General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: The Bank Of Wellbeing, Crown Bridge, Penkridge, Stafford, Staffordshire, ST19 5AA

Pharmacy reference: 9012136

Type of pharmacy: Community

Date of inspection: 05/06/2024

Pharmacy context

This pharmacy is located alongside shops and services in the centre of Penkridge, a village in South Staffordshire. It first opened to members of the public in February 2024. It specialises in providing mainly private services such as travel vaccinations, a weight loss clinic, ear wax removal and phlebotomy. The pharmacy does not have an NHS contract, but it is a hub for assembling NHS prescriptions for the six other pharmacies in the Northwood group.

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	3.5	Good practice	The premises is well designed to support the provision of healthcare services. There are multiple consultation rooms that are equipped to a high standard, and the dispensary has purpose build workstations to support an efficient dispensing process.
4. Services, including medicines management	Good practice	4.1	Good practice	The pharmacy offers a wide range of health and wellbeing services which are easy for people to access. This means people can access support and treatments promptly.
		4.2	Good practice	The pharmacy operates safe and efficient services. Its processes are well controlled and managed. The prescription journey is well designed so progress can be tracked. This reduces the likelihood of delays in supplies of medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy manages the risks associated with its services to make sure people receive appropriate care. It carries out regular risk assessments to make sure the services that it provides are safe. The dispensing process is designed so that it includes additional patient safety checks. And the team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

The pharmacy first opened to members of the public in February 2024. The dispensing workload had transferred from another pharmacy towards the end of 2023. The pharmacy offered a range of private services from its clinic space which were provided under patient group directions (PGDs) including weight loss medicines and travel vaccinations. It also offered other health and wellbeing services, such as cryotherapy. Some services were provided in conjunction with other private healthcare providers, such as ear wax removal, phlebotomy services and B12 injections. The pharmacy had a website which explained what the services involved, and people could use it to book appointments. All private services were provided face-to-face at the pharmacy.

A range of standard operating procedures (SOPs) were available which covered the activities of the pharmacy and the services provided. The pharmacy operated as a 'hub' pharmacy model of dispensing prescriptions for other pharmacies or 'spokes 'in the Northwood group. Prescription data was transmitted electronically to the pharmacy (the hub) so that the prescription could be assembled. The dispensed prescriptions were then delivered back to the spoke pharmacy for onward supply.

The dispensing SOPs had been designed so that they were bespoke to the hub and the workflow that the team followed. The SOPs that were relevant to the spoke pharmacies were available on the company's intranet so that the responsible pharmacist (RP) at the hub could see the process that the spoke's should be following and understand everyone's roles and responsibilities throughout the process. The SOPs had been dated to show when they had last been reviewed by the superintendent pharmacist (SI). Signature sheets were used to record staff training, and roles and responsibilities were highlighted within the SOPs.

A range of risk assessments had been carried out prior to the pharmacy opening and these were regularly reviewed and updated by one of the team members. The risk assessments covered the private services as well as the hub and spoke dispensing model. The pharmacy had applied to be registered with the Care Quality Commission (CQC) with the intention of running nurse-led clinics for services that the pharmacy did not currently offer. Additional risk assessments had been created to support this application. Due to the private services only being operational for four months the pharmacy had yet to do any audits. Ideas for clinical and compliance audits were discussed during the inspection. The RP working at the pharmacy also had plans to include a PGD compliance audit which incorporated record keeping as part of the pharmacist induction process.

A range of different IT systems to support the hub and spoke dispensing model had been researched

prior to the pharmacy opening. The system that had been selected had various barcode and quick response (QR) code checks built into the system to make the process efficient and to support patient safety. There were criteria for which medicines were suitable for hub dispensing. Certain medicines, such as medicines that required cold chain storage, controlled drugs, and required an original pack to be split were not sent to the hub and were dispensed at the spoke.

Prescription information was sent electronically from each of the spoke pharmacies, the prescriptions were then labelled and assembled at the hub pharmacy, and then sent back to the spokes. The spokes received deliveries from the hub twice a day. The computer system tracked how long it had been since the prescription information had been submitted by the spoke and this was used to prioritise workload. The spoke pharmacy was responsible for the clinical check of the prescription, local dispensing of certain medicines, and the onward supply to the person.

Each member of the team had an individual log-in for the computer system which provided an audit trail. The barcode on the medicine was scanned during dispensing and the system only printed off a dispensing label if the medication scanned was correct. A clear warning message was displayed on the screen if it was incorrect. If a medicine did not have a barcode, it required a manual check by the pharmacist before the process could continue. The pharmacy team explained that due to the barcode and QR code checks throughout the process, they felt that the number of near misses and errors were much lower than if the process was manual as it removed human error. The team had identified that there was a chance that the labelled medicine could be put into the incorrect dispensing basket and then into a bag the wrong patient and this is why they had another dispensing assistant carrying out an additional check when the medicines were put into the dispensing bags. The team were aware of the process to follow if they were made aware of an error or complaint, and they would involve the SI or the managing director.

People could contact the pharmacy in various ways, such as, telephone, email, and by using an online form. Contact details and the complaints policy were advertised on the website. Positive reviews had been left on Google reviews from people that had used the pharmacy.

The pharmacy had up-to-date professional indemnity insurance. An RP notice was displayed in the dispensary and the RP log met requirements. The full details of the consultation and any medicines supplied or administered under a private PGD were recorded on the PGD provider's portal, and a summary was printed for the pharmacy's own records. Completed prescriptions were delivered to the spokes in large tote boxes. Every tote box was tracked using a barcode. The barcode contained details of each of the prescriptions that were inside to help the team at the spoke pharmacy locate them.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had individual log in-details for the computer systems, and they confirmed that their log in details were not shared. The privacy policy was displayed on the pharmacy’s website. The RP had completed safeguarding training. The pharmacy team understood what safeguarding meant. There was a safeguarding policy and the details of safeguarding contacts were available.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough suitably trained and qualified team members to manage the workload and the services that it provides. The pharmacy considers staffing levels as part of future planning for new pharmacy services. The team members plan absences in advance, so they have enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the RP, a supervisor (trainee pharmacy technician), four trained dispensing assistants and a healthcare assistant (HCA). Annual leave was requested in advance and co-ordinated by the supervisor. The team had agreed the maximum amount of people that could have authorised absence at any one time. Changes to the rota were made in advance when people were on holiday and members of the team worked additional hours when required.

The spoke pharmacies supported the hub by providing dispensing assistants when there was planned and unplanned absence. A dispensing assistant from a spoke pharmacy was covering unplanned sickness absence. She explained that she had learned a lot about the hub dispensing operation during her time there which would be beneficial when she went back to her usual pharmacy. The company’s head office was based in the offices above the pharmacy and the team had regularly contact with head office staff, including the managing director of the company which owned the pharmacy. He was involved in purchasing pharmacy stock to be used at the hub and distributed to the spokes throughout the month.

All the team members had completed accredited training courses relevant to the tasks that they were undertaking. The RP had completed training associated with the services provided. He currently worked at the pharmacy on a full-time basis, but the longer-term plan was to work part-time at this pharmacy and part-time at one of the spoke pharmacies with an NHS contract. This meant he could keep different knowledge and skills up to date.

There were three additional pharmacists that worked occasional shifts to cover the RP. The supervisor had been enrolled on a pharmacy technician course to support her ongoing development and was working through the course materials. The HCA did not work in the dispensary. She had been employed to support the RP with services and she was a trained phlebotomist and had experience in healthcare management. She had various duties such as working on the reception desk, carrying out services including phlebotomy, ear wax removal, and cryotherapy.

When the pharmacy introduced a new service, such as cryotherapy or ear wax removal, the SI identified which team members could be trained and they attended the relevant courses. The SI and other head office staff also attended these training courses so they understood more about how the service operated, and they could provide contingency cover for sickness or holidays rather than cancelling appointments at short notice.

The pharmacy team worked well together during the inspection and were observed helping each other

and moving from their main duties to help with more urgent dispensing tasks when required. Tasks were delegated to different members of the team so that the workload was managed. A monthly team meeting took place and minutes of these meetings were kept so that team members could refer to them afterwards, or if they were absent. The pharmacy staff said that they could raise any concerns or suggestions with the supervisor and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, contact the managing director, SI, or GPhC if they ever felt unable to raise an issue internally.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare services. The pharmacy team has access to multiple consultation rooms for services such as phlebotomy and vaccinations, and if people want to have a conversation in private.

Inspector's evidence

The pharmacy advertised its services via its website www.thebankofwellbeing.co.uk. The website contained details of the pharmacy such as, the premises address, the services offered, the name of the superintendent (SI), complaints procedure and the company policies. The website had a section for each of the services and contained an online booking system.

The premises had previously been used as a bank and it had been fully renovated to a high standard. The premises had been designed so that the front part was a clinic space with a comfortable waiting area, two large consultation rooms, two smaller consultation rooms, an accessible bathroom, and a reception desk. The back part of the premises was a dispensary and had been purposely designed to support the workflow of the dispensing process. This included bespoke workstations, assembly areas, and storage for completed prescriptions.

Two of the consultation rooms were being used throughout the inspection by the RP and the HCA. One room was larger and used for the services that may have required the examination couch or phlebotomy chair. The consultation rooms were soundproof, professional in appearance and well equipped. The RP used the smaller consultation room for services such as the weight loss service or travel vaccinations. Computers had been installed in the consultation rooms so that pharmacist could easily access the associated PGD documents and questionnaires on the PGD provider’s website during the consultation.

The premises were smart in appearance and well maintained. Any maintenance issues were reported to the owner and local contractors were available. The dispensary was an adequate size for the services provided and an efficient workflow was in place. The two smaller consultation rooms were being used to store stock due to the lack of space in the mains stock rooms. The director had ordered shelving units so that the stock could be better organised. There were additional stockrooms, staff facilities and offices upstairs. Prepared medicines were held securely within the pharmacy premises.

The pharmacy temperature was suitable and air conditioning had been installed throughout. Lighting was adequate for the services provided.

Principle 4 - Services ✔ Good practice

Summary findings

The pharmacy's private pharmacy services meet the needs of the local community, and they are easy to access. It manages its services and it supplies medicines safely. It gets its medicines from licensed suppliers and stores them securely and at the right temperature, so they are safe to use.

Inspector's evidence

People only visited the pharmacy in person to receive a pre-booked service or to make enquiries. Some of the services provided by the pharmacy were advertised on the windows and information had been taken to some businesses in the village. For example, information about the travel health service had been taken to the travel agents. NHS prescriptions dispensed at the pharmacy were returned to the spoke pharmacies for onward supply. And any prescription queries were managed by the spokes, so the pharmacy did not have any direct contact with these patients.

Some of the private PGDs were available as NHS services, such as, emergency hormonal contraception and treatment for urinary tract infections (UTI's). If the RP thought the person could be eligible for an NHS service, he discussed this with them and signposted them to the other pharmacies in the village which were part of the Northwood group. There were two pharmacies within easy walking distance that had NHS contracts. People were referred to these pharmacies if they presented with an NHS prescription to be dispensed, or if they wished to purchase pharmacy medicines, or wanted a service not provided by the pharmacy.

The RP and HCA provided the private blood testing service. There were several different types of tests available including testing for iron levels, kidney function, thyroid function and complete blood counts. The testing service was led by a third-party company that was registered with relevant UK regulators. People booked in advance and the company provided the sample vials and packaging to return the samples to the laboratory for testing. The samples were stored in the refrigerator until they were collected by a courier. The laboratory provided the person with a letter that contained a summary of the results and suggested any action they needed to take. The pharmacy was also emailed a copy of the letter and an appointment was scheduled for a few days after the initial appointment to discuss the results. The letter was quite detailed, and a summary of the results and next steps was supplied to the person's GP.

A range of patient group directions (PGDs) were available. The most popular were travel vaccinations and weight loss. And a covid vaccination service was growing in popularity and people were travelling from outside of the area for this service. Consent forms were completed prior to administering vaccinations and records for all services were maintained in accordance with the PGD's requirements. The pharmacists were accredited to offer these treatments after completing online training and being named on the PGD. Each PGD was countersigned by the SI. The RP described the patient journey and consultation process for the travel vaccination service and the weight loss service. The weight loss service took place face-to-face, and the pharmacist reviewed the person on a monthly basis throughout their treatment. He also contacted them by telephone at regular intervals throughout the month to check on their wellbeing and progress.

Other private services, including ear wax removal, cryotherapy and mole screening were available. The pharmacy had partnered with specialist healthcare companies to offer this range of services. The pharmacy had obtained the equipment required for these services, for example, digital otoscopes for checking inside the ear, and mole screening cameras. Digital technology meant that information and images could quickly and easily be shared with specialists, such as dermatologists or ear, nose and throat doctors. The SI identified which members of the team could be trained for each service as part of the implementation process and the healthcare company provided that training.

The number of items dispensed by the pharmacy had increased by more than 10% over the last few months. The assembly process at the hub was relatively straightforward as they only dispensed original packs and did not dispense fridge items or controlled drugs. They did not dispense any prescriptions until they had all of the stock available. The computer system provided tracking and audit information for each prescription and barcode/QR code scanning helped the team with the workflow and to identify errors during the process.

The prescription journey was managed using a computer system that integrated the information inputted by the spoke pharmacy and the dispensing process at the hub. The spokes could submit prescription information at any time and delivery drivers took completed prescriptions to the spoke branches twice a day, so the lead time was similar to if the spoke pharmacy was dispensing the prescription themselves.

The dispensing process was well designed, and the team had ample workspace and shelf space available in their workstation. Each dispensing assistant was assigned a role and they switched roles throughout the day. The computer system logged which dispenser had been involved in the process and multiple barcodes and QR code scans were built into the workflow to ensure the medicines were correct, and they had been assigned to the correct named patient. Error messages clearly flagged on the computer screen if there was a mistake, and the dispenser could not continue unless the error was rectified.

There was an automated prescription collection point associated with the pharmacy, but it was not part of the registered area. People could collect their NHS prescriptions from the collection point at a convenient time rather than visit the other two Northwood pharmacies in the village. The RP was responsible for loading the assembled prescriptions into the collection point, and he explained what happened if prescriptions were not collected.

Pharmacy stock was carefully managed so that the computer system knew exactly how much stock the pharmacy had of each medicine. There was a separate process for owings, and the spoke pharmacy had the choice of dispensing the prescription themselves or waiting for the hub to have the stock. The team regularly checked the list of prescriptions that were yet to be dispensed due to owings and liaised with the spoke when the prescription had been on system for a few days to discuss next steps. Pharmacy teams at the spoke pharmacy had the option of dispensing prescriptions that had been sent to the hub if a patient required it sooner. The computer system identified that this had taken place and had inbuilt safety measures that prevented people obtaining medication more than once.

No out-of-date medication was seen on the shelves during the inspection. Date checking records were maintained. Medicines were stored in an organised manner on the dispensary shelves and each medicine was stored in a separate box, so they were separated on the shelved. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from the MHRA. The pharmacy had a small shop area in the clinic, but these were general sales list medicines associated with the services provided, such as olive oil ear drops. They did not display and had not sold any pharmacy medicines (P medicines) to members of the public.

The pharmacy had a large medical fridge that was used mainly for weight loss medicines and vaccinations for the private services. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and 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 (BNF). Internet access was used for additional information when needed. Patient records were stored electronically and there were enough computer terminals for the workload currently undertaken.

Equipment for clinical consultations had been procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available. Each consultation room had an anaphylaxis kit. Computer screens were not visible to members of the public.

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.