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: 28/03/2024

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 against prescriptions issued by a CQC registered service, which was not reviewed. The pharmacy does not provide NHS services.

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 team follows written procedures, which help them to deliver the pharmacy's services in a safe and effective manner. They make a record when things go wrong and review them to help identify learning points. The pharmacy keeps the records it needs to by law. And members of the team complete training about how to keep people's information safe. But the pharmacy does not have written risk assessments for the services it provides. So, it may not be able to show adequate steps have been taken to assess the risk associated with providing services at a distance. And the weight loss service does not always inform people's GP, which may have an impact on their care.

Inspector's evidence

The pharmacy supplied medicines against electronic prescriptions generated by UK prescribers through the pharmacy's website and shipped them directly to the aesthetic practitioner. Before a practitioner could use the website, they signed up for an account and subsequent due diligence checks were performed to verify the identity of the practitioner. Practitioners had to submit a copy of the certificate of training for the medicine being supplied to people and the technique being performed, a copy of their indemnity insurance, and their ID, which could be passport or driving licence. If the person was a healthcare professional, they also were required to submit details of their registration. A spreadsheet contained a list of approved practitioners, with a link to folders which had all their documents saved. Practitioners were able to order a range of consumables, such as needles and syringes, without a prescription. Each time the pharmacy received a prescription for an aesthetic product or medicine, the team were required to check the spreadsheet of approved practitioners. But there were no further checks against a prescriber's professional registration. So, there was a risk their authority to prescribe may be changed or removed without the pharmacy's knowledge. During the inspection, the pharmacy had identified a solution to enable registrations to be checked as part of their process.

The pharmacy had electronic standard operating procedures (SOPs) which were due for review in January 2025. Members of the team had signed to say they had read and accepted the SOPs. There was also a specific procedure covering the account opening process, and use of the electronic prescribing platform on the website. A policy stated the maximum amount of medication which could be supplied to a singled person on a prescription. For example, no more than the equivalent of 300iu of botulinum toxins was not permitted in a six-month period. The superintendent pharmacist (SI) explained this amount had been determined following discussions with experienced aesthetic practitioners. But there was no written risk assessment for the pharmacy's services. So, the pharmacy may not be able to always be able to demonstrate it had identified and mitigated all of the risks associated with its services. And the pharmacy had not completed any audits against its policies or procedures, which would help to identify how well the controls worked.

Written procedures were available for supply of weight loss medicines. Those who wished to use the service were sent a link to complete an electronic questionnaire. This was sent to a nurse prescriber, who worked for a CQC-registered provider, to be assessed about whether the supply was appropriate. The pharmacy had gained assurances around the prescribing process. This included people being required to submit a copy of their ID, and a photo of themselves on a set of scales to show their starting weight. But the person's GP surgery were only informed if the person had provided consent to do so. So, there is a risk those who did not provide consent may not receive joined up care for their condition.

The pharmacy used electronic software to record mistakes. A standardised report form was used to record the details of any dispensing errors, and actions taken. To help learn from dispensing errors, the pharmacy used high resolution CCTV above the checking and packing station. This allowed the pharmacy to review the images of the mistake. Near miss errors were recorded on the software and reviewed each month. To help reduce the likelihood of picking errors, the pharmacy had highlighted and moved similar sounding medicines and aesthetic products. In the last monthly review, team members were asked to circle the quantities on the box, as a reminder to check the pack size.

The roles and responsibilities for members of the team were described within the SOPs. The pharmacy's complaint procedure was available within its terms and conditions policy on its website. Any complaints would be recorded and followed up by the superintendent. Records for the responsible pharmacist (RP) and private prescriptions appeared be in order. A certificate of professional indemnity insurance was seen.

The pharmacy had an information governance policy. Members of the team had each signed a confidentiality agreement, and they had completed general data protection regulation training. The team securely stored and destroyed confidential material. Details about how the pharmacy handled people's information was described in the pharmacy's privacy policy on its website.

Prescribers were required to acknowledge a declaration that the person they were prescribing for was over the age of 18 years. Aesthetic and weight loss products prescribed for persons under the age of 18 years were not supplied and referred to the superintendent. A check of a random sample of aesthetic and weight-loss prescriptions indicated that clients were aged over 18 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. Team members would discuss any safeguarding concerns with the pharmacist. Access to the contact details of local safeguarding teams were available.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained members of the team to provide safe and effective services. The team has completed additional training to help develop their knowledge around non-surgical aesthetic procedures.

Inspector's evidence

The pharmacy team included two pharmacists, one of whom was the superintendent pharmacist, a pharmacy technician who was trained to accuracy check prescriptions, and a dispenser. There were also non-pharmacy team members including the operations manager and managing director. Team members were trained for their roles and a staggered holiday system was used to maintain staffing levels.

Members of the team completed core pharmacy training qualifications. They also were required to complete an in-house induction programme to learn about aesthetics products and the medicines being supplied. The team also discussed learning points from updates in aesthetic procedures, and any points identified from clinical meetings. The superintendent pharmacist was a trained aesthetician and an independent prescriber.

The team were seen working well with one another and assisted each other with any queries they had. The dispenser had recently completed their dispenser training course and explained that he received a good level of support with their training and development.

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 was a large dispensary that was located within a business industrial unit. 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. Team members secured the premises from unauthorised access.

The pharmacy's website included details of the pharmacy's location and ownership. But there were no details about the superintendent pharmacist's identity. So, people may have difficulties establishing who was responsible for the services that they accessed. The SI confirmed this information would be added to the website. There was also basic information about the pharmacy's services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy’s services are accessible by the intended user. It obtains medicines and aesthetic devices from licensed sources. And it carries out regular checks to help make sure that they are in good condition. The pharmacy asks additional questions about the medicines or products they supply to help ensure they are being used safely.

Inspector's evidence

The pharmacy operated 9am to 6pm Monday to Friday. Information about how to contact the pharmacy by telephone or email was displayed on the website.

Medicines and aesthetic supplies were dispensed against electronic prescriptions. Prescribers, who also administered the product, would create an order and issue an electronic prescription for the person they completed a consultation with. Aesthetic practitioners who were not prescribers could also create an order and the prescriber who was linked to their account could issue the corresponding electronic prescription. When a prescriber issued a prescription on the pharmacy's website, they were required to complete a series of declarations. Including that the person administering the product was suitably trained and had insurance in place. And confirmation that a face-to-face consultation between the person and the prescriber had been undertaken.

The pharmacist would check the prescription against a spreadsheet, which contained the details of approved prescribers on the pharmacy's system. The spreadsheet indicated when the documentation had been checked and when the prescriber's date of registration was due to expire for their healthcare registration. Each order was placed on hold and the pharmacy sent the person the prescription was intended for a questionnaire to complete. This asked further details about the aesthetic procedure, and the person's medical history. The order was released once the questionnaire had been received and clinically checked by a pharmacist.

A rejection list kept a record of any queries or orders which had been rejected. For example, if the details on the prescription did not match those on the questionnaire returned by the person. Or if the prescriber's address was not within the locality of the person having the aesthetic procedure. Most of the list related to procedural queries rather than clinical concerns.

Medicines and aesthetic products were stored in dispensing baskets, to reduce the risk of items being mixed up with other people's orders. A checklist was kept with each order and was used as a prompt to check some of the order details such as delivery method and delivery address. Members of the team also signed the checklist as a record of who completed each stage of the assembly process. Dispensing labels were used and affixed to each product, which displayed the name of the person the products were prescribed for.

A national courier was used to deliver the medicines and products using a tracked method of delivery. Items which required refrigeration were sent inside special packaging which helped to keep the temperature within the required range. The pharmacy had conducted checks for the delivery of refrigerated items to ensure they were suitable. The records showed items remained within their required range for up to 48 hours.

Medicines were sourced from licensed wholesalers. Aesthetic products were obtained directly from the manufacturer. The expiry dates of dispensary stock were checked each month. A record was kept showing what had been checked. Short-dated stock was highlighted using a sticker and removed at the start of the month of expiry. There were two clean medicine fridges, each with a thermometer. The minimum and maximum temperature was being monitored and recorded each day. Records showed the fridges had remained within the required range for at least the past three months. Drug alerts were received through electronic software. When alerts were actioned, the software recorded who had dealt the alert and when.

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

Team members had access to the internet for general information. This included access to the British National Formulary (BNF) and children's BNF resources. All electrical equipment appeared to be in working order.

Computers were password protected. As people did not visit the pharmacy in-person, there was adequate measures in place to maintain confidentiality. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy.

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.