

Nationwide Pharmacies Ltd

Quality Report

Nationwide Pharmacies LTD

Unit 1

Riverside Business Centre

Victoria Street

High Wycombe

HP11 2LT

Tel: 01494463565

Website: www.nationwidepharmacies.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Summary of findings

Ratings

Overall rating for this service

Are services safe?	
Are services well-led?	

Summary of findings

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Summary of findings

Overall summary

We carried out an announced focused inspection at Nationwide Pharmacies LTD on 19 April 2018 to follow up on breaches of regulations found during previous inspections on

6 February 2017 where we found the service was not providing safe, effective, caring, responsive or well led services and 27 June 2017 where we found the service had met most but not all the requirements outlined within the warning notices issued.

The full comprehensive report on the February 2017 inspection and the focused report on the June 2017 inspection can be found by selecting the 'all reports' link for Nationwide Pharmacies LTD on our website at www.cqc.org.uk The full comprehensive report on the February 2017 inspection and the focused report on the June 2017 inspection can be found by selecting the 'all reports' link for Nationwide Pharmacies LTD on our website at www.cqc.org.uk.

Nationwide Pharmacies LTD provides an online GP consultation and medicines ordering service. Patients register for the service on the provider's website, select the medicines they require, complete an online consultation form which is reviewed by a GP, and if approved, the affiliated pharmacy (which we do not regulate) sends the medicines to the patient.

Our findings in relation to the key questions were as follows:

Are services safe? – We found the service was providing a safe service in accordance with the relevant regulations. Specifically:

- The provider had systems and processes to help ensure that the prescribing and monitoring of opioid medicines (potentially highly addictive pain relievers) were being safely managed.
- The provider had embedded systems to share information with patient's GPs, with their consent.

Are services well-led? - We found the service was providing a well-led service in accordance with the relevant regulations. Specifically:

- The provider was able to demonstrate quality improvement activity was in place to benefit patient care.

In addition the provider should:

- Review the arrangements for providing prescriptions for patients with long term conditions such as asthma where a patient declines to give consent for their GP to be informed.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service COULD take to improve

Review the arrangements for providing prescriptions for patients with long term conditions such as asthma where a patient declines to give consent for their GP to be informed.

Nationwide Pharmacies Ltd

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP Specialist Advisor and a member of the CQC medicines team.

Background to Nationwide Pharmacies Ltd

Nationwide Pharmacies LTD is based in High Wycombe in Buckinghamshire. Nationwide Pharmacies LTD set up an online service in October 2012 and includes consultation with a GP or pharmacist independent prescriber. We did not inspect the provider's affiliated pharmacy (which is not within the remit of registration with CQC). We inspected the online service which is also known as Nationwide Pharmacies LTD at the following address:

Unit 1, Riverside Business Centre, Victoria Street, High Wycombe, HP11 2LT.

The service employs staff who work on site including a pharmacist who was an independent prescriber, pharmacy and administrative staff. The GP worked remotely from the provider. At the time of the inspection, the service had approximately 40,000 patients registered, not all of them had been prescribed medicines.

The service can be accessed through their website, www.nationwidepharmacies.co.uk where patients can place orders for medicines seven days a week. The service

is available for patients in England and overseas. Patients can access the service by telephone from 9am to 5.45pm, Monday to Friday. This is not an emergency service. Subscribers to the service pay for their medicines when making their on-line application. Once approved by a prescriber, medicines are supplied by the affiliated pharmacy.

Nationwide Pharmacies Ltd was registered with Care Quality Commission (CQC) on 31 January 2012 and has a registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service is registered to provide the regulated activities: Treatment of disease, disorder or injury and transport services, triage and medical advice provided remotely.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with a range of staff including the Managing Director, the pharmacist independent prescriber, the GP and one non-clinical member of staff.
- Reviewed organisational documents.
- Reviewed a sample of patient records.

Are services safe?

Summary of findings

We found that this service was providing safe care in accordance with the relevant regulations.

At our previous inspection on 27 June 2017 we found the service was not providing safe care in accordance with the relevant regulations and issued a requirement notice in relation to :

- The provider being unable to demonstrate that opioid medicines (a potentially highly addictive medicine) were being safely managed as systems were in their infancy.
- The provider being unable to demonstrate how they shared information with the patients' own GP, when they had been given consent to do so.

At this inspection, 19 April 2018, we found the service had addressed the issues identified at the last inspection.

Our findings

- We reviewed the processes for prescribing opioid medicines and found that the IT system automatically prompted a three month review for patients prescribed these medicines. We saw that reviews were taking place regularly and that they informed the clinical judgement of prescribers. We looked at a number of patient records which included the detail of reviews and additional messages between the GP or pharmacist prescriber and the patient, where further information was required.
- The provider told us that they had established a system to limit the amount of medicine prescribed for each patient and that patients could order one, two or six months' supply depending on the type of medicine. The system had an inbuilt automated check which blocked patients from ordering the same medicine until three days prior to the date it was due to run out. A number of patient records were reviewed and evidence of this block working to prevent over prescribing was seen.
- The provider had reviewed their systems for capturing their patient's preferences and the sharing of information with their GP. The IT system had been updated to prompt patients to share their GP information and consent to contact in a number of places, including on the medication review form.
- The provider was able to demonstrate that patients' GP's had been contacted, with patient consent. For example, where a patient requested dihydrocodeine, (an opioid pain reliever) the patients' GP was always contacted prior to prescribing, informing them of the patient request for the medicine as well as requesting confirmation of diagnosis and cross checking to see whether other medicines were being prescribed. Where consent to contact the patients' GP was not provided, we saw that the medicine was not prescribed.
- With regards to requests for asthma medicine, we saw that the provider had a number of checks to help ensure safe prescribing. For example, asthma control questions were included in the initial patient questionnaire and in the medication reviews which were carried out six monthly. These required three peak flow test results to be completed. Where asthma was poorly controlled, i.e. where a patient peak flow had decreased, the patient was advised to see their GP and their request for medicine was declined. The system prevented patients requesting more medicine until three days prior to this

Are services safe?

being due for re-issue. We saw records that demonstrated requests for asthma medicine being declined. The provider had taken action to implement a system whereby automated letters were sent to GP's where patient consent had been given, for all prescriptions approved and issued. This provider sent documents after the inspection to show that this process was in progress.

- The provider had also developed a form for the patient to sign as confirmation that they gave their consent to their GP sharing information with the provider. This was sent with the letter to the patient GP requesting information.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Summary of findings

We found that this service was providing a well-led service in accordance with the relevant regulations.

At our previous inspection on 27 June 2017 we found the service was not providing a well led service in accordance with the relevant regulations and issued a requirement notice in relation to:

- The provider and GP being unable to demonstrate quality improvements.

At this inspection, 19 April 2018, we found the service had addressed the issues identified at the last inspection.

Our findings

- We found a number of systems had been introduced to support the provider to identify and respond to risks and undertake quality improvement activities.
- An automated solution had been initiated to ensure patients who had requested and received medicines were flagged and the patient prevented from receiving more medication until three days prior to the medicine being re-prescribed.
- We saw that three monthly reviews were triggered for patients and these were carried out by the GP and the pharmacist independent prescriber. Where clinical judgement determined it appropriate and where the patient had given their consent, the patient's GP was contacted. This was dependant on the patients' condition, their ordering history and risk. For example, where a patient had asthma that was poorly controlled we saw that the provider declined to prescribe medicine and prompted the patient to visit their own GP.
- The provider had an action plan to add an automated letter to inform GPs regarding all medicine prescribed, where the patient had consented to their GP being contacted.
- The provider had introduced a new confidential patient survey which was sent out to the patient with their prescription. The results were collated and analysed for trends and improvements.