

Registered pharmacy inspection report

Pharmacy Name: Pharmacy@Bucks, Outpatient Pharmacy, Stoke Mandeville Hospital, Mandeville Road, Aylesbury, HP21 8AL

Pharmacy reference: 9011815

Type of pharmacy: Hospital

Date of inspection: 13/06/2023

Pharmacy context

This is a pharmacy located inside Stoke Mandeville Hospital in Buckinghamshire. It is registered with the General Pharmaceutical Council (GPhC) to dispense and supply medicines against outpatient prescriptions. The pharmacy holds a contract with the NHS Trust Hospital for this activity. It does not have an NHS contract and no sales of over-the-counter medicines take place. The pharmacy does not currently provide any other 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	Good practice	1.1	Good practice	The pharmacy's team members actively identify and manage the risks associated with the pharmacy's services. The pharmacy has created and implemented different internal processes. Staff are also involved in modifying these processes so that the service provided is safer.
		1.2	Good practice	The pharmacy ensures that the safety and quality of its services are regularly reviewed and monitored. The pharmacy routinely records, reviews, and seeks to learn from mistakes when they are made. Suggestions and improvements are also continuously made. This helps to ensure its processes are safe for people who use the pharmacy's services.
		1.3	Good practice	The pharmacy's services are provided by staff with clearly defined roles and clear lines of accountability. In addition to the standard operating procedures and documented tasks for the team, there are additional audit trails, staff are clear on their roles and responsibilities and together with the pharmacists, they ensure the pharmacy is run in a safe and effective way.
		1.4	Good practice	There are mechanisms in place to obtain feedback about the pharmacy, the service provided and the staff. Concerns can be easily raised, which are then taken into account and appropriate remedial action taken to minimise the risk of the situation recurring.
2. Staff	Good practice	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake. Team members in training are appropriately supported and undertaking accredited courses.
		2.4	Good practice	The pharmacy has an embedded culture of openness, honesty, and learning. Team members are provided with training resources through the Trust's online

Principle	Principle finding	Exception standard reference	Notable practice	Why
				learning platform. This helps ensure their skills and knowledge remain current.
		2.5	Good practice	Staff are empowered to routinely provide feedback and their suggestions are implemented to improve the pharmacy's internal processes.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's services are provided appropriately using verifiable processes. The pharmacy's team members have embedded safe practice for people receiving medicines into their working routine.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

Summary findings

The pharmacy identifies and manages risks well. It has robust internal processes in place to make things safer. The pharmacy team continually monitors the safety of its services by recording mistakes and learning from them. The pharmacy then adapts its internal processes to make things safer. Team members are trained to protect the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And it maintains its records as it should.

Inspector's evidence

The pharmacy was clean and tidy, with capable staff who ensured routine tasks were regularly completed. The pharmacy had a range of current standard operating procedures (SOPs) which provided guidance for the team to carry out tasks correctly. They had been signed by the staff. Team members understood their roles and responsibilities. The pharmacy's team members knew which activities could take place in the absence of the responsible pharmacist (RP). The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy identified and managed the risks associated with its services efficiently. It had different processes in place to help manage this. There were designated areas for each step in the dispensing process to take place. This included a separate section for pharmacists to clinically screen and validate prescriptions, for staff to prepare them, carry out the accuracy-check and place people's medicines into bags before storing them appropriately. The team also used colour coded trays to highlight urgency and the different types of prescriptions which required processing. Staff could work at their own pace for prescriptions which were dispensed at the back (see Principle 4). These working practices helped minimise distractions, interruptions, and errors. Team members said that they also helped increase their productivity.

Once prescriptions had been assembled, the accuracy checking technician (ACT) who was also the operations lead, usually completed the final accuracy-check. This was also sometimes carried out by the pharmacists. The RP routinely clinically checked the prescription first before it was assembled by other staff. The clinical check was marked on the prescription which helped identify that this stage had been completed. The ACT was not involved in any other dispensing process other than the final check and there was an SOP to cover this process.

Staff explained that when they selected medicines against prescriptions, and after processing the details through the pharmacy system, three-way checks were made between the prescription, medicine, and generated dispensing label(s). Staff routinely recorded their near miss mistakes. They were reviewed by the pharmacy manager and details were fed back and discussed with the team every week. To minimise the risk of errors occurring, look-alike and sound-alike medicines which had been placed on the same shelf were identified, the root cause determined, and stock separated. Mistakes with certain medicines such as semaglutide were highlighted in the pharmacist group, their reflections documented and shared with everyone so that the team could learn collectively.

There were gaps seen within the documented details about the action taken, key learning and next steps. However, this had also been identified and was in the process of being addressed. A different book, to be used solely for this purpose was in the process of being implemented which would fully

capture this information. The first draft had been created by the operational lead and was due for the pharmacy manager to look at, the team's approval would then be sought before this was put into practice. In addition, separate reports were compiled by the manager and analysed every month as well as annually to identify any trends or patterns. One example included the team routinely selecting generic methylphenidate instead of the brand Equasym. This was due to the pharmacy's software automatically selecting the generic version when the prescription was processed. Once identified and brought to the team's attention, all pharmacists subsequently highlighted the brand when they were clinically screening and validating prescriptions. This helped dispensers to know that the brand was required. Additionally, during the accuracy-checking stage, the prescription was ticked in a specific place as an additional audit trail to identify that the correct version had been selected.

The RP's process to handle incidents was suitable and in line with requirements. This involved appropriate handling of the situation, formal reporting, and investigation to identify the root cause. Any necessary changes were then implemented internally. The inspector was informed about an expired prescription for a controlled drug being inadvertently handed out. The details were discussed at the team's weekly meeting and subsequent changes made to help prevent this from recurring. This included highlighting the date on the prescription, incorporating the expiry date on the bag label, informing people about the latest date that the prescription could be collected by, placing these medicines into clear bags once assembled and folding the prescription in such a way to ensure that the date was clearly visible. A third accuracy check was also implemented before handing out these medicines.

The superintendent pharmacist explained that the pharmacy had close working relationships with the clinics and other departments within the hospital, feedback was routinely obtained, and the pharmacy's internal working practices were amended as a result. For example, the team now used a number system for people who brought in prescriptions from the sexual health or genitourinary medicine (GUM) clinic to further protect people's privacy, as they did not want their name called out. When people from this clinic said their number, this also alerted staff not to ask for, or attempt to obtain further details. The inspector was told that previously staff had been asking for details about people's medicines when they came into collect their prescription. This was because this helped them to assess the size of the assembled prescription bag so they could locate it more easily. However, as some people were collecting medicines for sensitive conditions such as HIV (human immunodeficiency virus), once the issues with this practice had been highlighted, staff were instructed not to do this and why, they learnt from this, and the number system was subsequently implemented.

The pharmacy monitored patient satisfaction by using a kiosk which was on one side of the front counter and the team had obtained 86% satisfaction. The superintendent pharmacist explained that the service provided was driven by people's expectations and guided by the need required from different departments. For example, people presenting with outpatient prescriptions from the ophthalmology department were usually post-op who found it difficult to walk to the pharmacy or easily access the pharmacy services. The pharmacy therefore had arranged for porters or for staff to bring people's prescription to the pharmacy and take this to them once prepared. Medicines to treat COVID-19 were also given direct to people in the car park. Positive feedback about the individualised care the staff provided had therefore been received.

To protect people's private information, confidential waste was segregated and removed through authorised carriers. Confidential information was contained within the pharmacy and the team regularly completed mandatory training on data protection. There were no sensitive details that could be seen from the area where people waited for their prescriptions. Staff were trained through the hospital's mandatory e-Learning to safeguard vulnerable people, and they could access relevant contact

details if escalation was required.

A sample of registers seen for controlled drugs (CDs) were maintained in line with statutory requirements. On checking a random selection of CDs, quantities held matched balance entries in corresponding registers. Balances for CDs were routinely checked, and details seen documented. This included making a few different checks such as checking the actual balance against the electronic and documented records. The RP record and records of supplies made against private prescriptions were also completed appropriately. The pharmacy held suitable professional indemnity insurance and daily records about the minimum and maximum temperatures for the medical fridge were maintained. This helped verify that medicines were being appropriately stored here.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to manage its workload appropriately. Members of the pharmacy team have a range of skills and experience. They work well together. The pharmacy provides additional resources to help keep their skills and knowledge up to date. Team members have room to progress. And they can provide suggestions or feedback to help improve the safety of the pharmacy's services.

Inspector's evidence

The pharmacy team on the day of the inspection consisted of the RP, the pharmacist manager, the operations lead, dispensers, and a counter staff. Staff were either enrolled on appropriate accredited training or were fully trained. Two pharmacists were usually present as one worked in the front section to clinically screen walk-in prescriptions whilst the second worked in the back. The superintendent pharmacist also arrived shortly after the inspection started. Staff wore name badges and uniforms. They were observed to be competent in their roles, required little direction from the pharmacists or lead staff and appeared to work well together. The pharmacy team also shared staff, mostly pharmacists as contingency from the hospital's in-patient pharmacy.

Tasks were allocated daily, and the staff rotated accordingly. Team members discussed relevant details verbally, via emails, in weekly meetings, and through a noticeboard. In addition, team communications were contained within the pharmacy's 'safe and legal record'. Any problems were also highlighted here. The 'safe and legal record' was a book that had been created by the superintendent pharmacist, specifically to hold daily records about certain parameters such as fridge temperatures, daily tasks that needed to be completed, any feedback or problems and end of month details.

Team members explained that they enjoyed working here as the pharmacy was a proactive and positive environment. They were also able to consistently feedback and improve on the pharmacy's internal processes, this was on a one-to-one basis and collectively if needed, suggestions provided were routinely incorporated and well received. An example provided involved staff being previously unaware of colleagues when they were delayed in obtaining the keys from the hospital's in-patient pharmacy. Staff here had therefore asked to create a rota so that everyone knew who was going to be turning up early to open the pharmacy or stay late. Team members were also able to move medicines to enable easier access or better storage.

Pharmacy staff were provided with ongoing and routine training through mandatory e-learning, which was delivered through the Trust and refreshed regularly. Examples included training on data protection and safeguarding. Completion of this and updates were monitored. Staff in training were given time to complete their accredited courses during work time. They also felt supported. Pharmacists were described as informative, helpful, and supportive. Formal appraisals for staff were conducted regularly.

In addition, staff were given opportunities to complete additional training and progress. One of the trained dispensing assistants described being made the lead dispenser, and she was now in charge of the day-to-day running of the stock and staff. The ACT who was the operational team lead was also enrolled onto an NHS leadership course. Staff with additional responsibilities, fed back to the manager and the superintendent pharmacist. This was described as an informal process.

The superintendent pharmacist explained that some key performance indicators (KPIs) were in place, rather than formal targets. They centred around patient safety and included monitoring dispensing errors, waiting times, and patient satisfaction.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver services from. The pharmacy is kept clean and secure. And it has a separate space where confidential conversations can take place.

Inspector's evidence

The pharmacy premises were suitable to provide services from. The pharmacy consisted of a small retail space, a front counter, medium-sized dispensary with two segregated areas and a staff room. There was enough space for the team to carry out dispensing tasks safely. The pharmacy was professional in its appearance, and it was secure from unauthorised access. The pharmacy was also well ventilated, suitably lit, and clean. Confidential areas were available to discuss private details, if needed. This included a separate consultation room which was suitable for this purpose.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe, effective, and easily accessible. The pharmacy obtains its medicines from reputable sources, it stores and manages them well. Team members keep appropriate records to verify how the pharmacy's services are being run. And they regularly identify people who require ongoing monitoring so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

The pharmacy predominantly provided a dispensing service for people who received prescriptions from the Hospital's outpatient clinics, but the team also prepared prescriptions for people with cancer. The former was completed on a walk-in basis and within 20 minutes where possible. The latter was on a 72-hour turnaround and took place in the back of the dispensary.

The pharmacy could be reached by lifts and stairs and was signposted around the hospital. The hospital had car parks, automatic doors at its entrance and wide aisles. The pharmacy also had clear, open space outside its front counter. This helped people with restricted mobility to easily access the pharmacy's services. A few seats were available in the pharmacy's waiting area, with several more just outside the pharmacy. The pharmacy's opening hours and a few posters providing relevant information were also on display. Team members spoke on average a minimum of two different languages, including languages from Europe, Eastern Europe (such as Bulgarian and Russian) and South Asia. The operations team lead spoke several languages such as Portuguese, Spanish, Italian and French. Staff therefore frequently assisted people whose first language was not English. They also used written communication if required.

The team routinely provided medicines to people with complex needs. The superintendent pharmacist explained that for people receiving medicines post operatively from the ophthalmology department, if their treatment wasn't started immediately, the risks included potential loss of sight. Therefore, if medicines were unavailable at this pharmacy, staff frequently checked with their other pharmacies in the surrounding area, and either went to collect the medicine(s) themselves, arranged for people to collect this from those sites if this was easier or possible for them, or the medicine(s) was sent here. Otherwise, pharmacists arranged for prescriptions to be changed to a suitable alternative. Interventions were therefore frequent. In this way, individualised care which was specific to each patient was provided.

Pharmacists had access to a range of databases to obtain relevant information such as blood test results and clinical notes. This could be matched to people's dispensing records. Pharmacists could also easily access relevant guidelines. Useful and very specific information relating to certain medicines had been highlighted on a second noticeboard by the pharmacist's station.

Staff routinely identified people prescribed higher-risk medicines such as warfarin and isotretinoin. Details about relevant parameters, including blood test results were attached to prescriptions, routinely asked about and obtained as described above and records were readily available. Team members were aware of risks associated with valproates, although few prescriptions were seen for this medicine. People at risk were identified, counselled accordingly, and educational material was available to provide

upon supply.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used this as an audit trail. There were additional audit trails incorporated on prescriptions to identify that the prescription had been validated or clinically checked by a pharmacist, who had dispensed the medicine(s) and accuracy-checked them. Different coloured pens were also used by different staff to easily highlight these stages.

The pharmacy's stock was stored in an organised way. The pharmacy used a range of licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had taken place. Short-dated medicines were identified, there were no date-expired medicines or mixed batches seen. Reports about stock were also automatically generated on the pharmacy's internal system. Medicines were kept appropriately in the fridge. Dispensed medicines requiring refrigeration and CDs were stored within clear bags. This helped to easily identify the contents upon hand-out. CDs were stored under safe custody and the keys to the cabinet were maintained in a way which prevented unauthorised access. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps which were redirected. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment and facilities. This helps to provide its services safely. And its equipment is kept very clean.

Inspector's evidence

The pharmacy had the range of equipment it needed. This included current and online access for reference sources, standardised conical measures for liquid medicines, an appropriately operating pharmacy fridge and a legally compliant CD cabinet. There was a dispensary sink used to reconstitute medicines. There was hand wash and hot as well as cold running water available. The pharmacy's equipment was very clean and well maintained. Computer terminals were password protected and their screens faced away from people using the pharmacy. This helped prevent unauthorised access. The pharmacy also had cordless telephones which meant that conversations could take place in private if required.

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.