General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: WebRX Pharmacy Ltd, 2-4 Canute Road, Southampton, SO14 3FH

Pharmacy reference: 9011478

Type of pharmacy: Internet

Date of inspection: 07/06/2021

Pharmacy context

This is a private pharmacy, situated inside a private medical practice in the Ocean Village area of Southampton. The pharmacy does not have an NHS contract. And it does not sell over-the-counter medicines. It only dispenses private prescriptions for testosterone replacement from prescribers who are associated with the medical practice and two online websites. These are https://www.optimale.co.uk/ and CJA balance https://www.cja-balance.co.uk/. The 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 identifies and manages risks in a suitable way. This includes the risks associated with COVID-19. The pharmacy's team members regularly monitor the safety of the pharmacy's services by recording their mistakes and learning from them. The pharmacy protects people's private information appropriately. And it keeps the records it should.

Inspector's evidence

The pharmacy is relatively newly registered. It held a range of documented standard operating procedures (SOPs) to support its services. They had been implemented in 2020 and provided guidance for the team on how to carry out tasks correctly. The staff had read as well as signed them. The pharmacy's team members understood their roles and responsibilities. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. A comprehensive risk assessment about the service that the pharmacy provided had also been completed.

The pharmacy had systems in place to identify and manage the risks associated with COVID-19. Very few people were admitted into the premises at any one time (see Principle 3). The pharmacy had a business continuity plan. The team had been provided with personal protective equipment (PPE). Staff were wearing masks at the time of the inspection. Hand sanitisers were present for staff to use and the pharmacy was cleaned frequently. Risk assessments for COVID-19, including occupational ones for the team were due to be completed. This was because the pharmacist had previously been working alone and the only other member of staff was new.

The pharmacy was clear of clutter and organised. It had an adequate amount of workspace available to dispense prescriptions. The pharmacist explained that when he previously worked alone, he generated the dispensing labels and assembled the prescriptions himself. A physical and mental break was then taken before the final check for accuracy was conducted. Now the dispensing assistant labelled and dispensed the items before this happened. Prescriptions were dispensed one at a time. Team members had been recording their near miss mistakes. They were reviewed every month and discussions were held about them. After identifying mistakes happening at the labelling stage, staff had subsequently been advised to slow down to help prevent this for future.

The pharmacist explained that there had been no incidents or complaints since the pharmacy had started trading and no feedback about the service. The pharmacy had a complaints policy and a procedure in place to manage incidents. People's consent to dispense their prescriptions from this pharmacy was obtained by the prescribers before they sent their prescriptions electronically. However, the pharmacy did not currently have access to this information. This was discussed at the time. The pharmacy, prescribers at the practice and websites used encrypted applications to electronically receive and send private prescriptions to the pharmacy. This complied with the legislation. Each prescription had a unique electronic signature attached which ensured it remained under the sole control of the prescriber and was tamper evident (see Principle 4).

The pharmacy also had policies to protect people's confidential information and for safeguarding vulnerable people. Staff had been trained on both. They knew who to refer to in the event of a concern. The pharmacist explained that the medicines were only available to people over the age of 18

and the prescribers obtained photographic ID before issuing prescriptions. This was also checked on delivery (see Principle 4). The pharmacist was trained to level 2 through the Centre for Pharmacy Postgraduate Education (CPPE). However, the pharmacy did not hold any relevant information about any safeguarding agencies. As the pharmacy supplied medicines to people nationwide, this could lead to a delay in reporting concerns and holding the relevant information was advised at the time. There was no confidential information present and the pharmacy displayed details about data protection. The team shredded confidential waste. The pharmacy's systems were secure with encrypted programmes and staff had signed confidentiality statements.

The pharmacy’s records were compliant with statutory and best practice requirements. The pharmacy had not obtained or supplied any Schedule 2 or 3 controlled drugs (CDs). Hence, there were no records that needed to be kept. The record about the responsible pharmacist (RP), records about supplies of unlicensed medicines, private prescriptions and those verifying that fridge temperatures had remained within the required range had all been appropriately completed. The pharmacy’s professional indemnity insurance arrangements were through the National Pharmacy Association. The latter was due for renewal after 30 November 2021.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to dispense medicines safely. The pharmacy's team members are suitably trained. And the pharmacist is providing them with ongoing resources to help keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy's staffing profile included the regular pharmacist who was also the superintendent and a trained dispensing assistant. The latter had only very recently started working at the pharmacy. His certificate to verify the qualifications he had obtained were seen. The dispensing assistant liked working at the pharmacy, he was finding the role interesting and was currently still in his probation period. He knew which activities were permissible in the absence of the RP and knew when to refer appropriately. The dispensing assistant had regular discussions with the RP and felt supported. The RP had been providing in-house training for him and explained that in addition to providing access to training resources from pharmacy support organisations (such as the CPPE), he would be creating bespoke ongoing training material. This would be specific to the nature of the pharmacy's business and would also be useful for locum staff. The doctors in the medical practice and linked to the websites were due to enrol the RP on a diploma in endocrinology.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises provide an adequate environment to deliver the service it provides. And its team members keep the premises clean.

Inspector's evidence

The pharmacy’s premises were inside a private medical practice and the pharmacy itself consisted of a small room. The pharmacy’s stock and equipment were all stored here. The room was of an adequate size for the pharmacy’s current volume of workload. It had a few workbenches and little stock but was clean, tidy, and organised. The RP could use the practice clinic rooms if a private conversation was required. They were of an appropriate size for this purpose. The RP explained that few people were seen at the pharmacy because of the way it was ran. The medical practice in which the pharmacy was situated had limited the number of people who could attend in person to two people at any one time due to COVID-19. This helped limit the spread of infection inside the premises. The pharmacy was cleaned regularly and a deep clean of the premises took place every week. The pharmacy was secured against unauthorised access.

The pharmacy was referenced on one website (www.optimale.co.uk/). This website displayed the GPhC voluntary logo and it had the name of the medical prescribers. From https://www.optimale.co.uk/our-trt-pharmacy/, the superintendent pharmacist's (SI) details were present, the pharmacy's terms and conditions, including how people could complain, and the pharmacy's contact details. The address provided was where the medicines were supplied from. This website had no reference to any medicines, including prescription-only medicines (POMs). There was no option to choose a medicine, strength or quantity. The website only gave details about testosterone replacement therapy, about the condition, the prescribers and people involved with this service. People could book a blood test and complete an online questionnaire before the medical prescribers would contact them for a consultation.

The pharmacy also had its own website, https://www.webrx.co.uk/. The SI explained that this was still under development and included brief details about the services it was to offer, including the pharmacy's contact details and how people could register their interest.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally provides its services appropriately. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. And it has the right systems in place to receive and track prescriptions. But the pharmacy does not always record all the relevant information when interventions have been made, or when people have been advised about their medicines. This limits its ability to show that this has been happening regularly.

Inspector's evidence

The pharmacy is registered as an internet pharmacy, some details about it can be found under its own website (https://www.webrx.co.uk/) and as mentioned under Principle 3, there is some reference to the pharmacy on https://www.optimale.co.uk/. The pharmacy currently receives and dispenses private prescriptions for testosterone replacement from prescriber's who are based at the private medical practice where the pharmacy's registered premises are and from two online websites, https://www.optimale.co.uk/ and CJA balance https://www.cja-balance.co.uk/. The two websites are linked to the same prescriber (Dr Chris Airey, GMC number: 7490533).

The pharmacy received the private prescriptions from two work-based applications. The prescribers had their own access to these and once the prescription had been created, it remained under the sole control of the prescriber. The pharmacy was alerted through its system workflow and after receiving it electronically, it was synced to the patient medication records (PMR). The RP stated that the systems and applications being used were secure and encrypted. There were also audit trails in place. The pharmacist could easily trace who had created the prescription, when it had been locked by the prescriber and when it had been opened. In addition, after approval, the prescription was synced to the pharmacy's G-drive so that it could be pulled off the pharmacy's system manually, if required.

The RP explained that the prescribers used the European and British guidelines on sexual health for men and stated that they had specialised in testosterone replacement therapy. In addition to licensed products, some unlicensed medicines were also prescribed and dispensed. The RP said that they were tailored to the person's blood test results. People were monitored every week and month. Side effects and sperm counts were routinely checked. However, the RP did not currently have access to people's blood test results. He said that he was now familiar with the guidelines, doses and medicines being prescribed and would often see repeated doses. The RP stated that he did query unusual doses, or when on occasion, larger quantities had been prescribed and had made interventions, but this information had not been documented.

The prescribers were currently responsible for counselling people about their medicines, the dose, side effects and injection technique. The RP explained that the doctors held online, virtual consultations before and after people were supplied with their medicines. The second consultation covered these points, but the RP stated that he was due to take this over. Although the prescribers handled the administration side, people were given the pharmacy's contact details if advice was required. The RP explained that he had advised people about side effects and injection technique, but no details about this had been recorded.

Once the private prescriptions had been received and printed, they were labelled and dispensed by

staff before being accuracy checked by the RP. Staff used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. Once staff generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members used these as an audit trail.

The pharmacy did not provide any additional services and it only dispensed medicines against private prescriptions as described above. Once dispensed, the medicines were packed and sealed before being delivered. The pharmacy used a courier service that had tracking facilities for this. Signatures were obtained from people when they were in receipt of their medicines and records had been kept. The RP explained that the courier also checked ID to confirm that the person receiving the medicine(s) was over 18 and failed deliveries were brought back to the pharmacy. The pharmacy did not stock, dispense or deliver Schedule 2 or 3 CDs.

The pharmacy was located on the first floor, accessed by steps and by walking through the main reception area of the private medical practice. It was not readily open to members of the public and due to the nature of its business, it did not advertise its services. People were supplied with the pharmacy's contact details. If required, the team could generate labels with a larger sized font for people who were partially sighted and could use a translation service for people whose first language was not English.

The pharmacy's stock was stored in an organised way and the pharmacy only kept a limited amount of medicines and associated products for testosterone replacement. The pharmacy used licensed wholesalers such as Alliance Healthcare to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Stock was rotated and short-dated medicines were identified. Medicines returned for disposal that had been dispensed by the pharmacy, were accepted by staff, and stored within designated containers before being collected. The pharmacy had an arrangement with a waste disposal company for this. The team did not accept sharps, people were referred appropriately. Drug alerts were received by email, checked, and actioned appropriately. Records had been kept verifying this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment it needs to provide its services safely. And its equipment is kept clean.

Inspector's evidence

The pharmacy’s equipment included clean, counting trays, a separate one for cytotoxic medicines, a legally compliant CD cabinet and an appropriately operating pharmacy fridge. The dispensary sink for reconstituting medicines (if required) was clean. The pharmacy had hot and cold running water available as well as internet access. Computer terminals were positioned in a manner that prevented unauthorised access.

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.