

# Registered pharmacy inspection report

**Pharmacy Name:** Eucalyptus, Units 17-18, Union Way, Aston,  
Birmingham, West Midlands, B6 7FH

**Pharmacy reference:** 9011842

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 29/01/2024

## Pharmacy context

This private distance-selling pharmacy is a subsidiary of an Australian company Eucalyptus. It is situated in an industrial estate in Aston, Birmingham. Its main activity is providing an on-line weight loss service and supplying medicines for weight loss after an on-line consultation via its website [www.myjuniper.co.uk](http://www.myjuniper.co.uk). The prescriptions for its services are issued by Pharmacist Independent Prescribers (PIPs). The pharmacy does not offer any NHS funded services and its premises are not accessible to members of the public.

## 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 systems and written instructions to help ensure its services are delivered safely and effectively. It keeps the records it needs to by law. And it carries out risk assessments, reviews, and audits for its services to make sure people receive treatment that is safe. The pharmacy monitors people's progress and on-going treatment appropriately. And it shares information about a person's treatment with their GP where appropriate to ensure people's on-going treatment is monitored. Members of the pharmacy team understand safeguarding requirements and they keep people's private information securely.

### Inspector's evidence

The weight loss service was managed by the superintendent pharmacist (SI) and the responsible pharmacist (RP). Prescriptions for treatments was issued by pharmacist independent prescribers (PIPs) working remotely. The pharmacy supplied Wegovy, which is the version of semaglutide licensed for weight loss, through its website to people based in the UK.

The pharmacy had a range of current standard operating procedures (SOPs) and these had been read and signed by team members. It also had risk assessments which had been developed with the help of various Australian and UK healthcare professionals including an endocrinologist, GPs, and pharmacists. These covered the prescribing guidance for Wegovy. The risk assessments were accessible to both the prescribers and members of the pharmacy team and they helped ensure prescribing decisions were based on clear inclusion and exclusion criteria. They also indicated what course of action to take in the event of any cautions identified from the questionnaire.

People using the on-line service created an account and completed an on-line questionnaire which covered the physical, social, and psychological aspects of a person's history and helped identify any risk factors that could preclude the person from accessing the treatment. The questionnaire also asked people questions about their height and weight so that their body mass index (BMI) could be calculated. Generally, people with a BMI greater than 30 or a BMI between 27-30 with at least one weight-related co-morbidity such as high blood pressure or high cholesterol could qualify for the treatment. There were also varying thresholds for treatment for people based on ethnicity. In those cases, a BMI greater than 27 or a BMI between 24.5-27.5 with at least one weight-related co-morbidity could also qualify for the treatment. The SI explained that the rationale for BMI thresholds was based on national guidelines for obesity.

Anyone signing up to the website had their identify checked using an identity checking service. Weight verification was done via the on-line questionnaire and photographic evidence. Questionnaires were reviewed remotely by a PIP and they would then issue an electronic private prescription if a supply was deemed appropriate. On-line questionnaires checked during the inspection showed that the PIPs were adhering to the pharmacy's prescribing protocols and they were routinely requesting photographic evidence or confirmation of information from a reliable source such an NHS App for weight verification purposes. The PIPs had an option to request a video call if they felt they needed further information from the person. But this was rarely done in practice.

The pharmacy asked every person using the service for consent to share information about the

treatment they received with their usual GP. However, the pharmacy did not insist that every person gave consent for their GP to be informed about the treatment they were receiving. Approximately 40% of people accessing the service consented for their information to be shared with their GP. People who did not consent for information to be shared with their GP were mandated to have regular reviews with the health coach and PIP. The SI said that people who were now in a healthy BMI range who did not routinely engage with their health coach would have their treatment discontinued. And the pharmacy had several criteria where consent to share information was mandatory for the treatment to be given. These included if the person had type 2 diabetes and either on no medication or on metformin, or if the person with type 2 diabetes was on any other medication besides metformin. People who fell under the above criteria were required to provide evidence of the discussion they'd had with their GP before the treatment with the pharmacy could commence.

The SI undertook regular clinical audits to check if the PIPs' prescribing decisions aligned with national guidelines. These audits also accessed if appropriate clinical decisions and justifications for prescribing or not prescribing the treatment were made, and if relevant information was being provided throughout the consultation process. Overall, the SI said that they found PIPs were adhering to the pharmacy's prescribing guidance. A sample of records checked during the inspection showed that the PIPs were prescribing in line with the pharmacy's risk assessments and were rejecting inappropriate requests.

Prescribing decisions were also reviewed by the auditing team by checking a sample of people's consultation forms, PIPs' documentation, and their decision-making process. There was evidence to show that feedback was given by the SI to the PIPs about how they could improve their consultation process and key points to consider when assessing people.

The SI also undertook an audit to check that members of the pharmacy team were sending out letters to GPs where people had consented to share their treatment information with their GPs. Evidence of this happening in practice was seen during the inspection.

The pharmacy had systems to record and review mistakes made during the dispensing process. The RP said that dispensing mistakes were very rare as the pharmacy dealt with a very limited range of medicines and the pharmacy's advanced patient medication record (PMR) system alerted team members if an incorrect product had been selected. Most of the errors involved incorrect data entry. Members of the pharmacy had regular huddles to discuss dispensing incidents and share learnings.

The pharmacy's current professional indemnity and public liability insurance was covered by its parent company in Australia. And the SI confirmed that non-employees had their own professional indemnity insurance. The pharmacy did not stock any controlled drugs (CDs). Its RP and private prescription records were kept in line with requirements. There was a clear audit trail to show which PIP had undertaken each consultation and whether the person had any discussions with a health coach. Several records checked during the inspection showed that the pharmacy kept comprehensive records of the treatment plans, and any discussions between the PIP and the person were well documented. Both the RP and the PIPs' had oversight of the consultations, access to each other's communication notes with patients, and notes of any discussions a person may have had with the customer service team.

Members of the pharmacy team managed confidential information safely and confidential waste was shredded in the pharmacy. The pharmacy's computers were password protected. The SI and the RP had completed Level 2 safeguarding training. The pharmacy did not prescribe weight loss treatment to any person under the age of 18 or over 75 years old. And the pharmacy's on-line questionnaire required people to confirm if they had a history of an eating disorder or mental health issues so that they could be signposted to relevant healthcare providers for further support.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to deliver its services safely and effectively. Members of the pharmacy team including the prescribers are suitably qualified for their roles and responsibilities.

### Inspector's evidence

At the time of the inspection, the pharmacy team comprised of the SI, RP, a qualified dispenser, a trainee dispenser, locum dispenser and three support staff who were involved in the dispatch process. The pharmacy used two locum PIPs and one employed PIP who worked remotely.

The SI said that prior to recruiting the PIPs, all appropriate checks had been undertaken such as their registration with the GPhC, previous experience and training records. Furthermore, the PIPs had to undergo a mandatory induction training with the medical director and confirm that they had read understood the pharmacy's SOPs, prescribing protocols, and risk assessments. PIPs kept their own professional development portfolio and received on-going training by the consultant endocrinologist to help keep their skills and knowledge up to date. And they received regular feedback and support from the medical team if they had any specific clinical queries. There were no targets and incentives set. The SI explained that PIPs were paid per session and they were not incentivised based on the number of prescriptions issued.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are secure and they are suitable for the services it provides. The pharmacy's website provides all the relevant information to enable people to access its services safely.

### Inspector's evidence

The pharmacy was situated in a gated industrial estate which was closed to the public. The unit was fitted to a basic standard and it was sufficiently spacious. There was ample storage and workspace available to allow safe working. A clean sink with hot and cold running water was available and the ambient temperatures and lighting were suitable for the services provided. The premises were secured from unauthorised access.

The pharmacy's website included the details of the pharmacy such as the premises address, services offered, the name of the SI, the pharmacy's GPhC registration number and the names of the PIPs. And the way people accessed the treatment via the pharmacy's website complied with the GPhC's guidance meaning people were not able to choose a prescription-only medicine before a consultation took place.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy's prescribing services are accessible to people and they are managed effectively. The pharmacy sources its medicines from reputable sources and it has systems to ensure its teams members including prescribers support and respond to people's queries in a timely manner. People using the pharmacy's services are monitored appropriately and have access to health coaches and lifestyle advice to ensure their treatment is safe and effective. However, the pharmacy's prescribers have limited resources to independently verify people's medical history. And this increases the chances of people receiving the treatment that may not be clinically appropriate for them.

### Inspector's evidence

The pharmacy's current activity was predominantly supplying Wegovy for weight loss. It advertised its services on-line, and members of the public could access its services remotely via the internet, telephone, a dedicated app or by contacting the customer services team. The pharmacy also offered an innovative service where people could opt in to personal lifestyle health coaching and measurement of their biometrics via an online weight tracker. The electronic chat records were viewable by all prescribers and members of the pharmacy team which meant continuity of care was not compromised.

People wishing to access the pharmacy's services were required to create an account on the pharmacy's website before completing an on-line questionnaire. Some responses required from people were by completing free text boxes and others were answered by selecting answers from a list. The person had the option to consent for information about their weight loss treatment to be shared with their GP, as set out under principle 1.

Identify checks for people accessing the pharmacy's services were carried out by a third-party company. If there were any concerns with the person's ID check, team members would contact the person directly to obtain further information. Confirmation of identity had to be via formal documentation such as driving license or a passport which was then uploaded on the pharmacy's IT platform. The RP said that people's prescriptions were not processed if this documentation was not in place. The pharmacy's computer system did not allow a new account to be created with the same name, address, and date of birth as an existing one. This mitigated the chances of people creating multiple accounts.

Completed questionnaires by people wishing to access the weight loss service were reviewed by PIPs before a decision was made to issue the treatment. If the information provided indicated a person was suitable for the treatment, the PIP would contact the person via the on-line communication platform or by telephone. Requests from people who entered biometrics that indicated a low BMI were automatically rejected. And people had to provide photographic evidence to help support prescribing decisions. But PIPs did not currently have mechanisms such as accessing a person's summary care records to independently verify the person's medical history. They relied on the information provided by a person in the questionnaires or used their discretion to request further evidence of medical history from the person through the NHS App or a copy of their GP records. But this was not routinely done. This could increase the risk of people receiving treatment that was not clinically appropriate.

The pharmacy sent weekly emails to touch base with people on the weight loss treatment and if they had any concerns or queries about their treatment. People who had been on the treatment for six

months were reviewed by PIPs to ascertain whether it was safe to continue the treatment and check the person's weight loss using the medication was on track. The pharmacy had safety netting procedures meaning if a person had reached a safe BMI the treatment would be discontinued. As the person approached their target BMI, the pharmacy mandated regular reviews and there was closer monitoring by the PIPs.

The pharmacy had conducted an audit after information highlighted that people on semaglutide may be at higher risk if they had a history of gastroparesis, ileus or other bowel obstruction conditions. The SI said that the audit showed no-one receiving weight loss treatment from the pharmacy had a previous history of those conditions. The pharmacy had implemented a flagging system which alerted the PIP if this was mentioned in the medical history and the person should not be prescribed the treatment.

Electronic prescriptions generated by PIPs were clinically checked by the RP. Where the person had consented to share information with their GP, a standard template was used to inform the GP which included relevant information such as contact details of the pharmacy, the person's name, prescribed medication, dose, quantity, and the date of supply. Evidence of this happening was seen during the inspection. When asked about the GPs' engagement with the pharmacy, the SI said they had not heard from any GPs acknowledging their letter or querying the person's treatment.

Medicines were obtained from licensed wholesalers. No date-expired medicines were found amongst in-date stock. Fridge temperatures were monitored daily and recorded. The records showed temperatures had been kept with the required range of 2 and 8 degrees Celsius. Medicines were dispatched using a courier company to people residing in the UK only. The pharmacy used Woolcool™ thermal insulated packaging to dispatch the medication which maintained the cold chain supply for 52 hours. The pharmacy provided audits which showed that the packaging maintained the appropriate temperature when testing the products between employees' homes and the office. Failed deliveries were managed by the customer services team and, where appropriate, medicines were returned to the pharmacy. The pharmacy also provided a set of scales, a tape measure, a sharps bin and programme information leaflets when a person commenced their treatment.

Medicines returned to the pharmacy for disposal were managed appropriately and stored in designated bins. Drug recalls and safety alerts were received via email. And members of the pharmacy team explained the action they would take in response to these.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. It uses its equipment in a way that protects people's privacy and dignity.

### Inspector's evidence

Members of the pharmacy team had access to current reference sources. The electronic patient medication record system was password protected and there were enough computer terminals to manage the current workload safely. Confidential waste was managed appropriately. All electrical equipment appeared to be in good working order.

### 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.