General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Nomad Pharmacy, Room 12-14 Lower Ground Floor, 65 London Wall, London, EC2M 5TU

Pharmacy reference: 9011311

Type of pharmacy: Internet / distance selling

Date of inspection: 19/10/2021

Pharmacy context

This is a distance-selling pharmacy (www.nomadtravel.co.uk/pharmacy) which specialises in travel health and is part of the Nomad travel clinics. The pharmacy dispenses private prescriptions only. People using the pharmacy are based in the UK but medicines are supplied for people to use them outside of the UK. The pharmacy is closed to the public and medicines are delivered to people via courier. The inspection was undertaken 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 allows people to select a prescription-only medicine (POM) before the consultation with a prescriber.
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy doesn't make sure that people receiving its services online are who they claim to be. It does not consistently carry out customer identity (ID) checks.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy keeps the records it needs to by law so that medicines are supplied safely and legally. People who use the pharmacy can give feedback about its services. And the pharmacy team knows how to help protect the welfare of vulnerable people. Pharmacy team members and the wider organisation have procedures in place to record and review mistakes when they happen and to learn from these. The pharmacy's working practices are generally safe and effective. But, it could do more to make sure prescription medicines are always supplied safely.

Inspector's evidence

Standard operating procedures (SOPs) were available and in date. The pharmacy provided its services at a distance. Risk assessments had been carried out for the services provided and for the types of products dispensed. These were sent to the inspector by the responsible pharmacist (RP) after the inspection. The pharmacy did not have all the SOPs as required by the Responsible Pharmacist legislation. The RP gave an assurance that he would implement these. The RP explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff.

The pharmacy's business involved the supply of travel medicines to people living in the UK against private prescriptions issued by UK based prescribers. Prescribers included the RP who was a pharmacist independent prescriber and occasionally the pharmacy dispensed prescriptions issued by doctors or nurses working in the travel clinics. The pharmacy dispensed a limited number of medicines from an in-house formulary. The pharmacy had been closed during the pandemic and had only recently reopened for a limited number of hours.

Audits had been completed for other aspects of the business such as the work of the clinic. However, as the pharmacy had been closed during the pandemic there had not been anything to audit. Prior to the pandemic the superintendent pharmacist (SI) visited the pharmacy every three months and audited prescribing. As part of this he looked at the appropriateness of treatment, quantities prescribed, and other kits supplied.

The pharmacy had systems in place to monitor and review mistakes made during the dispensing process. The pharmacy recorded dispensing mistakes which were identified before the medicine was supplied to a person (near misses). And those where a dispensing mistake happened and the medicine had been supplied to a person (dispensing errors). There had not been any recent near misses or dispensing errors. The business had a standard incident form which needed to be completed. The business was registered with the Care Quality Commission (CQC) and the RP was also in the middle of attaining UKAS accreditation. All incidents across the business were discussed at fortnightly clinical meetings which could be attended by all team members giving them an opportunity to see what was discussed as well as input and provide feedback. The clinical governance team also looked for trends and changed the ratings of which incidents were categorised based on feedback from other regulatory bodies. The RP gave an example where following reports the team had decided to include anomalies in Covid tests in the definition of incidents.

The correct RP notice was displayed. RP records and private prescription records were well maintained.

The pharmacy had indemnity insurance cover, and the RP confirmed that this covered all activity undertaken by it. Information about raising complaints was included on the pharmacy's website. The organisation's complaints policy had been re-written recently. All complaints and feedback were recorded on a spreadsheet. The company was looking to see how the spreadsheet could be arranged to ensure any trends could be picked up sooner.

An information governance policy was available and training was covered as part of the mandatory training for all employees.

Team members had completed mandatory safeguarding training and the RP had completed the Level 3 training. Nomad travel had a safeguarding policy and safeguarding lead.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members for the services provided, and they do the right training for their roles. They work effectively together and are supportive of one another. The pharmacy supports its team members with ongoing training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP and a trained dispenser. The RP also worked in other parts of the business when the pharmacy was not open. One of the dispensers was also helping elsewhere in the business. The dispenser who was working on the day of the inspection worked in the pharmacy two days per week and worked from home on the other days. The RP felt that there were an adequate number of team members to manage the workload. A second pharmacist had also worked at the pharmacy who had recently left. The superintendent pharmacist (SI) would cover any leave or absence. The pharmacy planned to move the prescribing service back to the doctors and nurses once they had returned to work full-time. A business contingency plan was available.

Team members had completed dispenser training courses. Due to the pandemic, there had not been many external courses available to attend. The RP usually was invited to and attended shows and courses held by external companies which were also attended by other prescribers working in the organisation. The RP had discussed with team members asking them to attend these training sessions in the future to increase their knowledge in the travel field. There were also plans for dispensers to spend some time with the nurses in the clinics.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy's website allows people to select a prescription-only medicine, prior to having a consultation. This increases the risk that people receive treatment which is not clinically appropriate. However, the pharmacy's website gives people information about the details of the superintendent pharmacist and pharmacy registration information. So that people can check where their medicines are supplied from. And the premises are clean and are secured from unauthorised access.

Inspector's evidence

The pharmacy premises were clean and organised. There was sufficient work and storage space. Workbenches were kept clutter free. There were adequate hygiene and handwashing facilities for staff. The pharmacy was closed and could not be accessed by the public. Contact with people was generally via telephone or email. The pharmacy was secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

The pharmacy's website could be used to access services. People were able to add all medicines to their basket, and this included prescription-only medicines. People were also able to use the search function to find medicines by name. And so, people could choose a prescription-only medicine prior to receiving a consultation. People were required to create an account before they could check-out. The website displayed the name of the superintendent pharmacist, regular pharmacist and the pharmacy's registration details.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not carry out sufficient checks to ensure people receiving medicines online are who they say they are. However, the pharmacy's services are largely managed effectively, to protect people's health and wellbeing. People can access the pharmacy's services. The pharmacy gets its medicines and medical devices from appropriate sources. Team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use. The pharmacy stores its medicines properly and provides its services safely.

Inspector's evidence

The pharmacy only supplied malaria tablets, travel kits, travel medicines and first aid products at a distance. The travel kits contained a range of medicines and products, including antibiotics. All other face-to-face services were provided in the company's clinics; the pharmacy itself did not provide any face-to-face services. People were made aware of the services provided by the pharmacy by word of mouth. Due to the pandemic travel had been very limited and the pharmacy had only re-opened recently. People who accessed the pharmacy were generally from TV companies, NGOs, and travel companies.

There were a multitude of ways people could access the pharmacy's services. In most cases it started with an email from the production company who provided the pharmacy with the names and contact details of the crew. Each individual was then sent a link to a health form which they were asked to complete. The form asked for the date of birth, name, address, GP details, personal health, ongoing ailments, and current medicines they were taking. The RP reviewed the completed questionnaire and a discussion was then held about the suitable anti-malarial. Following this the forms were signed off and prescriptions issued. Medicines were sent via Royal Mail Next day registered delivery. The dispenser emailed the tracking number to the person once medicines had been posted. The RP explained that it was very rare that there were any failed deliveries.

People could also access services from the website, but this was only for anti-malarials or the travel kits. Once someone had accessed the website, they were referred to check the Destinations Guide or NHS Fit for Travel, or with a Travel Health Professional. Once they had found the anti-malarial required, they were asked how many people were travelling and the number of days to be spent in the malarial area after which they were required to select the number of tablets that they needed. People were also asked if they already held a prescription or required a prescription. On submitting this information people were required to sign in after which they were required to complete a questionnaire. This asked information relating to other medicines they were taking and for details of their GP. Patients were asked if they provided consent for their GP to be contacted. The RP estimated that approximately 10% of people opted in to pass on information to their GP. Once the questionnaire was received in the pharmacy the RP reviewed this before a prescription was issued if needed. In the event of any questions the RP called the person to speak to them. Nurses who saw people in the clinic occasionally sent referrals to the pharmacy. The RP checked the electronic records for suitability before issuing a prescription and dispensing the medication.

The RP described how there had been an increase in the number of crews going to Lake Malawi. They requested medicines for Bilharzia before travelling. The RP discussed people's options with them. The pharmacy did not have access to people's NHS records; people were required to declare that they were telling the truth when completing a questionnaire.

At the point of assessment prior to writing a prescription the RP always double checked the online BNF for drug interactions between the treatment needed and any other medical treatment the person was taking. He gave an example where he had contacted someone and recommended a different anti-malarial to doxycycline as the person had also been taking Roaccutane.

The RP spoke to people over the telephone to make alternative suggestions and in cases where they may have ordered more medicines than needed. Interventions were recorded on the person's notes which were accessible to the pharmacy team. The RP explained that Nomad were looking at merging all their systems so records could be accessed throughout their clinics.

Acetazolamide was prescribed and supplied to people for high altitude sickness. The pharmacy followed The British Mountaineering Council (BMC) guidance when prescribing and dispensing this.

The pharmacy dispensed prescriptions that people had sent in but did not issue prescriptions for people to take elsewhere. The pharmacy also offered a prescribing service via its website. ID checks were being looked at by the business as a whole. ID checks were not routinely carried out for everyone who accessed the pharmacy's service at a distance, specifically those accessing the service via the website. Following the inspection, the RP informed the inspector that he expected the pharmacy to be able to check ID using a third-party service.

The vast majority of the prescribing was completed by the RP. Medicines were prescribed from an inhouse formulary and were standard items required for expeditions. The pharmacy had two standard kits. The 'worldwide travellers' diarrhoea kit' contained azithromycin for severe travellers' diarrhoea and the 'ultimate travel kit' also contained clarithromycin, a broad-spectrum antibiotic. The pharmacy followed standard good practice guidelines when supplying these. People were provided with written details on how to self-diagnose. The antibiotics were not to be used in cases of mild to moderate diarrhoea. The RP explained that there was a well-defined definition for severe diarrhoea and people were recommended to use the azithromycin if they showed these symptoms and there were no medical services available. Often the availability and standard of antibiotics was very poor in some of the remote areas that people travelled to. The clarithromycin was supplied to ensure that the person had access to antibiotics which met UK standards. People were required to seek medical advice before starting the antibiotics either in person or over the telephone. The pharmacy did not prescribe medication for use in the UK. People had to confirm that the medication was not for use in the UK before a supply was made. Travellers were required to have insurance, access to a telephone and access to a doctor over the telephone.

Very rarely the pharmacy also dispensed medicines against prescriptions issued by one of the doctors who ran a screening service. These were mainly for post-exposure HIV kits and post-exposure prophylaxis (PEP) kits. PEP kits were taken abroad by aid workers in case of needle stick injuries.

There was an established workflow in place. Prescriptions were dispensed by the dispenser and left for the pharmacist to check. It was very rare that the pharmacist had to self-check. Dispensed and checked-by boxes were available on labels which were observed to be used. Baskets were used to separate prescriptions, preventing transfer of items between people.

Patient information leaflets were provided with medicines dispensed. The pharmacy had also formulated their own leaflets which were supplied with kits, these contained additional information such as self-treatment for travellers' diarrhoea.

The pharmacy had not had any reported side-effects to the medicines supplied. Occasionally the clinics asked the pharmacist how people could manage side-effects. All PGDs used in the clinics had details of the yellow card scheme.

Medicines were packed in waterproof plastic bags as boxes were not suitable for high humidity conditions. These were then placed into Jiffy bags with appropriate padding or small boxes.

The organisation used a few different systems for recording information. One of the systems was accessible to all prescribers across the business. There was a separate system which sent out health questionnaires to people and the pharmacy had access to this to document approval as well as details of medicines supplied. A separate system was used for labelling and records were made by the prescriber on this.

The same guidelines were used across the business for the supply of medicines. A Scottish based system, 'Travax' was used for recommendation for anti-malarial. NaTHNac was also used to follow best practice. The supply of azithromycin was made using best practice guidelines and from data from a meta-analysis presented at a conference in Barcelona.

Medicines were obtained from licensed wholesalers. The RP reported that there had been issues obtaining containers and items for first-aid kits particularly those that were manufactured in the Far East. Costs of obtaining these items had increased and the availability had decreased. Date checking was completed regularly. The clinics including the pharmacy had removed a large volume of medicines and vaccinations when they had re-opened. Expiry dates of medicines were checked when dispensing and recorded on the dispensing label. A date-checking matrix was available. No date-expired medicines were found on the shelves checked. Out-of-date and other waste medicines were kept separate from stock, stored securely and then collected by licensed waste collectors. Drug recalls were received via email. These were sent to all clinics as standard. Records were kept of alerts actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

Reference sources were available including access to the internet. Computer systems were password protected. The organisation had a contract with an external company for destruction of confidential waste. As the pharmacy was closed to the public this helped to protect people’s confidentiality. The pharmacy did not dispense medicines which required refrigeration or any controlled drugs.

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.