NHS Resolution

Oral Hearing Procedure

This guide has been designed to assist Committee Members and those appearing before Committee in the way in which Oral Hearings are conducted. It is not intended to be prescriptive and Committee is entitled to deviate from this guide but in doing so Committee will ensure that no party is omitted from any element of the process.

Stage I

1. Chair should remind parties under what statute the Committee is constituted – "NHS LA Directions 2013"
   Full - Regulation Sch 3, Part 3 para 8 and by NHS LA (Functions relating to Pharmaceutical & Local Pharmaceutical Services) (England) Directions 2013, para 3 & 4.
2. Chair should introduce the Committee members.
3. Chair should confirm names of those present and in what capacity.
4. Chair should advise of any observers and if from NHS Resolution, that they will not contribute to decision making.
5. Chair should confirm Committee members have declared no interests.
6. Chair should ask all parties to switch off mobile phones.

Stage II

7. Chair should advise parties of the Procedure but that the Committee can deviate from it.
8. Chair should confirm that parties understand the Procedure.
9. Chair should inform parties that Committee may, if the need arises, use mobile device to check legislation, case law and/or any other factual matters.
10. Chair should check that all parties have received a full set of papers.
11. Chair should check that no new documentary evidence is to be produced at the hearing that has not been submitted beforehand and circulated to all parties. If new documentary evidence is produced at the hearing:

    a. Committee shall rely upon the Requirement of Parties attending Pharmacy Oral Hearings document notified to parties and available on line.
    b. Chair should invite the opinion of other parties, which will include consideration of adjournment to give parties time to review the documentation and consider their response.

Stage III

12. Chair should allow parties to raise any preliminary matters.
13. Chair should advise of observations from site visit.
14. Chair should invite parties to comment upon this in their oral submissions.
15. Chair should remind parties which Regulations the Committee will have regard to e.g. 31 & 18 and seek agreement as to which matters are not in dispute.

Stage IV

The applicant's case

16. The applicant should then make their case.
17. Parties to ask questions of the applicant.
18. Committee to ask questions of the applicant.

The applicant's witness(es)

19. The witness should then give evidence.
20. Parties to ask questions of the witness.
21. Committee to ask questions of the witness.

Integrated Care Board (ICB)

22. ICB to make its case for or against the application.
23. Applicant to ask questions of ICB.
24. Party 1 to ask questions of ICB.
25. Party 2 to ask questions of ICB.
26. Committee to ask questions of ICB.

Party 1 (opposing the application)

27. Party 1 to make their case.
28. Applicant to ask questions of Party 1.
29. ICB to ask questions.
30. LPC representative to ask questions.
31. Committee to ask questions of Party 1.

Party 1 witness(es)

32. The witness should then give evidence.
33. The applicant to ask questions of the witness.
34. Committee to ask questions of the witness.

Party 2

35. Party 2 to make their case.
36. Applicant to ask questions of Party 2.
37. ICB to ask questions.
38. LPC representative to ask questions.
39. Committee to ask questions of Party 2.

Party 2 witness(es)

40. The witness should then give evidence
41. The applicant to ask questions of the witness
42. Committee to ask questions of the witness

Stage V

43. Chair should remind parties that the Committee has read and heard all evidence.
44. Chair to invite final submissions if parties wish to make them, in order:

    a. Party 1
    b. Party 2
    c. ICB
    d. Applicant

Stage VI

45. Chair to conclude the hearing and advise that the Committee (hearing the oral submissions) will make a decision which will be notified to parties by the NHS Resolution in approximately 4 weeks.

Date	Author	Version	Reason for Change
4/11/25	Head of Appeals	4	Amended to reflect ICB not NHS England