI said she had not had any requests for treatments for ED, but consent to share information with their GP was mandatory for ED supplies. SCRs were used as a way of checking that the information provided during the online ED consultation was correct. The SI said she would use this to check that the person had been diagnosed with ED, as she would only prescribe repeat medicines for people, and she did not provide a diagnosis service for ED.

There were prescribing policies to help with prescribing decisions and these included counselling, follow up and monitoring information. The pharmacy's prescribing policy for amoxicillin and metronidazole had been updated following the previous inspection, to include the rationale for prescribing. An initial audit reviewed 30% of prescriptions from the last three months of 2022, and then regular audits since January 2023 reviewed 10% of prescriptions each month. The SI explained that the auditor was an audiologist who had experience of carrying out clinical audits. The audits concluded that prescribing was in line with set policies and no areas were identified as requiring change. But the audits did not specifically comment on the evidence that the person had attempted to make a dentist appointment and now had a dental appointment which were the main criteria that non-dentists can prescribe as a one off in emergency situations. Or that the person was demonstrating systemic symptoms which was another criterion. And the audits did not mention how often the pharmacy reviewed clinical guidelines to ensure it's practice was still compliant.

Consultation records were kept electronically. These included the online consultation and any additional communication between the prescriber and patient. The pharmacy requested consent to notify the patient's GP as part of every online consultation, and if consent was received, an email was sent to notify the GP of the service and the treatment supplied. These notifications were time stamped and were attached to the consultation records. If the SI decided not to prescribe, then the reason was sent in a message to the person and the messages were saved in the consultation records. For example, when the SI declined to prescribe a prescription for amoxicillin because the person was pregnant. The person was asked to see their GP or seek emergency medical advice.

A couple of recent near misses had been recorded on a log, and the SI had signed to indicate she had reviewed these. One error was when 15 amoxicillin capsules had been dispensed instead of 21 and the dispenser was advised to take more care when selecting the pack size when labelling medicines. The SI confirmed that there had not been any dispensing errors. There was a 'contact us' section on the pharmacy's website for electronic communication with the pharmacy and it included the pharmacy's phone number and email address. The SI checked Trustpilot for feedback and aimed to respond to all feedback.

Current certificates of professional indemnity and liability insurance were available. The SI confirmed the insurance covered all the activities including prescribing and she had separate independent prescribing cover. The sample of RP records viewed indicated that the SI was always the RP. Private prescription records were electronic.

Everyone using the website had their identity (ID) screened by a third-party provider, and medicines were not supplied to anyone under 18 years of age. People using the pharmacy's services were required to complete 'patient registration' and read the terms and conditions. The pharmacy's privacy and cookies policy was available on the website and there was a General Data Protection Regulation (GDPR) SOP. There was an information governance SOP which included information on confidentiality. Confidential waste was collected in a designated bin which was kept locked until it was collected by a third-party disposal company for destruction. The SI provided assurance that the bin would be moved into the main pharmacy room, as at the time of the inspection it was stored in a room which could be accessed by the landlord. The SI confirmed that the website was appropriately secure.

The SI had completed level three training on safeguarding children and vulnerable adults and the dispenser had read the safeguarding SOP. The contact numbers of who to report safeguarding concerns to in the Bolton area were available, in case of a local query. The SI would look up the relevant details if she had a safeguarding concern in a different part of the country.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small close-knit team. Team members have the right qualifications for the jobs they do. The pharmacist prescribes and clinically checks all of the prescriptions that the pharmacy supplies. This may increase the risk of errors as there is no second professional check for clinical appropriateness.

Inspector's evidence

The SI was a qualified PIP and had completed an advanced practitioner qualification in February 2022. As part of the MSc Advanced Clinical Practice course the SI had completed modules in clinical examination skills, biological basis of disease, diagnostics and therapeutics, leadership, delivering quality improvement in practice, and end point assessment. During the prescribing courses, the SI had experience as a practice-based pharmacist in an NHS GP practice, where she prescribed and held clinics, under the supervision of a medical doctor. She considered herself competent in the treatment areas offered on the website, including dental abscess although she didn't provide any evidence that she had done specific training on this. The SI had completed the Centre for Pharmacy Postgraduate Education (CPPE) training on SCR. She had also completed Health Education England (HEE) introduction to antimicrobial resistance and toolkit, antimicrobial stewardship for community pharmacy and antibiotic review. She had taken the antibiotic guardian pledge and had cascaded some of the training on antibiotics to the dispenser during on-the-job discussions.

The SI prescribed during the morning and assembled and checked prescriptions in the afternoon or evening. This gave her a mental break between prescribing and clinical checking. But the pharmacy's procedure did not include a second professional check or a system to independently check the SI's skills and competence.

The dispenser had an NVQ2 qualification, and he had completed some online training on oral care, skin care, indigestion, osteoarthritis, and hay fever. The team members discussed issues informally as they arose, and the pharmacy had a whistleblowing policy, which the dispenser had read.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a professional environment for people to receive healthcare services from. The pharmacy's website has useful information about the pharmacy and its services.

Inspector's evidence

The pharmacy was situated in a secure, closed unit on the first floor of a commercial building. The pharmacy premises were in a reasonable state of repair, and the fixtures and fittings were in fairly good order. The pharmacy was clean. Temperature and lighting were adequately controlled. The team had access to a private kitchen area, where there was hot and cold running water and a WC with a wash hand basin. There were a couple of separate offices on the first floor which were not currently used. Access into the premises was via a locked door on the ground floor, and people needing access such as wholesale drivers, were required to ring a bell to gain entry. The pharmacy's website contained some information about the pharmacy and its services. The pharmacy's GPhC registration number could be seen on the GPhC voluntary logo displayed on the website. The SI's name and registration details were displayed on the website, and it was made clear that she also prescribed for the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers its services online, so they are easy for people to access. It sources, stores, and generally supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply. The pharmacy mainly uses online consultation questionnaires to determine if treatment is suitable, and it could do more to verify information or make extra checks to ensure supplies are appropriate.

Inspector's evidence

Services provided by the pharmacy were outlined on the website and people could communicate with the pharmacist and prescriber via telephone, email, or a messaging system accessed via their account. Any communication with people was highlighted in green on the person's record. This provided a clear audit trail of communication between the patient and pharmacy. People could monitor the status of their prescription via this facility. There was some health information available on the website and some healthcare blogs. Information on the website, including blogs, were written by a content writer. These were proofread by the SI before posting. People were advised to read the patient information leaflet which was supplied with medicines, and they were sent a link to the nhs.uk website, which contained information about the specific medicine prescribed, in a follow up message.

Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available. Assembled prescriptions were posted using a special delivery Royal Mail service. This was a signed for service. In the event that the person was not available to accept the delivery, the package would be taken to the Royal Mail depot from where the person could collect it. The SI believed that the package was held there for two to three weeks, so there was a risk that there might not be a clinical need for the medication if there was a delay in it being collected. The pharmacy had not had any uncollected parcels returned.

The online consultation for dental abscess included patient history, their allergy status, and the presenting symptoms. It checked for red flags and included the appropriate safety netting. The consultation questions correlated with NICE guidelines and the questions were reviewed in line with updated clinical guidelines. But there was no physical examination, tests or verification of the information entered. The person receiving the medicine was sent a message to inform them to contact the pharmacy if there was no improvement in their symptoms after three days, and to arrange a review with a dentist if they had not already done this.

Customers wishing to purchase over-the-counter (OTC) medicines via the internet were required to complete relevant questions which included the WWHAM questions. Pharmacy (P) medicines were offered for sale on the website. Higher-risk medicines such as codeine containing medicines and sedatives were not available. All requests for OTC medicines were processed in the same way as POMs. People were required to register, and their age was verified. Request history was recorded and viewed by the SI. The SI stated the pharmacy had not supplied any OTC medicines. There had been a few requests for medicines, but she had not been able to supply them because they were out of stock at the wholesalers. For example, Selsun shampoo. In these situations, the customers were given a refund.

Space was adequate in the dispensary. The pharmacy stocked a small amount of metronidazole 200mg and 400mg tablets and sildenafil 100mg tablets stored in drawers. There was a larger quantity of amoxicillin 500mg capsules with some excess stock stored in a cupboard. The SI confirmed that there was no other stock in the pharmacy and said she would order if a request came in for a medicine which was not in stock. The SI confirmed that she personally ordered medicines herself, from a recognised licensed wholesaler through a portal, and invoices could be viewed via the portal.

Medicines were stored in their original containers and at an appropriate temperature. Date checking was carried out every three months and recorded on a matrix. Expired and unwanted medicines were segregated and placed in designated bins. No medicines requiring refrigeration were supplied by the pharmacy and there was no medical fridge. No controlled drugs (CDs) requiring safe storage were supplied by the pharmacy and there was no CD cabinet or CD register. Alerts and recalls were received via email messages from the Medicines & Healthcare products Regulatory Agency (MHRA). The pharmacy had not had stock for any of the recent recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. Equipment is appropriately maintained and is used in a way which protects people's privacy.

Inspector's evidence

The pharmacist could access the internet for the most up-to-date information including the electronic British National Formulary (BNF). IT provisions were outsourced, and the SI confirmed systems were appropriately secure. All electrical equipment appeared to be in working order. PMRs were password protected. There was a separate prescribing portal which only the prescriber had access to. All medicines were supplied in original packs so no measuring or counting equipment was needed.

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.