

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: 15/03/2024

Pharmacy context

The pharmacy is in an office building on a busy street near Liverpool Street station. It 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 to people living in the UK. The pharmacy is closed to the public and medicines are delivered to people via courier.

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 appropriately identifies and manages the risks associated with its services. The pharmacy audits its prescribing service to help ensure that supplies are appropriate. It protects people's personal information. And people can provide feedback about the pharmacy's services. And team members are provided with the appropriate training so they know how to protect vulnerable people.

Inspector's evidence

Team members had signed to show that they had read, understood, and agreed to follow the pharmacy's standard operating procedures (SOPs). The SOPs were due to be reviewed in August 2022. The superintendent pharmacist (SI) said that he would be reviewing them soon. The pharmacy issued travel medicines against private prescriptions issued by UK-based prescribers. The SI was a pharmacist independent prescriber and issued most of the prescriptions. The pharmacy occasionally dispensed prescriptions issued by doctors or nurses who worked in the travel clinics. The pharmacy had conducted a risk assessment which covered the risks associated with the medicines that the pharmacy supplied. The risk assessment also outlined ways in which the pharmacy would mitigate those risks. The pharmacy had also undertaken an audit on the use of post exposure prophylaxis (PEP) issued by the pharmacy. This was a joint audit between the SI and the other prescribers. The appropriateness and quantity of PEP prescribed was audited. The SI said that the outcome of the audit showed that the sample of PEP supplies reviewed as part of the audit were appropriate.

The pharmacy had a process to record near misses, where a dispensing mistake was identified before the medicine had reached a person. The SI was looking to introduce an electronic log which would be shared with the travel clinic. This would enable both teams to learn from mistakes. There was a system in place to document dispensing errors, where a dispensing mistake had reached a person. The SI said that there had not been any recent dispensing errors, and that might be due to the pharmacy stocking a limited number of different medicines. Any errors and complaints would be discussed at the regular clinical governance meetings.

The pharmacy had current professional indemnity insurance. The SI confirmed that the insurance policy covered all activity undertaken in the pharmacy. The private prescription records were completed correctly. The correct responsible pharmacist (RP) notice was clearly displayed, and the RP record was generally completed correctly. The SI had forgotten fill in the RP log for a few days but added those during the inspection.

People were able to contact the pharmacy by telephone or email. The complaints procedure was clearly outlined on the pharmacy's website. The SI said that there had not been any recent complaints.

Team members had undertaken training about how to protect people's personal information. The pharmacy disposed of its confidential waste appropriately and computers were password protected.

Team members had completed training about protecting vulnerable people. And the SI had completed the Centre for Pharmacy Postgraduate Education Level 3 training. The SI said that there had not been any safeguarding concerns at the pharmacy. And he would refer any concerns to the relevant agency where needed. The pharmacy had contact details available for agencies who dealt with safeguarding

vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They do the right training for their roles. And they are provided with some ongoing training to support their learning needs and maintain their knowledge and skills.

Inspector's evidence

During the inspection, the pharmacy was covered by the SI. Two members of the team, both qualified dispensers, were on emergency leave. The SI said that he was able to manage the workload by prioritising urgent orders.

Team members had access to an online training platform and were provided with time to complete ongoing training. About 25 training modules were mandatory, including those about the General Data Protection Regulation, safeguarding vulnerable groups, health and safety, and fire safety. Team members also had access to another training platform which provided training specifically on travel health and vaccines. The team was due to complete basic life support training soon. Both dispensers had spent some time shadowing the nurses at the travel clinic to learn more about the services available and to help ensure they were able to provide the relevant advice to people contacting the pharmacy.

The SI's prescribing area of expertise was travel health. He said that he only prescribed within his scope of practice. He kept up to date by reading literature, attending study days by pharmaceutical companies, and attending meetings and training events provided by the Royal Geographical Society. He also presented at expedition training days, and provided advice on management of disease, treatments, how to recognise symptoms, and medical kits.

Appraisals were done annually and were in addition to informal discussions held with the team throughout the year. Targets were not set for the pharmacy team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. The pharmacy's website has clear information and advice for people accessing its services.

Inspector's evidence

People accessed the pharmacy's services via its website. People were asked to complete a medical questionnaire before being able to select the appropriate medical kit or antimalarial treatment. People were not able to select a medicine without completing a medical questionnaire first. The website provided thorough information about the contents of the kits and the different antimalarial options. People also had access to a step-by-step guide on how to order antimalarials.

The pharmacy was secured from unauthorised access. It comprised of two spacious rooms in an office building. The first room was used for meetings and to store IT equipment. The second room was used as a dispensary and comprised of shelves, computer terminals, and a dispensing workbench. It was bright, clean, and tidy throughout. The room temperatures were suitable for storing medicines on the day of the inspection. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the pharmacy's services. Overall, the pharmacy provides its services safely and manages them well. It stores its medicines securely and checks them regularly to ensure that they are still suitable for supply. But it does not always maintain up to date records for these checks.

Inspector's evidence

The pharmacy provided its services at a distance. Services and delivery timelines were advertised on the pharmacy's website. The pharmacy carried out checks to ensure that people receiving their medicines from the pharmacy were who they said they were. People using the pharmacy were largely from television companies, non-governmental organisations, or travel companies. The pharmacy supplied travel kits, first aid kits and travel medicines, including antimalarial tablets. The travel kits contained a variety of items including some prescription-only medicines.

People were asked to complete a health questionnaire, and it included information such as the person's details, travel destination, health information, allergies, and any medication they were taking. The SI said that he reviewed the completed questionnaires and decided on which anti-malarial medicine was most suitable for each person. Following this decision, he would then issue a prescription for that individual. Medicines were then dispensed against the prescription and sent via Royal Mail next day registered delivery. Individual tracking numbers for the packages were emailed to each person once the medicines had been posted.

People could purchase travel kits via the pharmacy's website, and they could also request antimalarial medicines. People could search for the medicine they wanted, and they were provided with information about it. They were able to see the various options available on the conditions page where they were directed to complete a consultation before being able to select the medicine they wanted. The SI explained that he reviewed the consultation questionnaires before he issued a prescription. And he would contact a person if there were any queries about the information they had provided. He checked several resources, such as the National Travel Health Network and Centre (NaTHNaC) and the online BNF. Any interventions were recorded on the person's notes.

The SI explained that antibiotics were prescribed for people travelling to areas where access to medical care was poor. The pharmacy did not prescribe medicines for use in the UK and people had to confirm that they would not use the medicines in the UK before the medicines were supplied. The pharmacy used an in-house formulary when prescribing antibiotics for severe travellers' diarrhoea. This formulary was based on a 2017 study from the Journal of Travel Medicines. There had not been any reported adverse effects to the medicines supplied by the pharmacy. The pharmacy supplied 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 kits. People were provided with written information about how to self-diagnose and were told not to take the antibiotics for mild to moderate diarrhoea. People were recommended to seek medical advice before starting the antibiotics either over the telephone or in person.

The pharmacy followed the British Mountaineering Council guidance when prescribing acetazolamide

for high altitude sickness. The pharmacy dispensed some medicines for post-exposure HIV kits and PEP kits. The PEP kits were to be taken abroad by aid workers in case of needle stick injury. Prescriptions for these kits were issued by doctors in the CQC-registered clinic as part of a screening service. The prescriptions were then dispensed in the pharmacy and checked by the SI.

Stock was stored in an organised manner in the dispensary and medicines were kept in their original packaging. The SI said that expiry dates were checked regularly but the records had not been updated for some time. There were no date-expired items found in with dispensing stock. The SI explained the action the pharmacy took in response to any alerts or recalls. But he did not keep audit trails of recent recall notices the pharmacy had received. The SI said that he would update the relevant records.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy was closed to the public which helped to protect people's personal information. A shredder was available but confidential waste was mostly collected by a specialist waste contractor. Team members had access to up-to-date reference sources online. And computers were password protected.

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.