

Registered pharmacy inspection report

Pharmacy Name: GMG Pharmacy, Ghosh Medical Group, Rodney Street, Liverpool, Merseyside, L1 9ED

Pharmacy reference: 9011495

Type of pharmacy: Community

Date of inspection: 17/02/2023

Pharmacy context

The pharmacy is situated within a private GP medical practice, in the city centre of Liverpool. The premises are accessible for people, with adequate space in the reception area. The pharmacy dispenses approximately 100 private prescriptions each month. And it has a selection of over-the-counter medicines available to buy. It has a consultation room for private conversations. The pharmacy is owned by Dr Arun Ghosh, a private GP for Ghosh Medical Group. The pharmacy is associated with a private medical cannabis clinic in London which employs GMC registered specialist doctors and pharmacist independent prescribers (PIP). And it dispenses a small number of private prescriptions for medical cannabis each month.

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 has written procedures to help make sure services are provided effectively. The pharmacist is clear about her roles and responsibilities and knows how to protect private information. And the pharmacy keeps the records required by law.

Inspector's evidence

There were up to date Standard Operating Procedures (SOPs), with sign off sheets showing that the pharmacists had read and accepted them. The roles and responsibilities of the pharmacist was set out in the SOPs. The pharmacist was able to clearly describe her duties. The pharmacist explained that there had been no near miss incidents or dispensing errors since the pharmacy opened in December 2020. She said dispensing errors would be recorded in an incident log and near miss incidents would be recorded on a near miss log.

The correct responsible pharmacist (RP) notice was displayed conspicuously. A complaints procedure was in place and a poster explaining the complaints procedure was displayed in the reception area. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose. The pharmacist said because of negative feedback received from a patient regarding stock not being available at the time the private prescription was written, she had increased the amount of stock held for regular medicines supplied.

The company had professional indemnity insurance in place. The private prescription record, unlicensed medicines (specials) record, responsible pharmacist (RP) record and the CD register were in order. CD running balances were kept and audited regularly. The pharmacy had not made emergency supplies of medicine since the pharmacy opened.

Confidential waste was placed into a designated bin, to be collected by an authorised carrier. Confidential information was kept out of sight of patients and the public. An information governance policy was in place and the pharmacists had each read and signed a confidentiality agreement. The computer was password protected, facing away from the customer. Patients completed health check forms before they saw the GP. These forms explained how the medical practice and the pharmacy intended to use their personal data. The pharmacists had completed level 2 safeguarding training and had read the safeguarding policy. The local contact details for raising a concern were present.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs three pharmacists who can manage the workload safely. The pharmacists can act on their own initiative and use their professional judgement. The pharmacists carry out appropriate training for their roles.

Inspector's evidence

The superintendent (SI) pharmacist was on duty, and she managed the workload adequately. The pharmacy employed two other pharmacists on a part-time basis. The pharmacist had completed a vaccines training programme online with an accredited provider 3 months ago. The details of the training course were provided. It covered travel, immunology, vaccination, general travel, and health advice.

The pharmacist was aware of a process for whistle blowing and knew how to report concerns if needed. The pharmacist had received an appraisal with Dr Ghosh in the last year. She explained that she had found the appraisal process a useful way to identify how she was able to develop in her role and develop pharmacy services. She said that she had found Dr Ghosh to be supportive and approachable and he was happy to answer any questions she had. The pharmacist knew what questions to ask when making a sale and when to refuse to supply. The pharmacist explained that there were no formal targets or incentives set for services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. And it has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. The pharmacist said that the dispensary bench, sink, and floors were cleaned regularly. The temperature in the pharmacy was controlled by heating units. Lighting was good. Access to the dispensary was restricted by a locked door, when the pharmacist was not present, or they were providing pharmacy services in the consultation room.

The pharmacy premises were maintained in an excellent state of repair. Maintenance problems were reported to the pharmacist. Staff facilities included a microwave, kettle, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people, and they are generally well managed, so people receive their medicines safely. The pharmacy stores medicines appropriately and carries out checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was accessible to all, including people with mobility difficulties and wheelchairs. The pharmacist was clear about what services were offered and where to signpost to a service if this was not provided. The workflow in the pharmacy was organised with adequate dispensing bench space. The pharmacy was open from 9am - 2.30pm on a Monday to Thursday, and 9am - 5pm on a Friday.

The pharmacy was associated with a prescribing service which was provided by Dr Arun Ghosh of Ghosh Medical Ltd. Dr Ghosh was registered with the General Medical Council. The prescribing service covered all therapy areas and was regulated by the Care Quality Commission (CQC). The prescribing service was provided through face-to-face consultation with the patient.

The pharmacy had supplied 1228 prescription only medicine (POM) items on private prescriptions in the last 12 months, of which around 80 were high-risk medicines such as zapain, zopiclone, zolpidem and diazepam. Other prescription medicines supplied included blood pressure treatment, cholesterol treatment, antibiotics, and slimming injections. The pharmacy did not supply warfarin, methotrexate, lithium, or valproate medication. The pharmacist had access to the prescriber's consultation records, which included the reason for supply. The pharmacist carried out a professional check of all private prescriptions and this was documented on the consultation record for each patient.

The pharmacist described how three patients had been clinically reviewed and supported by Dr Ghosh and herself to gradually reduce or stop taking medicines such as diazepam, co-codamol, tramadol m/r and oxycodone. She explained that it was very important to both Dr Ghosh and the pharmacists that patients had their medicines reviewed regularly, particularly, when they were prescribed high risk medicines and where clinically appropriate, medicines were reduced or stopped.

The pharmacy was also associated with a medical cannabis clinic based in London. The clinic was regulated by the Care Quality Commission (CQC). And the prescribing service was provided through face-to-face or video consultation with the patient. Dr Ghosh explained that any patient referred to the clinic must have tried and failed with two conventional treatments, before the referral took place. The pharmacist explained that they currently had three patients who were prescribed unlicensed medical cannabis on private prescription each month. Copies of these private prescriptions were present and were in order. The pharmacist described the patient journey regarding the supply of medical cannabis. Once a referral to the clinic had been made by Dr Ghosh, the patient received a consultation with a GMC registered specialist doctor, who determined what treatment, if any, was appropriate. The pharmacist explained that the clinic had a SOP in place for the supply of medical cannabis. The clinic employed three pharmacist independent prescribers (PIP) who took over the prescribing of medical cannabis after the initial patient consultation with a specialist doctor. The pharmacist provided details of the medical cannabis training modules that had been completed by the PIPs, and copies of professional indemnity insurance certificates for each PIP.

The pharmacist showed the inspector a dispensed container of medical cannabis that had been labelled. The labelling requirements were not being fully complied with, as the special label warnings had been omitted. This meant patients may not fully be aware of the potential side effects of treatment. The pharmacist explained that this had been an oversight and all future dispensed medicines would include the special label warnings. For example, "WARNING" This medicine may make you feel sleepy. If this happens do not drive or use tools or machinery. Do not drink alcohol. Do not drive while taking this medicine until you know how it affects you. Do not drive if you feel sleepy, dizzy, unable to concentrate or make decisions, or if you have blurred or double vision.

The pharmacy only supplied medicines to patients who had provided signed consent to the medical centre to share information, including details of their consultation and any medicines prescribed, with their NHS GP, except for patients who were receiving treatment for sexual health who were able to request their information was not shared.

Stock medicines were stored inside a locked room behind the medicines counter. They were sourced from licensed wholesalers and were stored tidily. Date checking was carried out and a record was kept. No out-of-date stock medicines were present from a number that were sampled. Denaturing kits were available for destruction of any patient returned CDs. CDs were stored appropriately. There was a clean fridge for medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily. Drug alerts and product recalls were received from the MHRA website. These were actioned on by the pharmacist and a record was kept.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. And it is used in a way that protects privacy.

Inspector's evidence

The latest versions of BNF and BNFc were present. The pharmacist also used the internet to access websites for up-to-date information. For example, Medicines Complete. Any problems with equipment were dealt with by the pharmacist. All electrical equipment appeared to be in working order and was PAT tested in the last 12 months.

Liquid measures that were to British Standard were available. The computer was password protected with the screen positioned so that it wasn't visible from the reception area of the pharmacy.

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.