

Registered pharmacy inspection report

Pharmacy Name: My Private Pharmacist (MPP), Suite 421, Highland House, 165-167 The Broadway, London, SW19 1NE

Pharmacy reference: 9011652

Type of pharmacy: Internet / distance selling

Date of inspection: 13/06/2022

Pharmacy context

This is an online pharmacy providing services mainly via its website <https://myprivatepharmacist.co.uk>. The pharmacy's premises are in an office block in the centre of Wimbledon which people can visit in person.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy has not conducted any risk assessments for any of the services it offers. And the pharmacist is not following several of the pharmacy's standard operating procedures risking medicines being used which may not be fit for purpose or safe for people to take.
		1.2	Standard not met	There are no arrangements in place to learn from things that go wrong. And there was no evidence of records being kept when they did go wrong.
		1.5	Standard not met	The pharmacy had no professional indemnity insurance cover in place
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy is providing services for which the pharmacist has not been appropriately trained
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy's website is laid out in such a way that it gives the impression people can choose a prescription only medicine before having an appropriate consultation. It also has a search facility which allows people to search for, and find, prescription only medicines.
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy is supplying some medicines unlawfully as it does not have valid patient group directions (PGDs), or other legal mechanism in place.
		4.3	Standard not met	The pharmacy has out-of-date medicines mixed in with the stock it uses for dispensing prescriptions or otherwise supplying to people. The pharmacy's date checking procedures are not being followed. The pharmacy cannot demonstrate that medicines that need to be stored in the fridge are kept within the specified temperature range. The fridge is also being used to store foodstuff.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has no insurance cover in place for the services it provides. It has not completed any risk assessments and is not recording, or learning from, the mistakes it makes. It does have up-to-date written instructions which tell its team members how to complete their tasks safely. But they are not all being followed. The pharmacy satisfactorily manages and protects people's confidential information, and it tells them how their information will be used. Team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) in place, kept online and dated May 2022. The pharmacist planned to review them in May 2023. There was no evidence of any risk assessments undertaken for any of the pharmacy's services.

The responsible pharmacist (RP) described the procedure he would follow in the event of a near miss or an error. There was a template form to be filled in, but nothing had been recorded to date. The inspector reminded the RP of the importance of recording all near misses and errors and then reviewing them on a regular basis. Patterns could then be identified, and lessons learned to help prevent the same things happening again.

There was a notice on display to tell people visiting the pharmacy who the responsible pharmacist was. There was also an electronic record of the RPs attendance. Upon inspection this showed the times of the RP's arrival but the times when the RP's responsibilities ended each day were not recorded. The RP was reminded of the need to include this and also to record any other short absence from the premises.

There was a complaints procedure on the pharmacy's website, and also a link for people to provide their feedback about the pharmacy's services. Those reviews seen were all positive. When asked about professional indemnity insurance cover, the RP admitted that he had no insurance in place. He had obtained quotes but had not taken any action to arrange cover. Upon reflection the RP agreed to make the necessary arrangements later that day. The RP sent the inspector copies of correspondence after the inspection, confirming that he had done so, and agreed to forward a copy of the certificate of insurance as evidence of cover as soon as he received it.

Private prescriptions were recorded using the patient medication record (PMR) system. However, the RP was unable to access the historic records so they could not be examined. The prescriptions themselves appeared to be in order. The pharmacy did not keep controlled drugs (CDs) so did not have a CD register.

The pharmacy had no means of safely disposing of unwanted or out-of-date medicines. Upon reflection the RP agreed to contact a suitable waste contractor to make the necessary arrangements. Records of unlicensed medicines examined mostly had a complete audit trail showing exactly what was obtained and supplied. But the prescriber's details were missing from some of those examined. PMR records were backed up regularly and securely, both online and locally.

The pharmacy had an Information Governance (IG) policy in place and had registered with the Information Commissioners Office (ICO). There was a privacy notice on the pharmacy's website, and the RP understood the need for confidentiality when accessing people's private information.

The RP was the safeguarding lead and had completed the required training. There was a safeguarding SOP available and the RP knew where to find the current contact details for local safeguarding agencies.

Principle 2 - Staffing Standards not all met

Summary findings

The sole team member is not adequately trained for all of the services the pharmacy provides. They do have a satisfactory understanding of their role and how they can help people with their medicines. They are also suitably aware of the risks involved in selling some medicines and know how to respond appropriately. The pharmacy has enough staff to manage most of its current workload safely.

Inspector's evidence

There was only the RP on duty at the time of the inspection. He had tried recruiting some additional staff to help him but without success so far. The pharmacy was very quiet, and the RP appeared to be able to manage most of the workload. But they were not completing all of the routine tasks referred to in principle 4. The RP kept himself up to date with continuing professional development (CPD). But had not completed all of the training and declarations of competence required for the Patient Group Directions (PGDs) being used by the pharmacy.

The pharmacy did receive phone calls from time to time from people requesting codeine linctus but the pharmacy did not stock this medicine. The RP was aware of its potential for abuse and described how he responded to such calls. There were no formal targets in place.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy's website is laid out in such a way that gives people the impression that they can choose a prescription only medicine before having an appropriate consultation with a prescriber, and it could mean they may not always receive the most suitable medicine for their needs. The premises themselves provide a professional, safe and secure environment for people to receive the pharmacy's services.

Inspector's evidence

The pharmacy's premises were a small room within an office block close to the centre of Wimbledon. Visitors to the pharmacy had to introduce themselves to a receptionist in the lobby before being directed to the pharmacy on the fourth floor. They were clean, tidy and in good repair. There was sufficient space to work safely and effectively at the current level of business. There was shelving on two walls, one with a selection of over-the-counter medicines and vitamins, and the other with a small selection of prescription only medicines. There was a large desk with the main computer for the pharmacy's website, and a second computer for the PMR system.

The pharmacy's website showed the RP's details and a photograph. There was a selection of treatments available online and links for people to follow and start a consultation. Those condition pages examined did not have a button or link for people to start a consultation on the condition itself. Instead, each condition on the website listed the different products available and their prices. Against each product was a button labelled 'view detail' which then led to a page for that individual product. There was a 'start here' button on each product page which gave the impression that the person could choose the specific medicine they wanted to buy, before starting the consultation. This meant people may not always receive the most suitable medicines for their needs. There was also a search facility which directed people to a selected prescription only medicine, from where they could again click through to the consultation page.

The website appeared to have secure mechanisms in place for people to enter their payment details. Identity was checked by asking people to upload a copy of their driving licence or other photo-ID. The RP described other options for verifying people's identity, such as 'Experian Prove ID', which were not currently in use.

There were toilet facilities on the same floor within the office block. These were not included in the inspection as they were outside the registered premises. The premises were well lit and ventilated, with room temperature maintained at a level to keep staff comfortable and suitable for the storage of medicines.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not have all the necessary documents in place so that it can supply some of its medicines legally. It does not keep any satisfactory records of conversations between the pharmacist and people using the pharmacy's services. It is not managing its medicines appropriately and is not keeping adequate records of the checks it should be making. The pharmacy does make its services easy to access both online and in person.

Inspector's evidence

The pharmacy promoted its services via its website, and also distributed leaflets locally. Most of the pharmacy's advertised services involved supplying prescription only medicines using PGDs as the legal mechanism for doing so. The pharmacy had access to a range of PGDs provided by 'Pharmadoctor', a company specialising in providing services remotely to pharmacies. The RP was unable to provide the inspectors with any of those PGDs which had been signed to enable him to complete the medicine supplies within the law. He stated that he intended to download and sign them as he received requests for the specific products concerned. Upon reflection he agreed to do this as soon as possible.

Once the pharmacy received an online request for a medicine, and the online consultation form had been filled out the RP would contact them either by phone or app. He then discussed their request in more detail, going through the requirements of the PGD, including any exclusion criteria. He was unable to provide any notes of those phone consultations. Upon reflection he agreed to keep notes of all consultations and conversations with people using the pharmacy's services.

The pharmacy also dispensed private prescriptions and delivered them using Royal Mail Special Delivery. The RP explained how people would upload a scan of their prescription and that he would then contact them either by phone or by app to discuss the supply. He stated that he didn't dispatch any medicines until he had received the original hard copy of the prescription.

Supplies of General Sales List (GSL) medicines were made online with minimal intervention. People could simply add them to the basket and complete the transaction. Sales of pharmacy only medicines (P-Meds) did include a consultation with the pharmacist before the supply was made. No notes of those consultations were seen.

There were some medicines in stock, some of which were out of date. The RP had a date checking procedure and a form for recording date checks. But he did not use these and stated that he always checked the expiry date before supplying anything. Upon reflection he agreed to start following the SOP and recording regular date checks of the stock. The pharmacy obtained its stock from licensed wholesalers and kept it all in its original packaging.

There was a small quantity of stock in the refrigerator, along with a bottle of milk and some spread. The pharmacy had a procedure for checking fridge temperatures, along with a form for recording them. But the RP did not check the fridge temperatures and there were no records to be seen. The RP explained that until recently there had been no stock in the fridge. Upon reflection he agreed to start checking and recording the temperature in accordance with the SOP.

There was an empty CD cabinet which had not yet been securely fixed to either a solid wall or floor. The RP explained that he had no plans to order any CDs but would arrange to have the cabinet secured in accordance with the safe custody regulations.

The RP did not supply any valproates but was aware of the risks involved in supplying them to women of child-bearing age. The pharmacy did receive alerts from the MHRA. The RP did check them but made no notes to indicate what action, if any, had been taken as a result. He agreed to implement a process to identify those alerts which had been acted upon.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment for the range of services it provides, and it makes sure that it is suitably maintained. The pharmacy keeps people's private information safe.

Inspector's evidence

The pharmacy had the computers and associated peripherals necessary to provide its online services. There were support arrangements in place for these systems. Screens were not easily visible to people visiting the premises, and they were password protected. The pharmacy did not have any equipment for measuring liquid medicines as it did not currently stock or supply any.

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.