General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Ask Pharmacy, Ask Aesthetics, Unit 5, Mayfield Industrial Park, Liverpool Road, Irlam, Manchester, Greater Manchester, M44 6GD

Pharmacy reference: 9011551

Type of pharmacy: Internet / distance selling

Date of inspection: 22/02/2022

Pharmacy context

This distance-selling pharmacy occupies a business unit on an industrial estate. It makes private prescriptions supplies of non-surgical aesthetic treatments and some associated products directly to UK-based healthcare professionals and aesthetic practitioners, who register via its website www.ask-pharmacy.co.uk. The pharmacy also supplies prescription only weight-loss treatments. The pharmacy does not provide NHS services. This inspection was completed 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

Overall, the pharmacy manages the risks associated with its services. It has written policies and procedures to help make sure it operates safely and team members generally follow these in practice. The pharmacy completes check to make sure the prescribers that it partners with are qualified and competent in the area they are working. And the pharmacy understands its role in safeguarding vulnerable people from receiving treatments that might not be suitable for them.

Inspector's evidence

The pharmacy started operating in March 2021. Members of the public did not visit the premises. Staff members completed a COVID-19 lateral flow test each working day to check they were fit to work. Face masks were available for staff members to use.

The pharmacy's written policies and procedures covered completing due diligence checks on prescribers and supplying aesthetic and weight-loss products. These policies stated that prescribers wishing to partner with the pharmacy had to provide proof of their identity (passport or driver's licence), confirmation of their address (for example, a recent council tax or utility bill, or bank statement), and their professional registration details. A randomly selected record indicated that the pharmacy kept copies of these documents. The policies indicated that the pharmacy only partnered with prescribers who had confirmed that they were following UK prescribing guidelines.

The pharmacy only accepted prescriptions from UK-based healthcare professionals registered with a UK healthcare regulator. And a random sample of the pharmacy's records suggested that it adhered to this policy.

The pharmacy required each prescriber to provide proof of their professional indemnity insurance stating their prescribing area and providing a minimum of one million pounds cover. The pharmacy kept copies of the prescriber's professional indemnity insurance confirming this. The superintendent recalled examples of prescribers issuing prescriptions outside of their insurance terms, which the pharmacy had refused to accept.

The superintendent explained that the pharmacy usually only worked with prescribers who had professional indemnity insurance with one of three insurers, and these insurers required healthcare professionals to have a minimum of a level four qualification in anatomy and physiology qualification. This provided the pharmacy with further assurance that it was working with suitably trained prescribers. The pharmacy's written policies did not explicitly state this was a requirement when registering a prescriber.

The superintendent estimated that around twenty of their registered aesthetic prescribers were affiliated to the pharmacy. These prescribers had trained under the pharmacy's managing director, who was a registered nurse and had been an aesthetic practitioner for around ten years with a level six non-medical prescribing qualification and a level three education and training qualification. The managing director explained that they provided the aesthetic prescribing course under a separate company

from a training centre that was registered with Ofqual, the independent qualifications regulator for England. Course applicants needed to hold a minimum of a level four anatomy and physiology qualification in England, Wales and Northern Ireland. The course included body dysmorphia training, and doctor or nurse-led training on mixing intravenous nutritional therapy (IVNT) products with vitamins without affecting each product's stability. So, the pharmacy knew these prescribers were trained and competent.

Prescribers were required to provide evidence of their aesthetic training when registering. The policy suggested that the pharmacy worked with prescribers who had completed additional medical practitioner-led training from a Continuing Professional Development (CPD) certification service registered training provider. However, it was unclear if the pharmacy checked this as part of the registration process.

The pharmacy only partnered with one weight-loss service prescriber who was an advanced nurse practitioner specialising in prescribing liraglutide and semaglutide. The service had been registered with the Care Quality Commission (CQC) since 6 September 2021, but it had not been inspected.

The pharmacy kept records of each prescriber's registration status, professional indemnity insurance and their training certificates. The superintendent explained that they checked each prescriber's registration status with their regulator every two months, although this was not stated in the written procedures.

The superintendent explained that they regularly reviewed the quantities of aesthetic products prescribed from a randomly selected sample of prescriptions that the pharmacy had supplied. These checks were made against the pharmacy's list of maximum quantities of products it would supply against an individual prescription. These limits were based on unofficial aesthetic industry accepted estimates of each product for a treatment area and period. However, there were no records of these reviews, so the pharmacy could not clearly demonstrate this.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication the pharmacy supplied. The pharmacy team discussed and addressed any mistakes it identified when preparing products. Staff completed a record of each mistake, but they did not always record why these had happened, so they might not always identify patterns and miss further opportunities to mitigate risks in the dispensing process.

The pharmacy had professional indemnity insurance for the services it provided, which included aesthetic product supplies. The RP, who was the superintendent and regular pharmacist, displayed their RP notice, so the public could identify them.

Until recently the pharmacy was using a paper format for its RP record, but it was now using electronic spreadsheet to record these details. This could be easily amended, but changes could be detected.

The pharmacy used an electronic register to record private prescriptions. The superintendent did not have full access to the electronic register. A spreadsheet version of the register was available to examine, but this could be easily amended. The superintendent agreed to review the recording arrangements to make sure the records were reliable.

Team members had signed a confidentiality agreement to protect people's information and they had completed general data protection regulation training. The team securely stored and destroyed confidential material. The pharmacy's privacy policy was published on its website.

The pharmacy's dispensing procedures stated that team members must check the client's date of birth

on the prescription. Aesthetic and weight-loss products prescribed for persons under the age of eighteen years were not supplied and referred to the superintendent. The weight-loss prescriber confirmed in writing that each client was over eighteen years old. A check of a random sample of aesthetic and weight-loss prescriptions indicated that clients were aged over eighteen years.

The superintendent, regular locum pharmacist and accredited checking technician (ACT) had level two safeguarding accreditation. The pharmacy had written policies for safeguarding aesthetic and weight-loss clients that highlighted the risks of providing this service online. These included the prescriber providing evidence to the pharmacy that they have made a record justifying their reasons for prescribing each single treatment.

The weight-loss prescriber asked their clients for written permission to share their information. Most clients provided consent for the prescriber to share their information with their GP. The pharmacy obtained a written declaration from the weight-loss prescriber to confirm they completed checks to confirm the client's identity, assessed each client's mental health for eating disorders, and only prescribed after consulting the client.

The aesthetic prescribers who had trained via the managing director's training company had completed body dysmorphia training. However, the pharmacy did not check if other aesthetic prescribers had completed training. The superintendent agreed to review this.

The pharmacy encouraged all prescribers to make sure they clinically supervised the aesthetics practitioners who administered treatments for their clients. However, this was not a formal requirement.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained staff to provide safe and effective services. The regular pharmacist completes additional training to help develop their knowledge around non-surgical aesthetic procedures.

Inspector's evidence

The pharmacy team comprised of the superintendent pharmacist who provided cover three days per week, a regular locum pharmacist, and an accredited checking technician (ACT).

The pharmacy had enough staff to comfortably manage its workload. There was a low demand for the aesthetic and weight-loss treatments. So, the pharmacy was not experiencing sustained periods of increased workload pressure, and it did not have any targets for the volume of services it provided.

The superintendent and locum pharmacist had completed aesthetic prescribing training that the managing director had provided, including training on intravenous nutritional therapy (IVNT).

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services, and it provides a professional environment for healthcare services. The pharmacy’s website has basic information about its services.

Inspector's evidence

The pharmacy premises were a large dispensary that could easily accommodate the whole team. It was suitably maintained and professional in appearance. The open-plan design provided enough space for the volume and nature of the pharmacy’s services. The public did not visit the premises, so a consultation room was unnecessary. The level of hygiene was appropriate for the services provided. Staff could secure the premises from unauthorised access.

The pharmacy’s website included its and the owner’s address, the superintendent pharmacist’s identity, and a link to check their registration status. Some of this information was not easy to find, so people may have difficulties establishing who was responsible for the services. The website contained basic information about the pharmacy’s services. Prescribers registered to access the ordering service either via the website or telephoning the pharmacy.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally supplies medicines and aesthetic products safely. It completes some checks to make sure the medicines and products it supplies are appropriate for the person receiving the treatment. But the pharmacy does not always obtain information about the intended dosage or administration of each product. This could make it more difficult for the pharmacist to make sure that the supply is suitable for the person receiving the treatment, or that it is administered correctly. The pharmacy obtains its stock from authorised suppliers. The pharmacy team use cold-chain packaging to maintain temperature-sensitive products during transit.

Inspector's evidence

The pharmacy usually operated 9am to 5pm Monday to Friday.

The pharmacy's written procedures stated that prescribers who were registered with the pharmacy had to declare that they had a face-to-face consultation with aesthetic clients when issuing a prescription. The aesthetic and weight-loss prescribers provided written confirmation that they had verified their client's identity.

Randomly selected aesthetic prescriptions stated that the prescriber had completed a face-to-face consultation with the client. However, one prescription that was examined indicated that the prescriber's and client's addresses were around two hundred miles apart. The superintendent explained that this prescriber operated a clinic from a hired facility close to the client's address. However, the pharmacy had not recorded this to show that it had been considered as part of the clinical check.

The weight-loss prescriber provided written confirmation that they had verified their client's medical history and confirmed what medication they were taking. The superintendent explained that the prescriber first reviewed each client's responses to an online consultation questionnaire. After reviewing this, the prescriber usually did a follow-up face-to-face consultation. A video call was sometimes considered sufficient if there were no complicating factors or significant client safety issues arising from the initial review. The prescriber shared their consultation records with the pharmacy. So, the pharmacy made sure a weight-loss consultation had been completed. The superintendent explained that following some of these reviews, the prescriber had referred the client to their GP due to significant risk factors that precluded them from weight-loss treatments.

The weight-loss consultation records included the client's blood pressure, pulse, body mass index, liver and kidney function and if they had any personal or family history of neck lumps or swelling. They provided evidence corroborating their client's body mass index (BMI) via their side-body profile and weighing scale reading in the same image. The number of prescriptions issued for weight-loss products had reduced since this requirement had been introduced. Blood glucose levels were also checked each time a prescription was issued, with arrangements to take them remotely if necessary. The superintendent confirmed that they reviewed each of these records before supplying weight-loss medicines. The pharmacy did not document this, but it kept records of weight-loss treatment enquiries from members of the public which it recommended were not suitable for them because their BMI was too low, they had a history of thyroid cancer, or were pre-diabetic. The superintendent pharmacist personally checked prescriptions that called for a combination of IVNT kits and vitamins to make sure they were suitable to be administered together as they had received specific training on this.

Around seventy percent of the weight-loss prescriptions called for a semaglutide medicinal product that was not licensed for treating weight-loss. The superintendent explained that the prescriber had decided to supply semaglutide which was similar to liraglutide, which is licensed for weight-loss, because it was more convenient as it only required once a week administration. The pharmacy did not keep records for each client that clarified why it had supplied a semaglutide product outside of its licensed use. The pharmacy was attempting to obtain another semaglutide product, which had recently been licensed for weight-loss, as the prescriber was intending to use this in the future.

Aesthetic and weight-loss prescribers accessed the pharmacy's secure online system to complete and sign electronic prescription forms using their own unique identifier code, which helped to prevent unauthorised access and authenticate documents. The prescriptions contained a space for the directions. A sample of aesthetic prescriptions checked stated the products were to be used 'as directed'. The lack of information about dosage and administration made it more difficult for the pharmacist to determine if the supply was appropriate.

The weight loss prescriptions had a declaration that a face-to-face consultation had been completed, but it did not include the consultation date. Aesthetic prescriptions stated that the prescriber needed to include the date of the face-to-face consultation for botulinum toxin products. The prescription form did not ask for a dermal filler consultation date. But the superintendent explained that prescribers usually included this date, and they agreed to update the prescription to make it clear that prescribers must include the face-to-face consultation date for dermal fillers.

The pharmacy's aesthetic procedures specified the maximum quantity of botulinum toxin and dermal filler products that the pharmacy could supply per prescription. Pharmacy team members referred to the list of maximum aesthetic and weight-loss product quantities when completing the clinical check. This provided some assurance that prescribers were not ordering products for stock and they were solely intended for the client named on the prescription. The pharmacy's written policies stated that it would review aesthetic prescribers' reasons for prescribing an aesthetic treatment to each individual client. However, the pharmacy did not have access to this information, so it did not carry out this review when completing the clinical check.

The pharmacy obtained IVNT kits directly from a UK based manufacturer, so it could access information about these product's stability. It obtained aesthetic products, UK-licensed vitamin injections and sodium chloride infusion bags from MHRA licensed suppliers. The pharmacy monitored its refrigerated medication storage temperatures. The team stored the pharmacy stock in an organised manner. It used baskets during the dispensing process to separate people's medicines, including refrigerated products. Records confirmed that the team regularly completed medication expiry date checks for the stock, including those stored in the refrigerator.

The pharmacy used a next-day external courier service, and people had to sign for their delivery on receipt. This helped to make sure they received their medication promptly and securely. The superintendent had tested the ice-packs it used to transport refrigerated items. This helped to maintain the cold chain during transit. The pharmacy disposed unwanted products and failed deliveries that the courier returned.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept corresponding records. The records did not include the date the stock was checked or who checked it, so the pharmacy could not easily confirm this. The pharmacy had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively. And it has the facilities to secure people's information.

Inspector's evidence

Work surfaces, light switches, IT equipment, and other touch points were sanitised each working day morning and afternoon. The staff kept the dispensary sink clean; it had hot and cold running water and antibacterial hand sanitiser was available. The pharmacy had the latest copies of the BNF and cBNF to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. The staff spoke to people directly via the telephone. And members of the public did not visit the pharmacy, so it was unlikely that unauthorised persons could see patient data at the pharmacy. The team regularly backed up client's supplied products data on its patient medication record (PMR) system, which had password protection. The pharmacy stored client information that the weight-loss prescriber had shared on a secure encrypted cloud-based system.

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.