

# 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

**Date of inspection:** 27/04/2023

## 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 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has up-to-date written instructions which tell its team members how to complete their tasks safely. It adequately assesses the risks involved in providing its services remotely and has suitable insurance in place to protect people if something should go wrong. The pharmacy keeps appropriate records. It 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 responsible pharmacist (RP) planned to review them in May 2023. The RP had created a risk register since the previous inspection, although no new entries had been made to date. The RP highlighted how they had considered the risks in providing their services when initially applying to register the pharmacy. The outcome of those risk assessments had been incorporated into the pharmacy's standard operating procedures SOPs, mostly either mitigating or avoiding the risks identified. Many of the services examined in the previous inspection had since been discontinued by the pharmacy.

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 since the previous inspection. The RP observed that their volume of work was still very low and that no errors had been made or brought to their attention. The inspector reiterated the previous reminder of the importance of recording all near misses and errors and then reviewing them on a regular basis 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 and that the times when the RP's responsibilities ended each day were now being recorded. Those records examined were in order.

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. There was a valid certificate of professional indemnity insurance cover, expiring in June 2023.

Private prescriptions were recorded using the patient medication record (PMR) system. Those records examined appeared to be in order. Although the pharmacy did not keep controlled drugs (CDs), it did have a CD register for the necessary entries should the need arise.

The pharmacy still had no means of safely disposing of unwanted or out-of-date medicines, although it did have a process for identifying and separating them from the rest of the stock. Upon reflection the RP agreed to contact a suitable waste contractor to make the necessary arrangements. There were no new records of unlicensed medicines as none had been ordered or supplied since the previous inspection. 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 Level 3 safeguarding 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 met

### Summary findings

The sole team member has a satisfactory understanding of their role and how they can help people with the medicines they supply remotely. 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 able to manage the workload. The RP kept himself up to date with continuing professional development (CPD) and there were some certificates showing what training had been completed. Many of the training shortfalls identified at the previous inspection were no longer relevant as the pharmacy had discontinued all the associated services.

The pharmacy did occasionally receive phone calls from people requesting codeine linctus, but they 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 met

### Summary findings

The pharmacy's premises provide a professional, safe and secure environment for people to receive the pharmacy's services in person. The pharmacy has now rearranged its website so that people can't choose a prescription only medicine online before having an appropriate consultation with a prescriber.

### 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. There were several boxes which the RP indicated were for wholesaling activity regulated by the Medicines and Healthcare Products Regulatory Agency (MHRA). He indicated that this activity had been recently inspected.

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. The website had been significantly amended since the previous inspection with the removal of most prescription only medicines (POMs). The pages for those conditions treated with POMs, invited people to start a consultation from the condition page itself, not the individual product(s).

The website appeared to have secure mechanisms in place for people to enter their payment details via a separate link. Identity was checked by asking people to upload a copy of their driving licence or other photo-ID. The RP demonstrated 'Experian Prove ID', as an alternative means of verification.

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 met

### Summary findings

The pharmacy makes its limited range of services easily accessible to people, both locally and online. It keeps satisfactory records of conversations between the pharmacist and people using the pharmacy's services. It makes the necessary checks to make sure people are who they say they are, and that they understand how to take their medicines safely. The pharmacy has suitable processes in place so that the medicines it supplies are safe for people to take.

### Inspector's evidence

The pharmacy promoted its services via its website, and also distributed leaflets locally. All of the prescribing services previously identified had now been discontinued. The RP explained that he now only worked with two prescribers, who he knew, and always contacted them if he had any queries. Both were registered with the General Medical Council, the UK professional regulator for doctors. 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. There were records showing details of conversations both with prescribers and people using the pharmacy's services. The pharmacy delivered its medicines using Royal Mail Special Delivery. No medicines were dispatched until the RP had received the original hard-copy prescription. He also contacted everyone who sent a prescription for dispensing, speaking with them by phone to ensure they knew how to take their medicines safely and effectively. He did dispense some electronic prescriptions and demonstrated how he verified the advanced electronic signature as required using a recognised third party. Those prescriptions examined appeared to be in order.

According to the RP, no online supplies of General Sales List (GSL) medicines had been made since the previous inspection. Any sales of pharmacy only medicines (P-Meds) did include a consultation with the pharmacist before the supply was made.

The RP had a date checking procedure and a form for recording date checks, and there was some out-of-date stock segregated and awaiting safe disposal. 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. Fridge temperatures were now being regularly checked and recorded in accordance with the SOP.

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 and identified those 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
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.