General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: The Christie Pharmacy (Outpatient dispensary), Dept 14, Ground Floor, The Christie NHS Foundation Trust, Wilmslow Road, Manchester, Greater Manchester, M20 4BX

Pharmacy reference: 9012154

Type of pharmacy: Hospital

Date of inspection: 13/06/2024

Pharmacy context

This outpatient pharmacy is situated in the Christie hospital. It mainly prepares medicines against prescriptions issued by outpatient cancer treatment clinics in the hospital and for other satellite clinics located across the Northwest region which operate under the Christie NHS Foundation Trust (the Trust). The main hospital activity is regulated and inspected by the Care Quality Commission (CQC).

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 suitably manages the risks associated with its services. The pharmacy team follows written instructions to help make sure it provides safe services. The team reviews its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information. The pharmacy keeps appropriate records, but its controlled drug (CD) records have some important details missing. This means the team may have difficulties showing how it supplies medicines safely and securely.

Inspector's evidence

The superintendent pharmacist reported directly to the Trust's chairman and board of directors. The pharmacy had some written procedures, which were regularly reviewed, for safe dispensing, CDs, and the responsible pharmacist (RP). Records indicated that team members had read the pharmacy's written procedures. The pharmacy did not have a written procedure for when the RP was absent or a written procedure for handling CD incidents. The superintendent pharmacist explained that the pharmacy was unlikely to not have an RP due to the number of pharmacists on site at any time both in the pharmacy and working elsewhere in the hospital, but they agreed to make sure both procedures were drafted.

The prescribers, who were all Trust employees, issued electronic prescriptions. Each prescription had the prescriber's unique identification number, which helped the pharmacy to confirm the prescription's authenticity. All CD prescriptions, including those legally classified as schedule five CDs, were only issued on paper. The pharmacy kept these CD prescriptions after a supply had been made, so it could address any queries if needed.

The pharmacy kept an audit trail of who dispensed and checked each medication, which helped to clarify who was responsible for each prescription medication they supplied. And this assisted with investigating and managing mistakes.

Team members recorded any 'near miss' mistakes they identified when preparing medicines on the pharmacy's internal reporting system, which included why each mistake had happened. One of the pharmacists regularly reviewed these records. The team met monthly to discuss mistakes and it recorded its analysis. This meant staff members had additional opportunities to identify patterns and mitigate risks in the dispensing process.

Team members recorded mistakes for supplied medicines on the Trust's incident reporting system. Two senior team members investigated these mistakes, and subsequently reviewed them with the whole team. The superintendent reported any mistakes to the Trust's board of directors via its medicines safety officer each month. The superintendent and Trust board were more directly involved with serious incidents, but this rarely happened.

Team members had completed training during their induction on handling complaints. So, they knew how to respond to concerns. The Trust's website displayed information about how to provide feedback via its Patient Advice and Liaison Service (PALS) and complaints team. However, there was no publicly displayed information in the pharmacy about how people could feedback about services. PALS reported any feedback about the pharmacy to the superintendent, who discussed this with the pharmacy team

and the Trust.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, and the pharmacy maintained the records required by law for the RP.

The pharmacy had an electronic register for recording CD transactions. CD supplies were recorded, but registers did not fully comply with the law. The team did not always record the prescriber's details, the registers did not indicate if the person collecting the CD from the pharmacy had provided proof of their identity, and they contained a few erroneous entries. This meant the team could find it harder to explain what had happened if a query arose. The superintendent pharmacist agreed to address these issues.

Records indicated that the team regularly checked CD running balances, which helped it to detect any discrepancies. The hospital's inpatient pharmacy kept a record of CDs returned to the outpatient pharmacy for safe disposal

The pharmacy was registered with the Information Commissioner's Office. However, there was no publicly displayed information on the pharmacy's privacy policy, so people may not understand how it protected their data. Staff members had completed training on the General Data Protection Regulation (GDPR) during their induction. They secured and destroyed confidential waste papers via the Trust's system.

Staff, including the pharmacists, had completed the Trust's safeguarding training, and they reported concerns directly to the Trust's safeguarding officer or via the superintendent.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together, and they have the qualifications and skills necessary for their roles.

Inspector's evidence

The pharmacy team consisted of fourteen pharmacists, five accredited checking technicians (ACTs) and sixteen dispensers. Team members worked across the hospital's outpatient and inpatient pharmacies. The pharmacy also employed sixteen staff members known as pharmacy support workers (PSWs), who's main role included covering the prescription reception area, and handling medicine stock but not preparing medicines for people. The superintendent confirmed that PSW's had received specific training for their role. PSWs were not directly involved in preparing medicines for people, and some of the dispensers had qualified via the PSW route. The pharmacy's operational management team consisted of the manager and assistant manager, both of whom were dispensers. Deliveries were completed by an external courier who was responsible for managing the delivery drivers.

The superintendent had regularly reviewed the pharmacy's staffing needs since it opened around twelve months ago. The staffing was planned around the hospital's clinic times, which varied across the working week. This helped to make sure the pharmacy had enough staff available when the prescription medicine service demand increased. As a result, usually only up to four people only were waiting for their medication at any time. And the team had recently started to consistently exceed its target waiting times for both straightforward prescriptions, which generally consisted of up to three medications, and complex prescriptions, which usually included complex cancer and reducing dose treatments. The pharmacy had also increased its management team staffing to improve efficiency.

Staff worked well both independently and collectively. They used their initiative to manage their assigned roles and they required minimal supervision. Team members effectively oversaw the various dispensing services, and they had the skills necessary to provide them.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, secure and suitable for the pharmacy’s services. It has a private consultation room, so people can have confidential conversations with pharmacy team members and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a recently purpose-built unit within a hospital department. It had appropriate facilities fitted for pharmacy services. The open-plan design provided enough space for the volume and nature of the pharmacy's service. And the pharmacy had a consultation room. The level of cleanliness was appropriate for the services provided. The team could secure the pharmacy to prevent unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers, and the team makes some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open 9am to 6pm Monday to Friday. The public could contact the pharmacy via telephone. The hospital and pharmacy entrances were step-free and had automated doors which facilitated people visiting the pharmacy.

The pharmacy obtained its medicines from a range of Medicine and Healthcare products Regulation Agency (MHRA) licensed pharmaceutical wholesalers. It verified that suppliers complied with MHRA Good Distribution Practice and obtained authorisation from the NHS regional medicines procurement team before using them.

The team stored medicines stock in an organised manner. It suitably secured its CDs and quarantined its obsolete CDs. An external company remotely monitored real-time electronic medication stock refrigerator temperatures. The pharmacy kept records of these temperatures.

The pharmacy's automated robotic stock storage system scanned the QR code, which held the expiry date data, on each medicine. The robot removed stock from the storage system two months before the expiry date, and the pharmacy team members prioritised using this stock. The superintendent explained that this system meant only a minimal number of medicines reached their expiry date before they could be supplied. They stated that CDs stored in the CD cabinet were manually date checked regularly, but the pharmacy could not locate the records that confirmed this.

The pharmacy dispensed medicines safely and it provided a medicines information leaflet with each medicine it supplied to people. The team prepared some medicines against prescriptions that Trust prescribers based at the satellite clinics had issued. It also supplied medicine stock to these clinics. The pharmacy handed these medicines to Trust staff each weekday morning, who took responsibility for onward supply to the clinics. A subcontracted courier then delivered the medicines to the satellite clinics. The courier's vehicles were equipped with refrigeration facilities for medicines that required cold storage.

The Trust kept a record of the medicine which transferred to satellite clinics but the pharmacy did not. The superintendent recalled an incident where the Trust reported that a satellite clinic had not received the medicine stock that it had ordered. The Trust was responsible for investigating any queries and liaised with the pharmacy about missing deliveries. And it regularly reviewed the courier's service quality. The pharmacy and satellite clinics routinely communicated with each other to make sure supplied medicines were received safely, securely and on time. This included urgent medication that people needed due to delays in the prescription being issued.

Records indicated that the team took appropriate action when it received alerts for medicines suspected of not being fit for purpose. It disposed of obsolete medicines in waste bins kept away from its medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines

that might be unsuitable.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

Inspector's evidence

The team kept the dispensary sink clean; it had hot and cold running water and an antibacterial hand sanitiser. The team had a range of clean measures. So, it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. The team members had access to the British National Formulary (BNF) online and the Trust's online information resources for cancer treatments.

The team had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens which were not visible from public areas and regularly backed up people's data on its PMR system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. The pharmacy had facilities to store people's medicines and their prescriptions away from public view.

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.