General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Curate Health, Unit 1, Mead Way, Great Hallingbury, Bishop's Stortford, Essex, CM22 7FD

Pharmacy reference: 9012358

Type of pharmacy: Internet / distance selling

Date of inspection: 09/10/2024

Pharmacy context

This pharmacy is located in a business park in Bishop's Stortford. The pharmacy is closed to the public. And it provides its services online via their website, www.curatehealth.co.uk. It currently offers a private prescribing service for the treatment of weight loss. People can access this service by completing an online consultation questionnaire. These questionnaires are reviewed by pharmacist independent prescribers (PIPs). And PIPs can issue private prescriptions for the medicines, which are then dispensed by the pharmacy and delivered to people's homes.

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 does not fully manage the risks associated with supplying weight loss medicines to people remotely. It cannot show that it always gets enough, reliable information about a person before making a supply of medicine.
		1.4	Standard not met	The pharmacy does not always respond to people's complaints in a timely manner.
		1.6	Standard not met	The pharmacy does not keep clear records of the consultations it has with people to provide evidence of its prescribing decisions and support any follow up or ongoing monitoring. So it cannot demonstrate that each supply of medicine it makes is clinically appropriate.
		1.8	Standard not met	The pharmacy does not always take appropriate action where a person indicates on their online questionnaire that they may be vulnerable and requiring additional support.
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 not all met	4.2	Standard not met	The pharmacy cannot demonstrate that it seeks sufficient information regarding people's body mass index (BMI) to ensure the medicines it supplies are clinically appropriate.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy does not fully manage the risks associated with supplying weight loss medicines to people remotely. It does not always maintain records of the consultations it has with people being prescribed medicines for weight loss. And medicines are often prescribed based solely on an online questionnaire. This means that it is not always clear whether a person has been supplied a medicine which is clinically appropriate for them. The pharmacy has some routes for people to provide feedback or make a complaint about its services. But, it does not always respond to people in a timely manner. It has a set of dispensing procedures for pharmacy team members to follow to help them work safely. Team members record mistakes they make, and they put actions in place to try and prevent future similar mistakes from happening. And the pharmacy protects people's confidential information.

Inspector's evidence

The pharmacy supplied prescription-only weight loss medicine to people in the UK via its website. These medicines were supplied against private prescriptions which were issued by pharmacist independent prescribers (PIPs). The superintendent pharmacist (SI) was one of the PIPs providing the service. Prescribing pharmacists were based remotely, whilst the pharmacy team, including the responsible pharmacist (RP) were based at the premises where the medicines were dispensed and dispatched from.

People signing up to the service had their identity checked via a third-party identity verification service. People completed a questionnaire which covered areas such as the person's weight and height, as well as medical history. The online questionnaire would not let people go back to change answers. And safeguards were in place to ensure people could not make multiple orders. For example, the system would highlight when the last order was received and evidence was seen of orders being rejected if medicines were ordered too early. People would have to complete the whole questionnaire before a prescribing decision was made. And they would need to have their own account to request a prescription. The SI explained that a PIP would review the questionnaire and the requested full body image of the person before issuing a private prescription if a supply was deemed appropriate. Some evidence of this happening was seen on people's records. But, as set out in Principle 4, there were weaknesses found in how this was managed.

Photo evidence was mandatory alongside the questionnaire. The pharmacy's prescribing policies set out that if further evidence of previous supplies of medication was required, the PIP would only issue a prescription if this information was provided. Some evidence of requests for details about previous supplies were seen on people's consultation notes. The SI said the PIP would also reject the order request if the person did not meet the prescribing guidelines for the medicine requested, for example if the person did not meet the body mass index (BMI) requirements.

Generally, there were no consultation notes recorded to explain the prescribing decision. When a person's dose was increased prescribers did not make records to evidence the reasons for this, which could make it difficult for the PIP to explain why this was done if queried at a later date. And people were not provided with any additional counselling information when their doses were increased. However, several random records were reviewed which showed rejected orders, with reasons for the rejection recorded on the consultation.

The pharmacy gained consent from people to contact their regular GP, and an automatic letter was generated after each supply. The SI said they would not supply medicines without consent.
The team said these were posted to the person's GP however it could not provide evidence to show this was being done.

The pharmacy had completed risk assessments which covered the treatments they offered. These covered risks associated with prescribing, inclusion, and exclusion criteria and when people should be referred to their GP.

The pharmacy had a set of standard operating procedures (SOPs) to help dispensing team members work safely. Team members had signed to acknowledge they had read and understood them. They had been prepared by the pharmacy manager and were said to have been reviewed by the superintendent (SI) pharmacist although the SI had not signed them. The SI said she would ensure she signed them. The SI sent the SOPs that were used for prescribing following the inspection as these were not available at the time of the inspection. These were prepared by the SI and helped ensure the PIPs worked to the prescribing policy. The SI explained these were provided to PIPs as part of their induction process.

The pharmacy recorded near misses (mistakes that were picked up and rectified during the dispensing process). It had identified that team members were often mixing up strengths when dispensing. Similarly, a dispensing error (one that had been sent out) had involved the wrong strength being sent to a person. So the pharmacy manager and SI amended the relevant SOP by implementing a process to dispense batches of prescriptions by strength, to help try and prevent a similar mistake happening again. The team had also started to use baskets to reduce the chance of different people's medicines getting mixed up. The pharmacy manager said these changes had helped reduce the number of similar mistakes happening.

The correct RP notice was on display in the pharmacy. And the RP record was maintained appropriately with start and finish times. The pharmacy kept its private prescription register electronically with records containing the correct required details. The pharmacy did not store or supply any controlled drugs (CDs). And it did not make emergency supplies or order any unlicensed medicines.

The pharmacy had professional indemnity insurance in place. And prescribers had individual indemnity insurance in place that covered their prescribing activity. The pharmacy had a feedback and complaints page on their website. This said people could complain via the 'contact us' form on the website, by email or by calling the pharmacys customer service team. However, there was no contact number available on the website. The pharmacy had a complaints management procedure, However the SI recognised that complaints were not always dealt with in a timely manner. The SI explained that the pharmacy was hiring a customer services manager to oversee complaints and queries going forward. Complaints, including those for delayed deliveries, were generally managed by the pharmacy's customer service team. Any complaints requiring escalation were dealt with by the pharmacy owners or SI. And clinical queries were always managed by the SI. The SI explained the most common complaints were about deliveries and the packaging. So, the pharmacy had reviewed its packaging and made it more robust, which meant the number of complaints had reduced. They were further reviewing this to send medicines out in branded boxes going forward. Confidential waste was stored separately in blue bins. These were collected by a third-party provider to be disposed of appropriately. And the pharmacy had its privacy policy on its website.

Team members at the pharmacy were aware of how to escalate a safeguarding concern. However, evidence was seen of the pharmacy failing to take action to support a potentially vulnerable person. The SI was the pharmacy's safeguarding lead.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough team members to provide the pharmacy's services safely. And those in training are enrolled on the relevant accredited training programmes for their roles. The team members are comfortable about providing feedback or raising any concerns they have.

Inspector's evidence

There were two regular locum pharmacists present during the inspection, one of which was the RP. The pharmacy manager, who was also a pharmacist, joined part way through the inspection. There were also four trainee dispensing assistants present. They had started working at the pharmacy a few weeks prior to the inspection and had just been enrolled on an accredited dispensing training course. The pharmacist manager explained that they would be given training time to support them through their course. The RP said she was comfortable with the staffing levels. And the team members appeared to be managing their workload effectively. The pharmacy manager said they were continuously reviewing their workload and would recruit additional team members if needed. But the pharmacy could move staff from other parts of the business to provide additional support with activities such as packing if needed. The pharmacy also had a customer service team who managed queries and complaints. They had completed training about data protection.

There were four prescribing pharmacists who worked remotely. The SI explained they all had a background in prescribing medicines for weight loss. And they received regular training and updates from the suppliers. The SI said she was trying to organise more formal training about weight loss for all pharmacy team members. Locum pharmacists received an induction before starting. And they had some in-house training. One of the regular locums had completed the national weight loss training programme.

Team members had regular huddles. They would discuss any updates or review any mistakes. And team members felt comfortable raising any concerns or providing feedback to the pharmacy manager. For example, they had suggested a change in the workflow to make it more efficient. The team was not set targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are secure and provide a suitable environment for providing healthcare services. And there is sufficient space to store medicines and manage the pharmacy’s workload. The pharmacy’s website provides details about the prescribers it uses and its weight loss service. But it also includes information about some treatments which the pharmacy doesn't currently offer. This may be confusing for people visiting the pharmacy's website.

Inspector's evidence

The pharmacy premises were kept secure. They were not open to members of the public. It was generally clean, bright and there was enough workbench space for team members to carry out their work. The temperature and lighting of the pharmacy were adequate for working. There was a clean WC available for staff use and the team had access to a shared kitchen area outside of the registered premises. A cleaner undertook cleaning tasks in the pharmacy area whilst the RP was present.

The pharmacy had a website www.curatehealth.co.uk which contained details of the SI and the other PIPs, as well as the address of the pharmacy. The pharmacy's website displayed treatments for a range of different healthcare conditions. However the pharmacy was currently only providing treatment for weight loss and medication was only available to select for this condition. The SI explained they would be looking to expand their service offering in the future.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy cannot demonstrate it always provides its services safely. Prescribers make some checks to verify people's body mass index (BMI), but these checks are not always consistent. And so it cannot always show that the checks are sufficient to make a clinically appropriate supply of medicine. This increases the chance that people may receive medicines not clinically suitable for them. However, the pharmacy obtains its medicines from licensed wholesalers and stores them appropriately.

Inspector's evidence

The pharmacy's services were accessed via its website and consultations were mainly via an online questionnaire. There was some evidence seen where the prescriber would occasionally email or call a person to obtain further information if they felt the questionnaire did not provide sufficient information. The pharmacy currently only supplied medicines for weight loss.

People completing the questionnaire would be subject to an identity check. This was done using a third-party identity verification service. Additionally, the pharmacy also requested photographic identification and a full body image from people. The system had safeguards in place to flag people making multiple orders or ordering from the same address.

In the main, the PIPs based their prescribing decisions on the information provided by people in the questionnaires. The person's weight was said to be verified using a full body image. Occasionally people would send photos of their weight from the scales. However, consultation records showed inconsistencies with the full body images provided. For example, one photo was seen that only showed a person's upper body. And another was seen where the same photo was sent for both the initial consultation and a follow-up consultation three months later. This increased the chances of people receiving medicine or doses which were not suitable for them. Occasionally, the PIP would request further information from people. For example, people would be required to send evidence if they were on other medication such as prescription copies or labelled medicine boxes. The SI said they would only accept these if they were dated in the last three months. But one consultation showed an uploaded picture of a medicine with no date. Follow up questionnaires did not have the same detailed questions as the initial questionnaire, including where the doses were increased by the PIP. The SI explained people received a questionnaire after three months of treatment to check how they were getting on with their medicine. However, this was optional and so not everyone received a review. People still received their medicine even if they did not complete the three-month review. The SI said that they did complete some follow-up consultations via phone or email but although examples were asked for, no evidence of this was shown.

The pharmacy had been operating its service for less than six months but was prescribing high volumes of weight loss medicines. It had not yet completed a clinical audit so there had been no review of whether its prescribing was being done safely within the guidelines. The SI explained they were liaising with an external medic to complete an independent audit of their prescribing service but had not yet confirmed this.

The pharmacy was closed to the public and medicine was delivered to people's homes. If people wanted to contact the pharmacy, they could do so via the pharmacy website's 'contact us' form or via

email. There was no phone number for people to contact the pharmacy directly which could mean a delay in people getting advice about their medicines. The customer support team was the first point of contact. They would direct queries to the prescribers if necessary via email or through chat channels. And PIPs could phone people to speak to them if needed. The pharmacy used a third-party tracked delivery service. And deliveries were made within 24 hours of being dispatched from the pharmacy. The pharmacy could contact the delivery service team if needed. All medicine sent from the pharmacy required cold storage. The pharmacy used ice packs and insulated packaging to pack the medicine. This had been tested to ensure the temperature was maintained at the appropriate level until it reached the person's home. Failed deliveries were brought back to the pharmacy and quarantined, awaiting disposal. The team confirmed the volume of failed deliveries was very low as people would receive tracking information about their delivery.

The pharmacy used baskets to separate people's prescriptions. This helped reduce the chance of different people's medicines being mixed up. The dispensing labels did not contain boxes for the dispenser and checker to sign. The labels were signed by the dispenser and checker where there was space. This meant it was not always clear who had dispensed or checked a medicine to maintain an audit trail. The label layout was updated following the inspection to provide signature boxes. The pharmacy obtained its medicines from licensed wholesalers and stored them in fridges. There was a cold room where most of the stock was stored. The temperature of this was monitored 24 hours a day and an alarm would sound if it went out of range. Temperature records for the two fridges in the dispensing area showed the fridge temperatures were kept in range. Stock was date checked and rotated when new stock was delivered. No expired medicines were seen. Medicine waste was stored separately awaiting safe disposal.

The pharmacy manager received drug alerts and recalls via email. She would brief the team and the team was able to explain the last alerts it received and the action it took. Not all team members had access to this and so the pharmacy manager said she would ensure that the pharmacy received the alerts going forward.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment in a way to protect people's personal information.

Inspector's evidence

The pharmacy had several computers which were password protected to prevent unauthorised access. Team members could access any online resources they needed. The pharmacy had a number of fridges used for storing medicines requiring cold storage. And there were freezers available for storing icepacks. The pharmacy had the consumables and insulation packs required for packaging deliveries.

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.