General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: DAM Pharmacy, 77-83 Pavilion Road, London, Westminster, SW1X 0ET

Pharmacy reference: 9012071

Type of pharmacy: Internet / distance selling

Date of inspection: 19/08/2024

Pharmacy context

This pharmacy is situated in Knightsbridge, London. It dispenses prescriptions for several private healthcare providers who specialise in weight loss services. The pharmacy delivers medicines to people using courier services. It doesn't offer any other services and it almost exclusively supplies injectable weight loss medicines.

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 cannot show that it completes due diligence checks of the healthcare providers and professionals that it works in partnership with to make sure they are safe and legal. And it doesn’t have documented working procedures specific to its services, to make sure its team members always work in a safe and consistent manner.
		1.6	Standard not met	The pharmacy does not have a private prescription register available with all the required information. And the pharmacy's records and systems are set up in such a way that makes it difficult for the pharmacist to check a person's ordering history when completing clinical checks.
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 not all met**

Summary findings

The pharmacy does not always manage the risks associated with its services. It cannot demonstrate that it completes due diligence checks of the healthcare providers and professionals that it works in partnership with to make sure they are safe and legal. And it doesn't have documented working procedures specific to its services, to make sure its team members always work in a safe and consistent manner. The pharmacy does keep some records, but it does not have a private prescription register available with all the required information. And the pharmacy's records and systems are set up in such a way that makes it difficult for the pharmacist to check a person's ordering history when completing clinical checks. Pharmacy team members understand their responsibilities in keeping people's information safe and supporting people who may be vulnerable.

Inspector's evidence

The pharmacy offered a fulfilment service for healthcare providers specialising in weight loss services. Electronic prescriptions were sent to the pharmacy to be dispensed and dispatched to people using courier services. The pharmacy operated a closed-door policy and team members had very little direct contact with the people it supplied medeicines to. Healthcare providers were responsible for handling customer service issues and counselling people about their medicines, and only involved the pharmacy when necessary. For example, when managing delivery issues. The pharmacy team had some understanding of the systems and processes of the main healthcare provider that it worked with. This provider was registered with the Care Quality Commission (CQC). Team members also explained that people using the service could access to the healthcare provider's patient portal for information and support. But they had very little knowledge of the other providers that the pharmacy had more recently started wokring with or what due diligence checks had been completed to make sure they had appropriate credentials. The pharmacy had started dispensing prescriptions for these providers on the instruction of the superintendent and head office which was in Liverpool. Prescribers included doctors, nurses, and occasionally pharmacists. Team members explained how they checked a prescriber's registration and prescribing permissions when they first started working with the pharmacy, but this wasn't checked on an ongoing basis.

The pharmacy had a basic set of standards operating procedures based on commercially available templates. SOPs covered matters such as the responsible pharmacist (RP) requirements. They had been approved by the superintendent pharmacist (SI) and signed by the regular RP. However, they were not tailored to the business, and they did not explain the pharmacy's working processes in detail. For example, the SOPs didn't explain the working arrangements with the healthcare partners, or who was responsible for what. Whilst pharmacy team members could explain how they each carried out the activities they were responsible for, there was nothing for them to refer to. And they had adapted the processes without necessarily involving the SI. The absence of documented working procedures meant team members may not know always what is expected of them, and tasks may not always be carried out in a safe and consistent manner. The pharmacy had a book for recording near miss errors. Only one incident had been recorded which relating to a labelling error. This had been discussed by the team members involved so they learnt from their mistake. The pharmacist explained that should a dispensing error occur, steps would be taken to resolve it, and it would be reported to the SI. He suggested that the low level of recording may be because the team was working without distractions and mistakes

were uncommon.

The pharmacy displayed a copy of its professional indemnity insurance certificate. An RP notice identified the pharmacist on duty. A paper-based RP log was maintained and appeared to be in order. The pharmacy did not use a recognised patient medication record system to records prescription supplies or produce dispensing labels, and it was difficult for the pharmacist to check a person's ordering history when completing clinical checks. Records were retained on the pharmacy's bespoke software system. Electronic prescriptions were received via the system. Prescribers used their own unique log in to generate prescriptions. The system held information about each supply made, but the team could not generate a chronological private prescription record with all the information needed. For example, both the patient's and the prescriber's addresses were not included on the records seen. This meant the registers were not compliant. The pharmacy did not stock or supply any controlled drugs or unlicensed medicines, so the associated records had not been set up.

The pharmacy was registered with the Information Commissioner's Office. Team members understood the principles of the General Data Protection Regulation. Confidential paperwork was stored and disposed of securely. The pharmacist had completed safeguarding training and knew how concerns should be handled. The pharmacist explained that the pharmacy only supplied people over the age of 18 and the person's date of birth was included on prescriptions so he could check this. He could contact the prescriber or healthcare provider if he had any concerns about a person that maybe vulnerable.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to deliver its services safely. Team members work under the supervision of the pharmacist. They have access to essential training needed for their roles, but the pharmacy doesn't have a structured approach to training to make sure it supports team members complete training on a regular basis. This means team members may delay developing their skills and have gaps in their knowledge.

Inspector's evidence

The RP and the pharmacy manager were working at the time of the inspection. The RP was employed as a locum pharmacist and worked full-time at the pharmacy. The pharmacy manager helped by screening prescriptions and generating dispensing labels. She was enrolled on a dispensing assistant's course but had not made much progress in completing it. A second assistant performed mainly administrative duties and usually helped to pack, and dispatch assembled prescriptions ready for a courier to collect and deliver them, but she was on leave. She was not enrolled on a course. The SI was contactable, but he was not involved in the day-to-day running of the pharmacy.

The workload appeared manageable. The team worked flexibly to cover any staff absences. The pharmacist explained how he sometimes worked longer hours if one of the team members were off. Locum pharmacists occasionally provided cover when he was not working.

The pharmacy did not offer service-related incentives to team members. The pharmacist felt able to exercise his professional judgement and could refuse to make a supply if he felt it wasn't in the person's best interests. He had completed some extra learning around weight loss medicines, so he understood the clinical and monitoring requirements.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and well maintained. It provides a safe, secure and professional environment for the provision of pharmacy services.

Inspector's evidence

The pharmacy was located within a small business premises in a residential area of Knightsbridge. The premises had a reception area and several partitioned rooms used as offices. The pharmacy occupied a room close to the main reception area. It was fitted with work benches, desks, and shelving. The room was brightly lit, clean and reasonably well organised. Air conditioning controlled the room temperature. The pharmacy team had access to the room next door which was set up as a consultation room if needed. And two rooms were used to store pharmacy sundries such as packaging. Access to the pharmacy was restricted to pharmacy team members only, and storerooms were kept locked when not in use. Staff had access to toilet and handwashing facilities.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy sources, stores, manages, and supplies medicines in a suitable manner. But some of the pharmacy's operating systems are inefficient, which means the pharmacist cannot easily access the information that they may need to complete effective clinical checks and assure themselves that supplies are appropriate.

Inspector's evidence

The pharmacy operated Monday to Friday. People usually accessed the weight loss services through the relevant healthcare provider's website. Pharmacy team members had access to people's email and telephone number, but they rarely had any direct contact with them. The pharmacy's phone number was not included on the dispensing labels, and all communications and queries were directed to the person's healthcare provider in the first instance. Occasionally the pharmacy team contacted people to resolve delivery issues.

People did not usually visit the pharmacy although very occasionally a healthcare provider requested a person to visit the pharmacy in person so they could complete the online questionnaire and have their body mass index (BMI) checked. The pharmacy team facilitated this but were not involved in the consultation process. If a prescription was issued, the person was then able to collect it from the pharmacy straightaway.

The pharmacy manager usually downloaded prescription and produced pre-formatted dispensing labels. The pharmacists then assembled and checked prescriptions. He viewed the prescription on the pharmacy's computer system when assembling the medicines, but he didn't have direct access to the person's previous ordering history. He could search the system to look for previous orders, but this was cumbersome, and he didn't always do this. He was reliant on his memory alerting him to people who might be over ordering to some extent. The pharmacist could access the system of the CQC registered healthcare provider that the pharmacy mainly worked with to check the person's recorded BMI and order history, to reassure himself that it was appropriate to supply. But he didn't always do this as it meant searching a separate system, and the team did not have access to this information for the other healthcare providers that the pharmacy worked with. The pharmacist could contact any of the prescriber or healthcare provider if needed to make extra checks, but there wasn't a clear system to record clinical interventions or link these to the person's record to support their continuity of care. Team members did not have individual passwords for the pharmacy's computer system so actions were not necessarily attributable to individuals.

The pharmacy mainly supplied licensed injectable weight loss medicines. The most popular treatment was Mounjaro. Rybelsus was occasionally prescribed off licence. The pharmacist was aware of the National Patient Safety Alert about the GLP-1 receptor agonist shortages. Occasionally, adjunct treatments were prescribed to help with the side effects of the injections, such as cyclizine or omeprazole, but it didn't supply any other medicines regularly.

The pharmacy only supplied medicines to people living in the UK and Channel Islands. Deliveries were made using a tracked 24-hour courier service. Insulated packaging materials that were suitable for

sending temperature sensitive products had been sourced. The temperature controls had not been independently validated by pharmacy. This meant it could not show the packaging was suitable for transportation for all journeys, including during extreme weather conditions. Sharps containers were usually supplied with a person's first order and additional needles were sent with some prescription's orders depending on medicine and the arrangement with the person's healthcare provider. Medicines returned as undelivered were separated for disposal. Team members were unsure if a pharmaceutical waste contract had been set up as the pharmacy hadn't accumulated enough obsolete medicines to warrant a collection.

The pharmacy had a large stock primarily of weight loss injections. Expiry dates were dated were monitored when stock was received and as part of the dispensing process to make sure medicines were suitable for use for the duration of the treatment. No out-of-date medication was seen on during the inspection. Stock was obtained directly from manufacturers or wholesalers. The pharmacy team members were not responsible for ordering stock as this was done by head office. Stock audits were completed weekly and submitted to head office to facilitate ordering. Fridges were monitored using temperature data loggers so the pharmacy could download readings and demonstrate cold chain medicines were stored appropriately. The pharmacy team were not immediately alerted to adverse temperature changes detected by data loggers; however, the pharmacist also did a visual check of the fridge temperatures each day to make sure they were within a suitable range.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It has appropriate systems in place to protect people’s confidentiality.

Inspector's evidence

The pharmacy team had access to the internet and appropriate medical reference sources online. A small CD cabinet was secured to the dispensary wall, although this was empty. And there was a small dispensary sink. Hand sanitiser and handwashing materials were available.

There were four large and one small medical fridge used to store weight loss injections. Suitably robust and discreet packaging materials were readily available. A freezer was used to store ice packs used to keep medicines cold whilst in transit. Computer systems were password protected. All electrical equipment appeared to be in good working order.

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.