

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Clinic Edinburgh, 47 London Road,
Edinburgh, Midlothian, EH7 5SP

Pharmacy reference: 9012104

Type of pharmacy: Private Pharmacy

Date of inspection: 01/11/2023

Pharmacy context

This private retail pharmacy first registered in 2023. It is located on a high street in a predominately residential area of Edinburgh. Its core business is conducting travel consultations and administering vaccinations, and it supplies some other prescription only medicines under private Patient Group Directions (PGDs). People can book appointments via telephone and the pharmacy's website www.pharmacyclinicedinburgh.com, and some walk-in appointments are available.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 appropriately manages the risks associated with the services it provides for people. It has a complete set of written procedures to help the team carry out tasks consistently and safely. And it has appropriate processes to record and learn from mistakes and incidents. And the pharmacy keeps the records its needs to by law. The pharmacist has the knowledge and experience to help support vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) to help manage risks. The SOPs were kept electronically, and the pharmacist had printed copies to refer to. The pharmacy superintendent had written the SOPs in March 2023 and had set a review date of March 2024. The SI had signed all of the SOPs. The SI worked as the regular responsible pharmacist (RP).

The pharmacy had been operating for around five months. It had a near miss log used to record any mistakes identified during the dispensing process. And it also had a dispensing incident log to record details of any errors which were identified after the person had received their medicines. No records were available, but the pharmacist confirmed there hadn't been any errors since the pharmacy first opened. They explained some of the safety measures they had implemented to reduce the risk of an error occurring. For example, antibiotic and antiviral medicines were stored in a separate area from the rest of the stock medicines to reduce the risk of a selection error occurring. The pharmacy had received positive feedback online and the pharmacist had received emails of praise from people who had used the pharmacy services and had positive treatment outcomes. The pharmacy had a complaints policy. The pharmacist aimed to resolve any complaints or concerns informally. They explained that some complaints had been made regarding the inability to dispense an NHS prescription from the pharmacy, but people had understood once the pharmacy model had been explained to them by the SI. And the pharmacist signposted people to a suitable community pharmacy.

The RP notice displayed contained the correct details of the RP on duty and it could be viewed from the retail area. The RP record was appropriately maintained. The pharmacy had previously maintained a paper RP log but had recently started using an electronic log. The pharmacy had current professional indemnity insurance. It had a controlled drug (CD) register that appeared to be in order. The pharmacist checked the physical levels of CDs against the balances recorded in the CD register when a CD was dispensed. Accurate records of private prescriptions were maintained. And the pharmacy kept records associated with the administration and supply of medicines through PGDs electronically which could be printed if required.

The pharmacist was aware of the need to keep people's private information secure. The pharmacy had a shredder to manage confidential waste and confidential information was stored in staff-only areas of the pharmacy. The pharmacy did not have a privacy notice on display to inform people how the pharmacy handled their data. But people signed a consent declaration relating to sharing and processing of their data when accessing the PGD services. The pharmacist had completed learning associated with their role in protecting vulnerable people and was a member of the Protecting Vulnerable Groups (PVG) scheme. They understood their obligations to manage safeguarding concerns well. And they had access to contact details for relevant local agencies.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an appropriate staffing level for the services it provides. And contingency cover is available should it be required. The pharmacist completes regular ongoing training relating to the pharmacy's services to ensure their knowledge and skillset is kept up to date.

Inspector's evidence

The superintendent pharmacist was the only person who currently worked at the pharmacy. They had identified three locum pharmacists who had undertaken a period of shadowing at the pharmacy and could provide cover during periods of planned leave. This provided some assurance that the pharmacy had a business continuity plan if the SI was not able to work. And the SI was knowledgeable about other services available locally that they could refer people to if needed. The pharmacy operated both a walk-in and appointment-based booking system. On days where there were several planned appointments, a locum dispenser provided cover to manage over-the-counter queries. The pharmacy was currently open seven days per week, but this was under review by the SI who had identified quieter times when they may close the pharmacy. The pharmacy did not have any specific targets associated with its services.

The SI kept themselves informed of information relating to the pharmacy's services and specific vaccines they administered through the subscription it paid to its PGD provider. And they demonstrated how new information was clearly highlighted to them using the online clinical platform they subscribed to. For example, there was a recent amendment to one of the PGDs which they had confirmed they had actioned. They advised they had completed vaccination theory and face-to-face vaccination training, anaphylaxis, and basic life support training prior to commencing the service. And evidence of competencies and learning was required by the PGD provider to gain full access to the suite of private PGDs. The SI was also qualified as an independent prescriber.

The pharmacist was involved in consultations for sales of over-the-counter medicines. They explained how they would identify repeated requests from people for medicines subject to misuse, for example, codeine containing medicines. And that they would refuse repeated requests for codeine containing products or make a referral to the person's GP where appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and are maintained to a high standard. It has private consultation room and advice area where people can have confidential conversations with a pharmacy team member.

Inspector's evidence

The pharmacy had recently opened. The premises were secure, clean and maintained to a high standard. The pharmacy workspace was well organised with designated areas for completion of pharmacy tasks. There was a large retail area, with a separate dispensary room located behind the retail counter. There was a good-sized consultation room which was suitably equipped and fit for purpose. And there was a waiting area for people receiving clinical services that could also be used to allow the pharmacist to speak with people in a more private area. There was a clean, well-maintained sink in the dispensary used for medicines preparation and team members had access to other hand washing facilities. A toilet and stock room were located at the rear of the pharmacy. The pharmacy kept heating and lighting to an acceptable level throughout.

The pharmacy's website provided basic information about the pharmacy and the services provided and contact details. And it had a link to enable people to book a consultation. It did not advertise any medicines for sale.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers services that are well managed and easy for people to access. And when the pharmacist is aware of a more appropriate service, it has provisions to signpost people to other local services. The pharmacy receives its medicines from licensed wholesalers and stores them appropriately. The pharmacist carries out checks to help ensure medicines are kept in good condition and safe to supply

Inspector's evidence

The pharmacy had a stepped access with a manual door. There was a ramp available, and the handle was low so could be accessed by people using a wheelchair. It displayed its opening hours and details about the pharmacy services available in the window. Some healthcare information leaflets were available for people to read. People could communicate with the pharmacy by email, telephone and via an electronic booking platform on the pharmacy's website. The pharmacist referred people to other local services if necessary. For example, people who requested medicines for a variety of minor ailments, were usually referred to an NHS community pharmacy where medicines provision was more available to people.

The pharmacy offered a wide range of travel vaccinations and other prescription medicines via private PGDs. Other conditions treated included hay fever and acne. The pharmacist usually contacted people prior to their appointment and provided access to the private PGD website where they could complete information about themselves. This included their medical history and information about their travel arrangements where appropriate. If people did not complete this prior to their appointment, the pharmacist obtained this information during their face-to-face consultation. The pharmacist completed pre-screening which involved reviewing the patient information and medical history against the inclusion criteria of the PGD. If the request met the PGD criteria, medicines would then be supplied. For a vaccination consultation, the pharmacist advised people of the most appropriate vaccinations for their destination, ordered the vaccination stock and arranged a follow-up consultation. During the follow-up consultation, the SI checked if there had been any changes to the persons medical history since the initial consultation before administering the vaccinations. People were provided with information leaflets about their medicines and vaccinations. And they were asked to provide consent for information about any medicines supplied to be shared with their GP. The pharmacist also provided a printed copy detailing the medicine provided, along with the batch number and expiry date of the medicine. And they were advised to provide a copy to their GP.

The pharmacist also issued occasional private prescriptions mostly for people who had travelled to the area, were unable to access NHS services and did not have enough medication for the duration of their trip. The SI conducted a consultation with the patient and they obtained evidence of their prescribed medication. This included obtaining a copy of people's prescriptions from their own prescriber which was retained by the pharmacy along with any consultation notes.

The pharmacy's website indicated that weight loss injections were available. The SI advised that this was also under a PGD, but they had not yet commenced this service. They had offered weight management consultations to people who were seeking information around weight loss injections. This involved healthy living advice, exercise and dietary advice. People had found this information beneficial

and had provided feedback to the pharmacist that the advice provided had enabled them to be successful in losing weight. The SI demonstrated that they had considered the risks of providing individual services. For example, they had taken the decision not to offer weight loss injections until people had a weight loss consultation and a defined period of time had passed prior to considering prescribing these.

The pharmacy obtained its stock medicines from licensed wholesalers and stored them neatly on shelves and in drawers. The pharmacist had a monthly process for checking expiry dates of the pharmacy's medicines. Short-dated stock which was due to expire soon was highlighted and a record was maintained of checks that had been completed. A random selection of medicines was checked and all medicines were found to be in date. The pharmacy had a medical grade fridge to store medicines that required cold storage and it was operating within the correct temperature range. The pharmacist monitored and recorded the temperature every day. This provided assurance that the fridge was operating within the accepted range of two and eight degrees Celsius. The pharmacy received medicine alerts electronically through email. The pharmacist actioned the alerts and kept an electronic email record of the action taken. They knew to return items received damaged or faulty to manufacturers as soon as possible but had yet to have any affected medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment to support the delivery of its services. And the pharmacist uses the equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had to up-to-date reference sources including the British National Formulary (BNF) and the BNF for children. And there was access to internet services. The clinical system provided travel health information and counselling information for each of the PGDs to support in counselling people. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. And it had equipment to support the vaccination services provided.

The dispensary area was screened and could not be viewed from the retail area. Computers were password protected to prevent unauthorised access and they were positioned to ensure people couldn't see any confidential information. There were cordless telephones so the pharmacist could move to a quiet area to have more private conversations with people 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.