

Registered pharmacy inspection report

Pharmacy Name: Private Pharma Ltd, Unit 320, Woodside Way,
Springvale Industrial Estate, Cwmbran, Torfaen, NP44 5BR

Pharmacy reference: 9012080

Type of pharmacy: Internet / distance selling

Date of inspection: 16/01/2024

Pharmacy context

This pharmacy is closed to the public. It is located on an industrial estate in Cwmbran. The pharmacy supplies non-surgical cosmetic products from its website www.privatepharma.com/uk. It also fulfils some supplies through another third-party website. The pharmacy does not offer any NHS 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	Standards met	N/A	N/A	N/A
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 met

Summary findings

The pharmacy keeps people's personal information safe, and it maintains the records it needs to by law. It has some procedures to help make sure the team works safely. But the procedures are limited in the information they provide, so team members may not always work effectively or fully understand their responsibilities. And there is an over reliance on the pharmacy's terms and conditions regarding checks to ensure that practitioners are completing face to face consultations with patients.

Inspector's evidence

The primary workload in the pharmacy was the supply of non-surgical cosmetic treatments including dermal fillers, botulinum toxins and other aesthetic treatments. These were supplied to practitioners for them to administer to people. The company had previously supplied medical devices via its website www.privatepharma.com/uk, and it had registered as a pharmacy in 2023, to also enable it to supply prescription only non-surgical cosmetic products. Supplies were only made to people based within the UK.

People were required to register an account with the Private Pharma website, which allowed them access to the 'ePrescription' function that had been developed. Only healthcare professionals who were able to prescribe were able to authorise prescriptions using the ePrescription function. They provided the details of their professional registration. A photographic identity document, proof of professional indemnity insurance and aesthetic training or competency records were also requested. These details were checked and verified by a pharmacy team member when an account was created. The pharmacy reconfirmed details of professional registration, including a check for any conditions on a practitioner's practice on a monthly basis. The pharmacist explained that for practitioner's who used the service infrequently, reconfirmation took place with each order that was placed. The audit trail confirming that identity checks and reconfirmation of details had taken place was ambiguous, with often just a tick as confirmation, so the pharmacy may not always be able to clearly demonstrate when an identity check was last completed for a practitioner and what the check involved.

The prescribers registered with the website were from various healthcare professions, including doctors, dentists, nurses and pharmacists. For each ePrescription generated, prescribing practitioners were required to submit a self-declaration that a physical examination of the person receiving the treatment had been carried out. The date of birth of each person receiving treatment was also supplied, as confirmation that treatments were not being carried out on individuals that were under the age of 18. In some cases, the practitioner administering the non-surgical cosmetic treatment was different to the prescriber authorising the prescription. On occasion, it was noted that there was a significant distance between the locations of the practitioner and prescriber which suggested a physical examination may not have been carried out. The pharmacy did not routinely complete any follow-up on this with the prescriber, to ensure the accuracy and validity of the self-declaration that had been submitted.

A number of prescriptions were received from Faces Consent <https://facesconsent.com/>, which was an independent third-party platform. Practitioners using the platform were able to register for an account which provided them with access to the website's ePrescription portal. Pharmacy team members were

not involved in the initial account registration process. But they had access information to enable them to review the details of the prescriber's professional registration. And they could view additional information such as photographic ID and proof of professional indemnity insurance that had been provided. There was a limited audit trail to demonstrate whether the pharmacy had independently verified the information provided, to satisfy themselves that identity checks had been completed appropriately.

Each prescription generated from Faces Consent required the practitioner to agree to several terms and conditions. As part of this agreement, one of the terms was that the practitioner confirmed that the appropriate clinical and physical assessments had been completed and that they were following all relevant prescribing guidance. The pharmacy had only recently begun receiving prescriptions from Faces Consent. Prior to agreeing to work with the provider, no formal risk assessment of the service had been completed. Team members explained that they had completed some informal due diligence checks, which included speaking with people who were already working with the provider. But a lack of formal risk assessment could mean some risks might not be effectively identified and managed.

There were a range of standard operating procedures (SOPs) covering operational activities in the pharmacy. The procedures had been reviewed in 2023 but they contained basic information only, and they did not routinely define the individual roles and responsibilities of pharmacy team members. Through discussion during the inspection team members demonstrated an understanding of their roles and they understood the limitations on each of their practices. The pharmacy had up to date insurance arrangements in place.

The pharmacy kept records of near misses and the pharmacist explained the actions that had been taken in response to a near miss that had been identified. He discussed the actions that he would take in response to a dispensing incident. But no incidents had occurred, and this process was not formally documented for other team members to follow in his absence.

People using the pharmacy's services were able to contact the team directly via telephone and email. The pharmacy website also had an online chat function, which was available during core opening hours. People could also leave feedback using online reviews.

The correct responsible pharmacist (RP) notice was clearly displayed in one of the dispensing areas of the pharmacy, and the RP log was in order. Private prescription records were kept using a paper register. The records contained the necessary information but some of it was recorded using dispensing labels, which could be removed or fade over time. This might compromise the integrity of the audit trail. The pharmacy did not supply CDs and it had not sourced any unlicensed specials preparations.

There was a privacy policy on the pharmacy's website which clearly explained how the pharmacy used and processed data. Terms and conditions were also explained on the associated website. Confidential waste was disposed of using a shredder. The pharmacist confirmed that he had completed safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members manage the workload effectively and they receive some training for their roles. They work well together and they feel comfortable to provide feedback and raise concerns.

Inspector's evidence

The pharmacy team comprised of the regular pharmacist and two other pharmacy team members, who held administrative roles within the business. The pharmacist dispensed and self-checked all prescriptions, taking a mental break between each activity. The current workload in the pharmacy was low, and the pharmacist explained that this arrangement was therefore manageable. Both of the administrators had recently registered on a dispensing programme, to enable them to provide more support, should the dispensing workload increase in the future. The pharmacy had also registered with a locum agency, so that pharmacist cover could be sought, if needed.

The pharmacist had not completed any specific training courses in aesthetics. But he explained that he had read around the subject area and familiarised himself with resources regarding the products which were being supplied by the pharmacy.

The pharmacy team members worked closely together. There was an open dialogue, and the team were happy to discuss any feedback or concerns amongst themselves as a team. The superintendent (SI) pharmacist did not work at the pharmacy, but he held a monthly call with the team to help identify any issues which may need addressing. Team members were also able to contact the SI pharmacist at any time and they felt comfortable to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, and well maintained. It provides an appropriate space for the services it delivers. The pharmacy's website is clear and it contains relevant information about the pharmacy.

Inspector's evidence

The pharmacy was located inside a large unit on an industrial estate. The unit was secure and in a good state of repair. There were large shelving units used for the storage of medicines, dedicated office space which was used for the completion of administration tasks and a separate work area for dispensing which contained sufficient work bench space. There was adequate lighting throughout and the ambient temperature was suitably maintained.

The Private Pharma website displayed the details of the pharmacy, including the registration number, address and details of the superintendent pharmacist. Links were also included to enable website users to check the relevant registration details. Practitioners using the ePrescription function of the Faces Consent website selected the pharmacy they wished to supply their prescriptions. Products were listed as being supplied by Private Pharma Ltd, and the website contained limited information about the pharmacy, but this did not include details of the pharmacy registration number and how to check its registration status. This could be confusing, and it may not always be clear to practitioners who is supplying the medication.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible, and they are suitably managed. It sources and stores its medicines appropriately and it carries out regular checks to help ensure that medicines are kept at the right temperature when they are transported. But prescriptions for aesthetic treatments do not always contain clear instructions for use. This makes it more difficult for team members to make effective clinical assessments to ensure supplies are appropriate.

Inspector's evidence

People using pharmacy services were able to contact the pharmacy via telephone. The contact number was included on dispensing labels. The details of the pharmacy, including a direct email address were also displayed on each of the websites associated with the pharmacy.

Prescriptions were dispensed in baskets to keep them separate and reduce the risk of medicines being mixed up. And the pharmacist signed for dispensing and checking, as an audit trail.

Prescriptions were received electronically and were printed before the appropriate stock was selected and dispensed. Once dispensed and checked medicines were securely packaged for delivery. The dispensing and packaging area was covered by a CCTV camera located directly above the work bench. The area covered by the camera was marked by tape, and this was used as an audit trail to capture the medications that had been dispensed and were being packaged for supply, in the event of any queries. Standard items were placed in discreet cardboard boxes labelled with the delivery address. Cold chain items were stored in the fridge and were packaged in special thermal insulated packaging. These items were assembled and sealed immediately prior to the courier collecting them. These medicines were also labelled to indicate the need for immediate refrigeration upon arrival.

The pharmacist reviewed each prescription and explained that he would query any large volumes of items such as toxins to help ensure that they were being used appropriately. Where a prescriber had been contacted, this was recorded directly on the prescription form. But most requests were labelled as 'use as directed', which made it difficult to confirm that the dose being administered or the amount requested was appropriate. Contact details were held for all prescribers and there had been no previous issues in contacting them when escalating concerns and queries.

Prescriptions were delivered by a courier with a specified next day delivery. Delivery was requested by 12 noon for cold chain deliveries. The pharmacy had completed two delivery audits in the last six months, where a data logger was used to confirm that the temperature range stayed within acceptable limits during the delivery process. The courier service collected prescriptions once per day and prescription only items were shipped between Monday and Thursday only.

Medicines were stored in an organised manner and in the original packaging provided by the manufacturer. A stock audit and date check were completed at the end of each week and no expired medicines were identified during random checks. Arrangements were in place for pharmaceutical waste collection, but as the pharmacy only held a limited amount of stock, this had not yet been necessary. The pharmacy received alerts for the recall of faulty medicines and medical devices. And the system

was checked daily.

The pharmacy fridge was fitted with a data logger which recorded the temperature each hour. Separate maximum and minimum thermometers were also fitted. These thermometers were checked daily, and temperatures recorded in a book to help satisfy team members as to the accuracy of the information being captured by the data logger. The fridge was within the recommended temperature range during the inspection. Data loggers were also present in areas where stock was stored, to monitor the ambient temperature.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides. And team members use the equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to up-to-date resources through unrestricted internet access. Electrical equipment was in working order and there was no risk of information being seen or telephone conversations overheard as public access to the pharmacy was restricted.

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.