

Registered pharmacy inspection report

Pharmacy Name: We Prescribe, 28A Willows Road, Walsall, West Midlands, WS1 2DR

Pharmacy reference: 9012132

Type of pharmacy: Internet / distance selling

Date of inspection: 05/08/2024

Pharmacy context

This is a distance selling pharmacy which opened in June 2023. People access the pharmacy's services through its website www.weprescribe.co.uk. The pharmacy does not have an NHS contract and the only activity is dispensing private prescriptions issued after a consultation with the pharmacist independent prescriber. The website offers medicines for a range of conditions, but the pharmacy mainly supplies medicines to support weight loss.

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's prescribing service does not independently verify the details that a person has provided, such as their current weight, before it issues a prescription for weight-loss medication which increases the risk of medicines being supplied to people when they are not suitable for them.
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 regularly reviews its systems and processes and makes changes to improve them. But the pharmacy's prescribing service does not independently verify the health information and details that a person has provided before it supplies them with weight loss medication. This means people who do not provide accurate and up to date information may receive treatment that is not suitable for them. Members of the pharmacy team follow written procedures to make sure they work safely. They understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

The pharmacy was first registered in June 2023, and it supplied prescriptions to people in the UK through its website www.weprescribe.co.uk (the "website"). A prescription was issued after a consultation with a pharmacist independent prescriber (PIP). The prescribing service was accessed via the pharmacy's website and people could contact the pharmacy to speak to a pharmacist or the PIP before starting an online consultation if they had any questions. Various contact methods were available and advertised on the website. Two pharmacists worked regularly at the pharmacy. They were both directors of the company that owned the pharmacy. One was nominated as the superintendent pharmacist (SI) and he also undertook the role of the PIP.

A range of risk assessments were used to help the pharmacy team to identify, assess and manage the risks associated with the pharmacy's services. The risk assessments covered a wide range of identified risks including consultations, providing services at a distance, and each of the medical conditions that the pharmacy could provide medication for. The risk assessments had been created in preparation for the pharmacy joining the register and they had not been updated to include new medicines that had been introduced. Whilst the document had not been updated, the PIP and the pharmacist demonstrated they were knowledgeable about the new weight loss medicines that they supplied. Each of the prescription only medicines available on the website had an accompanying treatment protocol available to the PIP. Additional risks associated with the supply of each of the medicines were written into the treatment protocols. The protocol included sections such as, the clinical condition it could be prescribed for, inclusion and exclusion criteria, cautions and counselling for patients. The PIP tried to mitigate some of the risks of supplying weight loss at a distance by speaking to every patient before a prescription for a weight loss medicine was issued. Occasionally people consented to a video consultation, although this was not mandatory. The pharmacy kept records to show how many refusals had been made and the reasons for them. These records were kept in a format that allowed the pharmacists to produce reports on the refusals and they regularly reviewed the data for patterns and trends.

The PIP and pharmacist decided what questions should be on the online consultation form for each medicine, what quantities should be available and how often they could be ordered based on the risk assessments. UK prescribing guidance, such as NICE Guidance, Clinical Knowledge Summaries, information provided by medicine manufacturers and British National Formulary (BNF) were used to

design the questionnaire. The questionnaire was initially used to screen for suitability and some people were not automatically approved to continue with the online questionnaire based on the initial screening questions. If the person had selected a weight loss medicine, they were emailed and then contacted by the PIP to check the responses and carry out a more thorough two-way consultation to ensure the medication was appropriate and the person had the information that they needed to use the medicine properly. Email correspondence and detailed consultation notes were stored on the patient's portal for future reference. A follow up email was sent to the person if they had been prescribed weight loss injections and this included an electronic patient information pack from the manufacturer and a link to an information video about injection technique.

People requesting medication from the prescribing service were asked for consent to contact their usual GP surgery during the online questionnaire. A letter was sent to the persons' GP every time a person consented, and there were several examples seen of the letter being issued. The pharmacists reported that they had noticed a trend in people giving their consent for their GP to be contacted and believed this was due to weight loss medicines becoming normalised through social media and mainstream media reporting on them.

The pharmacists explained that they were developing a new website that included a patient portal so that people could upload photographs of themselves securely. This would allow the PIP to independently verify that the person was the weight that they had self-reported. And it would allow the person to see their weight loss journey through their photographs. This meant that at the time of the inspection the PIP did not obtain additional evidence to corroborate the information provided by the person on the online questionnaire about their current weight. The website was due to launch at the end of September 2024 and would also generate a GP letter so that people could choose to hand it to their usual GP at their next appointment if they had initially declined for the pharmacy to inform them.

There were regular reviews of the services provided by the pharmacy by the PIP and the pharmacist. The pharmacy had initially dispensed very few prescriptions and due to changing the company that configured the website to show on online search engines, they had recently started to issue and dispense prescriptions regularly. The pharmacists planned to audit the rejected prescription information and the weight loss services once they had been issuing prescriptions on a regular basis for six-months. They had chosen six-months so that they had enough data for a thorough review. They carried out informal reviews and shared information about queries and common patterns during a weekly business planning meeting.

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were reviewed and updated on an ongoing basis. The pharmacists had developed the SOPs to reflect the pharmacy services provided. Roles and responsibilities of staff were highlighted within the SOPs.

People could give feedback or complain to the pharmacy in a number of ways. The website had an email address for the pharmacy, a contact telephone number and an online contact form. The pharmacy's telephone number was directed to the pharmacist's mobile telephones so that the pharmacy was always contactable. Customers could leave reviews on consumer review sites, and these were monitored by the pharmacists. The pharmacists were not aware of any recent complaints about the service. The only complaint had been about a faulty device which had been managed appropriately.

The pharmacy had current professional indemnity insurance and the policy document showed that the policy included medical malpractice to include the prescribing service. The Responsible Pharmacist (RP) notice was displayed in the dispensary and the RP log met requirements. Delivery records were held in

the Royal Mail system. Private prescription records were in order and held electronically. Clinical records, including reasons for not making a supply, were made on the prescribing system and they were easily auditable.

Confidential waste was stored separately from general waste and destroyed securely. The website contained details of the privacy policy. The pharmacy computer terminals and the pharmacist's laptops were all password protected. Website security was monitored by the website developers, and it was encrypted and secured. The website had a function that allowed the pharmacists to track a user's visit to the site and where they had interacted with the website. This had initially been installed to help with marketing, but it was a tool for the PIP found useful if he thought a person had changed their responses to the screening questions during the online consultation process. There were certain parts of the website that were not tracked in this way, such as the payment information pages. People were required to upload a copy of their government issued identification either during the registration process, or prior to their first consultation. This was checked by the PIP to ensure the personal information, such as their name and date of birth, was correct. The payment system also triggered a warning to the PIP if the payment card did not match the order details. The website flagged if people tried to register for multiple accounts, or if there were queries about someone's identity. The pharmacists telephoned people to clarify any queries about their identity and cancelled orders if they remained unsure.

The PIP and pharmacist had completed level three safeguarding training and the details of safeguarding bodies across the UK were available if they required them. No formal safeguarding referrals had been made. Questions about a person's mental health history were asked as part of the online questionnaire. The pharmacists had decided that the service was not suitable for people under the age of 18 and referred any patients under 18 to their usual GP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The pharmacy's team members use their professional judgement to make sure medicines are appropriate for people.

Inspector's evidence

The pharmacy team consisted of the two pharmacists. There were no support staff at this time and the pharmacists had agreed on the number of items they would dispense each week before employing a dispensing assistant. The pharmacists covered each other's annual leave and the PIP worked remotely to carry out consultations and issue prescriptions when he was away. The workload was easily manageable, and the pharmacists worked flexibly to make sure that one of them was available. They usually worked on alternate days so that dispensing and checking could take place on different days and it ensured that a second pharmacist performed a clinical check on the prescriptions issued by the PIP.

The PIP's initial area of competency had been diabetes, and this had extended over time to include minor ailments, COPD, hypertension, mental health and some other areas. The PIP worked at an NHS GP surgery and had extended his scope of competency by reading guidance, working alongside GP's and having peer reviews with his colleagues. The pharmacists had contacted the medicines information departments at the weight loss medicine manufacturers and had obtained information and training intended for healthcare professionals.

The pharmacists used their professional judgement to refer patients to their GP or other local services when needed. They had a weekly business planning meeting and discussed any unusual queries that they had received during the week. The pharmacists knew they could contact the GPhC if they had any concerns.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for the provision of healthcare services. And its website provides clear and accurate information.

Inspector's evidence

The pharmacy offered its services via its website. The website contained details of the pharmacy such as, the GPhC voluntary logo, the premises address, services offered, the name of the superintendent (SI), complaints procedure and the company policies. People accessed the online prescribing service through the website. Consultations were condition based and people could choose their preferred medication when they completed the online questionnaire.

The premises were smart in appearance and well maintained. Any maintenance issues were reported to the landlord. The premises were suitably organised and were an adequate size for the services provided. An efficient workflow was seen to be in place and dispensing and checking activities took place on workbenches.

The pharmacy was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the pharmacists on an ongoing basis. The sinks in the building's communal area had hot and cold running water, and hand towels and hand soap were available. Lighting was adequate for the pharmacy services offered. Prepared medicines were held securely within the pharmacy premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy ensures its services are easily accessible. Its website provides helpful information about the prescribing service, and the prescriber provides additional counselling and advice. The pharmacy team manages the services effectively and it follows clear processes when prescribing and dispensing medicines. The pharmacy keeps records of the checks it makes to ensure medicines remain safe to use and fit for supply.

Inspector's evidence

People could access the pharmacy services via the website and by telephone. The website contained information about different medical conditions and about the medicines that were available. The consultation process consisted of an online questionnaire which had been designed by the pharmacists. The online questionnaire was used as a screening tool to gather information about the patient, their symptoms, medical history, and medication. The PIP used the responses to the questionnaire as the basis for a telephone consultation. The pharmacy's website had the functionality for a video consultation; however, people usually preferred a telephone consultation.

People were asked for details of their usual GP as part of the online consultation process. The pharmacy team informed the GP of the supply if the person had given their consent. If a person was using the pharmacy for the first time but had indicated that they had received prescriptions for the medicine from another source, such as another private prescribing service, the PIP requested evidence such as an email that confirmed the order or a photograph which showed the person's name and date of dispensing on the dispensing label.

Some medicines were supplied to people as a convenient alternative to obtaining a repeat prescription from their GP. These were usually one-off prescriptions for medicines that people had used before and reported that they had not had any adverse effects. Antibiotics for urinary tract infections were occasionally supplied. The PIP checked the responses to the online questionnaire and made additional checks as required.

Deliveries were made using Royal Mail. Packaging materials that were suitable for sending temperature sensitive products had been sourced. The temperature controls had been validated by sending a test box containing the usual packing materials and a data logger to check the temperature throughout the journey. Information was provided about how to dispose of needles safely and sharps containers were supplied.

Baskets were used for dispensing. These ensured medication for different patients were separated. The pharmacists explained that they when they worked alone, they took a mental break between the dispensing and checking stages. They tried to work on alternate days so that they dispensed prescriptions on one day, and the other pharmacist checked the prescription the next day to avoid the need for self-checking.

The pharmacy kept a small amount of stock and there was a date checking process in place. No out-of-date medication was seen on the shelves during the inspection. Stock was obtained from licenced wholesalers. There was a medical fridge in place to hold stock medicines and a freezer for ice packs used for packaging and distributing cold-chain lines. The pharmacy did not stock any controlled drugs. The pharmacy was alerted to drug recalls via emails from the MHRA. The pharmacists had been contacted by a few people that had said their injection pen had failed. The people had used previous pens without issue, so they assumed it was device failure rather than patient error. The pen had been recalled from the patient and returned to the manufacturer for testing.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team uses the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary, and NICE guidelines. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. Screens were not visible to the public as members of the public were excluded from the premises.

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.