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17 July 2024

REF: SHA/26189

APPEAL AGAINST NORFOLK AND WAVENEY ICB DECISION TO GRANT AN APPLICATION BY COX MOUNTAIN LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST OFFERING UNFORESEEN BENEFITS UNDER REGULATION 18 AT UNIVERSITY OF EAST ANGLIA, NORWICH RESEARCH PARK, EARLHAM ROAD, NORWICH NR4 7TJ

1 Outcome

1.1 The Pharmacy Appeals Committee ("Committee"), appointed by NHS Resolution, confirms the decision of the Commissioner, therefore the application is granted.

1.2 The matter of gradualisation is remitted back to the Commissioner for determination.

1.3 The Committee noted that the Commissioner would need to consider the issuing of a direction for the opening hours above 40 core hours.

A copy of this decision is being sent to:

PCSE, on behalf of the Commissioner
Cox Mountain Ltd
Allied Pharmacies

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10 South Colonnade
Canary Wharf
London
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1 The Application

By application dated 21 August 2023, Cox Mountain Ltd ("the Applicant") applied to Norfolk and Waveney ICB ("the Commissioner") for inclusion in the pharmaceutical list offering unforeseen benefits under Regulation 18 at University of East Anglia, Norwich Research Park, Earlham Road, Norwich, NR4 7TJ. In support of the application it was stated:

At Section 5 'Applications in relation to premises that are in close proximity to other listed chemist premises' the Applicant stated:

1.1 "NO OTHER PHARMACY IN SAME OR ADJACENT PREMISES, SO NOT APPLICABLE. PLEASE NOTE IT IS CONFIRMED BY HWE ICB THAT FAV81 PERMANENTLY STOPPED PROVIDING NHS PHARMACEUTICAL SERVICES 00:01 HOURS 29 JULY 2023. SUBSEQUENTLY REMOVED FROM NHS PHARMACEUTICAL LIST AND GPHC REGISTER OF PHARMACY PREMISES." (sic)

Please describe the unforeseen benefit(s) that you are offering to secure and how it will secure improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type in the HWB's area.

1.2 "Application premises (AP) is co-located with UEA medical centre (UMC) directly off Bluebell road which runs vertically forming the eastern boundary of UEA campus. AP is surrounded by densely populated residential areas; Earlham to the north past City academy school and Tesco express, with Eaton and Cringleford to the south. Directly east, at doorstep of UMC, is Bluebell community; primary school, Co-op supermarket, Bluebell allotments (778 plots), assisted living residences for elderly merging with Mount Pleasant towards Norwich city centre.

1.3 UEA describes its 320 acre campus as a 'mini city' employing over 3,700 staff members and has 18,008 students enrolled including 3,625 Foreign nationals. A substantial 3,485 students suffer with one or more registered disability. In addition to academic buildings, amenities include on-campus residences, a Supermarket, Nursery, Dentist, Post Office, Faith centre, Laundrette, Norwich research centre, Norwich Sports Park, walking trails, Hotel, Sainsbury Art centre, NNU Hospital site, various restaurants and cafes. AP secures benefit for substantial population; Bluebell community residents, campus residents, staff of the above organisations, students and visitors. The above listed on-site amenities for these population groups is excellent, all daily needs are provided for, leaving them desiring nothing else; but a Pharmacy.

1.4 UMC employs 11 GPs and 4 Nurses providing medical services at this singular site for NHS list 19,743 registered patients. Given its location, UMC see to temporary patients including students registered with 'nest' practices and foreign visitor students. Patient list of this size creates significant focus on demand for an on-site Pharmacy given there will be many people in the vicinity of UMC requiring dispensing of acute prescriptions.

UMC provides urgent appointments weekdays 8:30am to 6pm plus alternate weekend mornings. Over 95% of appointments are held on-site in person. AP location offers significant benefit for pharmaceutical services of time-critical nature; emergency hormonal contraception, seizure treatments, adrenaline, antibiotics for treatment of acute infections to reduce risk of sepsis and emergency supplies of medicines such as bronchodilators that run empty without warning. Of the substantial population highlighted; those patients feeling unwell, needing medication urgently to treat an acute illness may be reluctant to overcome current physical, mental, social and environmental barriers to access pharmaceutical services off-campus.

1.5 Substantial population 4,391 live in UEA residences; space is guaranteed for UK students for first year and foreign nationals for their entire course length. Foreign national students of a variety of racial backgrounds in this locality are faced with additional environmental barriers to access, therefore require more support with pharmacy services than people who are familiar with the local health service and do not share this protected characteristic. Most first year students being 17/18 years old are settling in to life away from their nests often for the first time. Both resident groups of patients are significantly more vulnerable to developing a mental health condition than those not in higher education. A total of 1,093 UEA students declared a mental health condition disability. For students suffering with anxiety or depressive illness, the safely maintained UEA campus environment will be disturbed for the lack of access to an on-site Pharmacy. Lack of access is a 'hard factor' environmental barrier to compliance with treatment regimes; therefore directly increasing the risk of patient harm through worsening health conditions. Research indicates a strong direct link between anxiety and depression with self harm and suicidal ideation if patients are not compliant with prescribed treatment.

1.6 All campus buildings including residential share the same address. UEA accepts all posted mail and parcels for campus residents into single post-portering room where mail items are sorted for collection by students between restricted hours 9am to 4:15pm Monday-Friday. This service is closed to access during university shutdown periods such as Easter holidays. There is no facility to refrigerate or accept delivery of Controlled drugs. This entire system is an environmental barrier for resident students to access to distance selling pharmacies due to clinical governance risks over and above delivery service to a conventional address. These environmental risks such as compromised confidentiality are also a barrier to access for estimated 13,000 UEA students residing off-campus in privately-owned Houses of Multiple Occupancy. Norwich council's register shows over 500 licensed HMOs mainly congregated around vicinity of UEA. In addition there are 2,500 HMOs in the locality that do not require a license.

1.7 Closest Pharmacy to AP involves 21 minute walk via circuitous route through a socially distinct residential neighbourhood; West Earlham. (Note google maps does not identify the pedestrian paths accurately). Allied Pharmacy is co-located with West Earlham health centre with patient list 12,650; PHE shows deprivation within this practice population group score of 2/10 IMD (with the lowest score indicating the most deprived practice population in comparison with others). Google maps images evidence pedestrians walking in the cycle only lane to avoid a variety of barriers in the less well maintained pedestrian pavement route, including having to squeeze between parked cars and resident dustbins. Traffic along this section is heightened during the school term time. The small car park associated with Allied Pharmacy is already heavily used with cars having to park at 90 degree angle to the road and then reverse out into traffic, posing difficulty for patients with disabilities and those travelling with young children. There is no public transport link to this location; UEA residents, staff, students and visitors have no other natural reason to visit this locality.

1.8 Cringleford is centre of centre extensive house-building [sic]; with a continually expanding population set to reach 7,000 by 2026 according to parish council neighbourhood-plan. Population growth puts pressure on Boots Pharmacy inside Eaton Waitrose. This long unsheltered 25 minute walk 1.2miles miles [sic] away from

UMC, and even further from student residences is the second closest pharmacy to AP. Unsurprisingly, there is no direct bus route from UEA to the most expensive supermarket chain in the UK. Majority of economically-inactive students will unlikely derive any additional benefit from this location. Whether to Boots or Allied, Bluebell road's cycle path network restricts the remaining pedestrian routes to barely 2 foot wide path for substantial sections which are bordered by vegetation overgrowth and fallen foliage slip hazards. Pavement sections where cyclists share with pedestrians risk dangerous collisions. These long journeys on foot with attached difficulties are a physical access barrier to these locations particularly during adverse weather or in hours of darkness. Elderly, people with young children and disabled people are disproportionately disadvantaged to a greater extent by these physical barriers. UEA student population with disabilities include 511 who have long standing health conditions requiring regular trips to the pharmacy, 71 who have mobility issues and 83 who are deaf or severely/completely blind.

1.9 These two alternate Pharmacy locations in completely different socio-economic environments confer a mental psychological barrier to access. If committee would empathise for a moment, how a student may feel about asking staff in Waitrose for free EHC consultation or chlamydia kit after a considerable walk to a distinct neighbourhood from campus. Although all student groups are likely to be affected by these psychological barriers; it is likely to lead to discrimination and unequal opportunity for student groups suffering with anxiety or autistic spectrum disorders. This significant sub-section of UEA students will be at comparative disadvantage to those that do not share their protected characteristics.

1.10 Norfolk PNA 2022 Public Question 10 response in relation to access, of 1512 respondents; just 1% choose to use public transport to travel to a pharmacy. This evidenced pharmacy user behaviour demonstrates that although taking a bus from the UEA locality towards the city to access a Pharmacy may represent a choice; it's not a choice 99% of patients are likely to exercise. Census 2021 indicates deprivation in University ward; 52.7% of this population are students without an income and a minority 33.5% of this population are employed. 61.6% of University ward and Avenues ward population are economically inactive. A significant economic barrier to using public transport to access pharmaceutical services for the reliant population will be cost of tickets, at £5 return journey on blue line, this cost is prohibitive.

1.11 Access to a car in population local to AP is extremely low for the aforementioned reasons. Census data on car ownership in the area is distorted due to the substantial number of HMOs in the locality; although one occupant within a HMO may own a car, all residents in the house or halls, being separate occupants, will not have access to that car. Data will also be further skewed by the high turnover of students moving in and out of residences. Census2021 shows variance in the percentage of households that do not have access to car between of 36.2% (campus OA) and 55.7% (a Bluebell community OA) which is grossly above average indicating low car access. Moreover, true population without access to a car, when factoring in HMO and halls residents, will obviously be far greater than the census indicates."

Please explain how you intend to secure the unforeseen benefit(s).

1.12 "Listed as a provider in PNA2022, Boots UEA branch which previously occupied AP withdrew from the pharmaceutical list and stopped providing services at 00.01 hrs on 29 July 2023. This closure was unrelated lack of need, rather linked to administration delays surrounding change of ownership for their Pharmacy. It should be noted 'SHAPE' tool map references this pharmacy location incorrectly, it was in fact located in UMC. This closure is not included in subsequently presented supplementary statements and is therefore 'unforeseen' in the PNA.

1.13 Over the last 18 years, Boots UEA was heavily relied upon for acute prescriptions as well as repeat supplies evidenced by consistently high EPS nominations; 7094 recorded patient prescription nominations 5June23. Boots offered delivery to only 4

patients of the total 7094 patients. This NHS data from the very recently closed pharmacy is hard evidence that AP provides excellent direct accessibility to pharmacy services for a significant population accustomed to its location, with many just picking up a single item fulfilling an acute need. Google reviews for Boots indicate the reliant population used the pharmacy for convenience and need rather than for their satisfaction of customer service that the former operator provided.

1.14 PNA 2022 Question 8.2 evidences that of 1495 respondents; when considering choice of Pharmacy, 93% state 'convenience of location' is Very important or Extremely important. The remaining 7% selected that convenience of location was at least, moderately important. AP will immediately secure convenience for 19,743 registered patients who visit UMC as well as UEA campus facilities. This location secures convenience for campus residents as well as the surrounding residential population within reasonable 10-15 minutes walk (excess of 11,000 people using census 2021 profile builder). If the committee were to reflect on the magnitude of the reliant population, AP will undoubtedly confer benefit of better access in the context of the HWB, significantly over and above fundamental convenience.

1.15 The current facilities and amenities on campus and within Bluebell community means that local residents do not not (sic) need to leave this vicinity for their everyday needs. This evidenced by the dispensing data during 'university down time' such as the summer months which shows the Boots was used by local people in addition to students, and they did so because it was a benefit to them. This may have partially been because of convenience, but the evidence above suggests that the pharmacy was used because patients needed it, due to challenges accessing alternate pharmacies by foot, without access to a car or means to pay for public transport.

1.16 In addition, the Pharmacy premises evidenced track record participation in primary care sexual health contract with Norfolk County Council. These specified services comprise EHC consultations and supplies, supply of STD detection kits and free condoms to a large population of young people. PNA2022 highlights significantly high detection rate of chlamydia infections in Norwich (1,819 per 100,000) mostly coming from near the university along with significantly high screening proportion (21.9% of 15-24 year olds). These figures are both higher than the national and Norfolk averages and evidence that screening is being correctly targeted towards higher-risk groups. Figure 22 in PNA specifically highlights the significant provision of screening by this particular Pharmacy location. These evidenced and relied upon services extend beyond treating disease and prevention of pregnancy to patients, to the very important position of the Pharmacist in health promotion alongside duties to safeguard children, young people and adults. All Pharmacists engaged will meet service and training requirements for the NCC sexual health primary care contract including attaining Level 3 safeguarding training.

1.17 Pharmacy services meeting specific needs currently difficult to access

1.18 UEA has 1,040 students that suffer with a specific learning disability and 245 that suffer with an autistic spectrum disorder. This demographic need creates a focus for specialist training on service delivery to these groups of patients. All engaged Pharmacists will have completed the Oliver McGowan training programme and the CPPE training: People with learning difficulties and Pharmacy. AP will provide personalised, patient-centred communication and consultation skills that support self-management. AP will provide a sensory-friendly consultation/waiting area for patients. Co-location with UMC will also serve to help achieve seamless care and joint-up support through in-person communication with the surgery to facilitate care of patients that share this protected characteristic as well as for other groups.

1.19 Applicant premises is secured with a long lease agreement, pending NHS Market Entry, personally guaranteed by the Superintendent Pharmacist. Written into terms of the lease is an agreed commitment to actively engage with the UEA to participate in health promotion activity not restricted to onboarding participation during freshers

week. Collaboration with the UEA wellbeing dog programme has been discussed as part of the delivery of pharmacy services. Arranging presence and access to a wellbeing dog at the vicinity of AP will bring positive psychological effects to students suffering with anxiety and depression that are already engaging with medical services. Synergistically, it will also promote engagement with medical services and corresponding better access to pharmacy services to students who independently engage the wellbeing dog programme that require support.

1.20 Written contractual commitment to collaborate between a Community Pharmacy and a public research University in England secured via a premises lease is the first of its kind in England and by definition; an innovation. This will directly align with the Pharmacy's HLP framework undertaking guided by the Norfolk Joint Health and Wellbeing Strategy. Alongside provision of self-care advice and health promotion work looking after the varied local community; the collaborative efforts with the UEA will also target health inequalities that affect students specifically. E.g. health promotion campaigns will target unhealthy behaviours such excessive alcohol consumption and substance misuse. Norfolk and Waveney health report 2022 highlights alcohol consumption as the biggest risk factor of ill health, premature death, and disability for younger adults; with rates of related hospital admissions in Norwich being significantly higher than the England average.

1.21 Pharmacy and UEA will signpost patients to the most appropriate mental health services and sexual health services. Serving to secure consistency in health promotion messages on campus to promote better self-care for students while they are away from home, and maybe even in a different country for the first time, raising awareness of the help and services available to them. This collaborative activity will therefore directly serve to improve access to appropriate NHS services for students who are foreign nationals from varied racial backgrounds. Thereby desiring to overcome the anticipated barriers to access for these groups who share this protected characteristic to these available healthcare services that they may otherwise be unaware of. Serving to eliminate discrimination and advance equality, by enabling these groups to access the same services as other population groups that do not share their protected characteristics in line with our NHS values.

1.22 AP secures better access for staff and visitors to the UEA that reside in other areas in the HWB also without reasonable access to a Pharmacy. Relevant to the Norwich locality in particular where 8 Pharmacies have closed down over the last two years, and other Pharmacies have reduced their supplementary opening hours. Considered in totality, these changes undoubtedly compromise choice and directly affect pharmacy accessibility since the PNA was published. The UEA being a major employer alongside the NNUH and related research facilities is a major economic output within the Norfolk and Waveney HWB. AP offers car parking to patients and also two wide disable access parking spaces on the doorstep of the Pharmacy, co-location with UMC will provide exemplary 'one-stop' primary care services for many years to come. Opening hours of the Pharmacy will adapt and mirror with changes UMC make to meet their future PCN out-of-hours commitments. The Pharmacy will provide all NHS Pharmaceutical services and all locally commissioned services.

1.23 Conclusion

1.24 Matters of access and reasonable choice are inextricably linked, whilst there may be choices of Pharmacy providers within the HWB area; this does not mean that the choice for residents is reasonable if they are not able to access these Pharmacies when they need to. Those in this self-sufficient and self-contained community who cannot access a Pharmacy due to reasons described above are left in a vulnerable position and are understandably discontent. University Ward MP Clive Lewis publicised his receipt of many complaints about the recent closure of UEA Boots on social media and his website. It is common knowledge that these complaints rarely land with NHS England. The county newspaper reported local discontent on the impact of the closure on local community, students and particularly those with disabilities that will be

disproportionately affected (19.8% of the UEA student population). The benefit of having an established pharmacy reinstated at this site will secure the imminently sensible outcome of better access and reasonable choice; avoiding unnecessary risks of detriment to patient care."

2 **The Decision**

Norfolk and Waveney ICB ("the Commissioner") considered and decided to grant the application. The decision letter dated 8 April 2024 states:

[Any reference to 'Committee' in this section is not to be confused with the Pharmacy Appeals Committee of NHS Resolution]

2.1 "NHS Norfolk and Waveney ICB has considered the above application, and I am writing to confirm that it has been granted. Please see the enclosed report for the full reasoning."

Decision report

2.2 "The Pharmaceutical Services Regulations Committee (hereafter referred to as "the Committee") considers all pharmaceutical services applications for the 6 Integrated Care Boards (I Acceptance of Regulation 66(5) condition' CB) within the East of England footprint. NHS Hertfordshire & West Essex ICB hosts the meeting on behalf of the 6 ICBs, in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended (hereafter referred to as "the Regulations").

2.3 Prior to commencing the review of relevant regulations in relation to this application, the Committee noted that there were errors in the Committee Report. It was noted that any references to Hertfordshire HWB should be replaced with Norfolk HWB.

2.4 The Committee considered this routine application offering unforeseen benefits in the area of the Norfolk HWB under Regulation 18 of the Regulations.

2.5 The Committee considered Regulation 31. The Committee noted there is no other person on the pharmaceutical list providing pharmaceutical services in the same or adjacent premises.

2.6 The Committee noted the nearest pharmacies details which were disseminated to all members and attendees prior to the meeting. The Committee noted it is not required to refuse the application under the provisions of Regulation 31.

2.7 **Paragraph 31, schedule 2 – conditional grant of applications where the address of the premises is unknown.**

2.8 The Committee noted that this Regulation does not apply as the applicant has provided the address of the proposed premises.

2.9 **Regulation 32 – Deferrals arising out of LPS designations.**

2.10 The Committee noted this Regulation does not apply as the proposed listed pharmacy premises is not an LPS designated premises.

2.11 **Regulation 40 to 44: Applications in a controlled locality**

2.12 The Committee noted that the proposed location is not within a controlled locality or reserved locality, so this regulation does not apply.

2.13 **Regulation 50 - Discontinuation of arrangements for the provision of pharmaceutical services by doctors.**

2.14 The Committee noted the proposed location is not a controlled locality however stated that there could be patients who live within 1.6km of the proposed location. If this application is granted the Committee noted, it will need to consider gradualisation.

2.15 **Regulation 65 – core opening hours conditions**

2.16 The Committee noted that if this application is granted, core opening hour conditions will need to be agreed before the pharmacy opens.

2.17 **Regulation 66 – conditions relating to providing directed services**

2.18 (5) The condition is that, at those premises, C2 must—

(a)provide the directed services mentioned in the application (whether or not C2 was the applicant); and

(b)not withhold agreement to a service specification for those services unreasonably, if the Primary Care Trust or the NHSCB commissions the services from C2 within 3 years of the date of either the grant of the application or, if later, the listing in relation to the applicant of the premises to which the application relates, unless thereafter the NHSCB ceases to commission the services (if it has commissioned them) or does not continue to commission services (that is, if only the Primary Care Trust, and not the Board, has commissioned them).

2.19 The Committee noted that this Regulation will apply if this application is granted. An "Acceptance of Regulation 66(5) condition" annex will be included if this application is granted.

2.20 The Committee considered Regulation 18 to determine if granting the application under **18(1)(a)**, would secure better access to pharmaceutical services for the population of the HWB.

2.21 The Committee noted the applicant has proposed that they would provide pharmaceutical services during the opening hours shown below:

	Proposed										42:30	3:00
	S1		C1		S2		C2		S3		C3	
Monday			8:30	13:00			14:00	18:00				
Tuesday			8:30	13:00			14:00	18:00				
Wednesday			8:30	13:00			14:00	18:00				
Thursday			8:30	13:00			14:00	18:00				
Friday			8:30	13:00			14:00	18:00				
Saturday	9:00	12:00										
Sunday												

2.22 The Committee noted that the applicant is proposing more than the standard 40 core hours as part of their application. If this application is granted, the remaining 2.5 core opening hours conditions will need to be agreed by the Committee and the contractor before the pharmacy opens.

2.23 The Committee noted that the applicant proposes to provide Essential Services as well as:-

2.23.1 New Medicines Services (NMS) – Advanced Service.

2.23.2 Community Pharmacy Seasonal Influenza Vaccination – Advanced Service.

2.23.3 Community Pharmacist Consultation Service (CPCS). The Committee noted this service ended on the 30 January 2024.

2.23.4 Hepatitis C Antibody Testing Service. The Committee noted this service was decommissioned on 1 April 2023.

2.23.5 Hypertension Case Finding Service – Advanced Service.

2.23.6 Smoking Cessation – Advanced Service.

2.23.7 Antiviral collection Service.

2.23.8 Home Delivery Service.

2.23.9 Language Access Service.

2.23.10 Medication Review Service. The Committee noted this service was decommissioned on 31 March 2021.

2.23.11 Medicines Assessment and Compliance Support Service.

2.23.12 Minor Ailment Scheme.

2.23.13 Patient Group Direction Service.

2.23.14 Stop Smoking Service.

2.23.15 Supervised Administration Service.

2.23.16 Emergency Supply Service.

2.24 The Committee noted that the nearest 4 pharmacies offer similar and/or the same services as listed above.

2.25 The Committee noted that the nearest 4 pharmacies offer similar opening times although each of the pharmacies provide additional supplementary hours which could be withdrawn at any time with the required notice period being given.

2.26 The Committee then considered Regulation 18(1)(b).

2.27 The Committee noted that the 2022-2025 PNA identified that within the Norfolk locality there are 31 community pharmacies including 1 DSP and no dispensing GP practices in the Norwich locality *(Norfolk PNA, 6.2.6 Norwich, page 110).*

2.28 The PNA makes reference to the population growth, new housing developments, the UEA and that it is considered there is good pharmaceutical provision across the locality

with pharmacies easily accessible within a 20-minute walk *(Norfolk PNA, 6.2.6.2, page 110)*.

2.29 The PNA concludes that there are no gaps in the provision of necessary services for the Norwich locality *(Norfolk PNA, page 111).*

2.30 The Committee noted there have been 3 supplementary statements published since the application was received *(viewed on the Norfolk Insight website).* Within the supplementary statements, the HWB have not identified any changes to the needs, improvement or better access in pharmaceutical services.

2.31 The applicant has provided the following in support of this application: [Appendix A for Committee]

2.32 The UEA Medical Centre in Norwich which is located on the UEA campus has a total of 20,919 registered patients *(source, NHS Digital January 2024)*. The map below shows that it has patients registered from a wide area (areas shaded in purple with the darker the colour the higher the number of people) who would need to travel into the surgery to attend an appointment in person and would therefore be able to travel to a pharmacy. The map also shows the practice's practice area (outlined in orange) and the location of the pharmacies. [Appendix B for Committee]

2.33 Patients who do not require to attend an appointment in person, can ask for their prescription to be sent electronically to any pharmacy in the country using the NHS spine. If the prescription is sent to a distance selling premises, then the delivery is free. The nearest pharmacies to the UEA medical centre also offer a free delivery service. The Committee is to note that this service could be withdrawn at any time.

2.34 Information was provided to the Committee in advance of the meeting showing the top 10 dispensing locations for prescriptions issued by the UEA Medical Centre. It could be considered that there is reasonable patient choice with 9 locations being utilised.

2.35 The applicant has made reference to the walking distances to the nearest pharmacies and whilst the walking times can be a minimum of at least a 20-minute walk, the Norfolk PNA makes reference to it being considered that there is good pharmaceutical provision across the locality with pharmacies easily accessible within a 20 minute walk *(Norfolk PNA, 6.2.6.2, page 110)*.

2.36 The UEA Norwich website states that the campus is easy to reach by public transport, bike and car (*Travel and Transport (uea.ac.uk)*:

2.36.1 *"Regular bus services pick up and drop off at the UEA campus, so you never have to wait too long to get to or from campus. There's also a free park and ride service for students, staff and visitors. Students can buy discounted Konectbus and First Bus passes and tickets."*

2.36.2 *"Getting to and from campus and around Norwich is easy on two wheels. There's even a cycle route that connects UEA, Norfolk & Norwich University Hospital, Norwich city centre and Heartsease and Broadland."*

2.37 **Regulation 18(2)(a) and (ii)** The Committee noted there is no evidence to suggest granting this application would cause significant detriment to the proper planning in respect of the provision of pharmaceutical services in the area of Norfolk HWB or the arrangements in place for the provision of pharmaceutical services in that area.

2.38 **Regulation 18 (2)(b)(i)** The Committee considered reasonable choice of pharmaceutical services within this HWB area.

2.39 The Committee were not satisfied that people accessing pharmaceutical services had reasonable choice. The travel distances and times were considered and were deemed

excessive with walking distances of 48 minutes and car ownership being low, with groups of the population, particularly students, being on low incomes. This was of concern in view of travelling on public transport. The Committee were of the view that granting this application would provide better access to pharmaceutical services.

2.40 The Committee noted that whilst distance selling pharmacies are not the preferred choice for all people wishing to access pharmaceutical services, they are an alternative for others. For those students living in Halls of Residence with a shared postal room that is not always accessible in the evening and weekends, the option and choice of a distance selling pharmacy appears null and void.

2.41 The findings of the PNA were noted as set out in the report however it was recognised that the PNA reflects the position at publication in November 2022 and would have been based on the pharmaceutical provision as set out at that point in time to sustain the level of adequate service provision.

2.42 Since the publication of the PNA in November 2022, 4 100-hour pharmacies have closed in Norfolk and of the remaining 15 100-hour pharmacies all have reduced their hours in line with the regulations resulting in a loss of 350 hours. The Committee noted that the HWB will have arrangements in place to assess any future changes that are pertinent to the granting of future applications.

2.43 **Regulation 18(2)(b)(ii)** The Committee considered whether those people who share a protected characteristic have difficulty accessing services that meet specific needs for pharmaceutical services that, in the Norfolk HWB, are difficult for them to access.

2.44 The Committee considered the protected characteristics of students and the wider population. It noted the high number of unsolicited comments from students and information provided on those with mental health, LD and autism. The Committee considered the weight to place on this information. The Committee were clear that petitions and unsolicited comments, cannot bypass the regulations but could not conclude that people accessing pharmaceutical services, particularly students and younger people would not face difficulty in accessing pharmaceutical services.

2.45 **Regulation 18(2)(b)(iii)** The Committee noted the applicant provided the following statement within their application to support this Regulation: [See section 1]

2.46 The Committee noted the 11 supporting documents that the applicant has submitted which disseminated [sic] to all members and attendees prior to the meeting.

2.47 The applicant makes reference to the closure of the Boots Pharmacy whose premises were on the UEA Campus grounds. The closure of the Boots Pharmacy (FAV81) took place on the 28 July 2023.

2.48 SG representing Norfolk and Waveney ICB noted that there had been a number of complaints and concerns raised by local people, particularly students, the local MP and nearby GP practice following the closure of the Boots store. The contact of the concerns, whilst not in large numbers were focused on obtaining medications.

2.49 **Representations**

2.50 During the 45 day notification period, representation was received from:

2.51 Sharief Healthcare Ltd t/a Allied Pharmacy Earlham West and stated the following: [see section 3]

2.52 Boots Support Office who stated the following:

2.53 *"Thank you for your letter dated 15th October 2023 informing us of the above application.*

2.54 *We do not have any comments to make on this application but would be grateful if you would keep us informed of the progress of it."*

2.55 Community Pharmacy Norfolk who stated the following:

2.56 *"Norfolk Local Pharmaceutical Committee/Community Pharmacy Norfolk has considered this Application and would make the following comments:*

2.56.1 *We note that the main basis for this Application is to fill a perceived "gap" in provision left by the permanent closure of the Boots' UEA branch, which closed on 28 July 2023.*

2.56.2 *As far as we are aware, as yet there has been no supplementary statement issued to the prevailing PNA since the closure.*

2.56.3 *We note that in addition to the existing pharmacy coverage in the area of this Application there are 2 contracts for Distance Selling Pharmacies which have been granted: Cosmas Online Ltd at NR4 6UD, and Total Access Health Ltd. At NR5 9JB. In addition to this an unforeseen benefits Application was granted on Appeal at Bowthorpe to Costessey (Norwich) Ltd. Hence we must assume at this point that an additional 3 pharmacies may open in the wider vicinity of Norwich which may be relevant to this Application.*

2.56.4 *On discussing this Application it is fair to say that some mixed views were expressed by various Members of our Committee. Some felt that the distinct nature of the UEA site, its students and its staff, along with wider recent closures favoured the Application, while others noted the potential pharmacy openings above, and felt that access in the wider area was still sufficient, and indeed still better than in some more remote areas of Norfolk. As such we did not reach a clear view on this Application.*

2.56.5 *The fact that the Boots contract at the UEA had been closed for some time was discussed. We are not aware of the numbers of complaints received since that closure, and would require more data on this to further inform our opinion.*

2.56.6 *We would appreciate being kept informed of the progress of this Application."*

2.57 In response to the first circulation, Cox Mountain provided a response. This was circulated with the Committee report to all members and attendees separately due to this size.

2.58 Unsolicited representation was also received from Cox Mountain. This was circulated with the Committee report to all members and attendees separately due to this size.

2.59 **Decision**

2.60 The Committee agreed to grant the application under the following Regulations and based on the supporting information supplied by the applicant:

2.61 Regulation 18 (1)(a)

2.62 The Committee were satisfied that this is an unforeseen benefits application and the applicant has demonstrated how they would secure improvements, or better access to pharmaceutical services in the relevant HWB area

2.63 Regulation 18 (2)(b)(i)

2.64 The Committee were satisfied based on the information presented that there is not a reasonable choice with regard to obtaining pharmaceutical services in the relevant HWB area.

2.65 Regulation 18 (2)(b)(ii)

2.66 The Committee agreed that those people who share a protected characteristic and have specific needs to pharmaceutical services in the relevant HWB area have limited access to pharmaceutical services.

2.67 Regulation 50 - Discontinuation of arrangements for the provision of pharmaceutical services by doctors.

2.68 The Committee noted that as they were granting this application, regulation 50 now needs to be considered. The proposed location is not within a controlled locality however there could be patients who live within 1.6km of the proposed location. If there are, the Committee noted it will need to consider gradualisation.

2.69 Regulation 66

2.70 The Committee noted that by virtue of Regulation 66(5) of the Regulations Cox Mountain Ltd will be required to:

2.70.1 provide the following directed services, and

2.70.2 not unreasonably withhold agreement to the service specifications for those services

2.71 where they are commissioned within three years of the date of either the grant of this application or, if later, the date the premises are included in the pharmaceutical list for the area of Norfolk HWB:

2.71.1 NMS

2.71.2 Flu Vaccination

2.71.3 Hypertension case-finding

2.71.4 Pharmacy First

2.71.5 Smoking Cessation

2.72 Inclusion of Cox Mountain Ltd and the premises identified in the application in the pharmaceutical list for the area of Norfolk HWB will be subject to this condition.

2.73 The Committee agreed that appeal rights are granted to Sharief Healthcare Ltd."

3 The Appeal

In an email dated 9 April 2024 addressed to NHS Resolution, Sharief Ltd t/a Allied Pharmacies ("the Appellant") appealed against the Commissioner's decision. The grounds of appeal are:

3.1 "We would like to officially appeal the approval of this contract as we feel that the ICB has failed to properly consider the points that we made, and we continue to believe that the application should be refused. I have added the original letter sent below for reference.

3.2 As the Applicant points out in their application there was historically a branch of Boots that operated from the University campus. Whilst the volume of pharmaceutical

services that the Boots pharmacy provided changed significantly depending on whether students were at the campus or not, the average number of prescription items that the pharmacy dispensed each month was only just over 3,000.

3.3 It is not surprising that the pharmacy was not well used as the student population tends to be young, healthy, and mobile. Whilst the Applicant has provided some statistics relating to health, those with a long-standing health condition that requires medication tend to be patients who have conditions such as asthma or diabetes.

3.4 Similarly, the Applicant provides data to show that the percentage of students who have a disability is approximately 20%, but when the figures are broken down it is notable that only 0.4% of students have a physical impairment or mobility issue and the other conditions do not impact on the patient's ability to walk or travel, i.e. dyslexia.

3.5 The letter of support from the University of East Anglia confirms that "4,391 of these students live in campus residences, or just under one mile away at the UEA Village". It therefore appears that students consider a 1-mile journey, whether on foot or not, to be a perfectly acceptable journey to make and that the University considers this to also be acceptable.

3.6 Against that comment, our pharmacy is located 0.7 miles to 0.9 miles from the University campus depending on the starting point and route. It is a straightforward walk, and students are very well used to using our pharmacy and it can easily be found on google maps or the NHS website.

3.7 As the Committee will see, the Applicant has significantly exaggerated perceived barriers to accessing existing pharmacies. There are cycle routes and pathways to our pharmacy that are easily used, and it is a massive exaggeration for the Applicant to suggest that "parked cars and resident dustbins" make the pharmacy difficult to access as they do not.

3.8 We simply do not recognise the Applicants description of the parking facilities at our pharmacy. We have parking available outside in the normal way that any person would park at a local neighbourhood shopping centre and it is perfectly normal to park at a 90 degree angle to the road at any car park. In fact, the Applicant's description of access to the pharmacies in the local area bears little resemblance to the reality on the ground.

3.9 Whilst the Applicant is correct that our pharmacy is not on a bus route from the campus, there are other pharmacies that are easily accessible by public transport, including Hurn Chemist to the south or Vauxhall Street Pharmacy to the east and any of the other Norwich based pharmacies.

3.10 For students with a car, access to any of these pharmacies is straightforward.

3.11 The University campus is very well positioned for access to Norwich city centre and dedicated transport links are available. Therefore, irrespective of the direction of travel or method of travel there are easily accessibly pharmacies that students and staff can access.

3.12 As the Applicant states in their application, patients used the previous Boots pharmacy "for convenance" [sic]. It is of course understandable that patients may sometimes use the most convenient service to them but given the very small uptake of pharmaceutical services from the previous pharmacy it is perfectly clear that there was little demand for pharmaceutical services.

3.13 The Applicant states that the UMC has a patient list size of 19,743, however this is somewhat misleading as it does not show evidence of demand for services like it may do at a similar sized practice elsewhere. In fact, the practice issues between 4,000 and 6,000 items per month and prior to their closure Boots would only dispense about one third of those, with patients exercising choice and accessing multiple other pharmacies

in the wider area, including our own pharmacy and distance selling pharmacies. As most patients do not live at the campus and instead live closer to other existing pharmacies, it is unsurprising that the number who used the previous Boots was low, and it ended up having to close and Boots were not even willing to wait for someone to purchase the pharmacy from them. It appears that whilst Boots was convenient for some it was only used out of convenience by a small group of patients.

3.14 In summary, the Applicant has not shown that they would secure improvements or better access to pharmaceutical services and that their application would provide any significant benefits beyond convenience for a small number of patients who may prefer not to travel less than 1 mile to an existing pharmacy and the application should be refused."

4 Summary of Representations

This is a summary of representations received on the appeal.

HERTFORDSHIRE AND WEST ESSEX ICB ON BEHALF OF NORFOLK AND WAVENEY ICB

4.1 "Please note that from the 1 April 2023, community pharmacy contracting and commissioning has been delegated to Integrated Care Boards (ICBs). Hertfordshire and West Essex (HWE) ICB are hosting the function on behalf of the six East of England ICBs.

4.2 As requested in your letter, the Norfolk PNA can be found at Pharmaceutical Needs Assessment (PNA) updated - Norfolk Insight.

4.3 Please find below information we wish to be considered in relation to Cox Mountain Ltd in respect of the above unforeseen benefits application.

4.4 Having reviewed the grounds of appeal made by Sharief Healthcare Ltd T/A Allied Pharmacy Earlham West, HWE ICB remains of the opinion that this application should be granted.

4.5 There appear to be three main grounds for the appeal:

4.5.1 The Appellant states that HWE ICB failed to properly consider the points that Sharief Healthcare Ltd T/A Allied Pharmacy Earlham West made in their representation during the 45 day notification period for this application.

4.5.2 A pharmacy premises within the UEA campus is not needed due to low volume of scripts.

4.5.3 There are other pharmacies within the vicinity that can be utilised, and the appellant claims they are accessible.

4.6 The Appellant states that the ICB has failed to consider their representations during the 45-day notification period. The ICB would like to assure NHS Resolution that all representations were considered by PSRC. PSRC did not reached (sic) the same conclusion as Sharief Healthcare Ltd T/A Allied Pharmacy Earlham West however this does not mean all representations weren't carefully considered against the matters that the ICB is to have regard to in regulation 18 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations).

4.7 The Appellant is of the opinion that the Boots pharmacy, University of East Anglia, Bluebell Road, Norwich, Norfolk, NR4 7LG (Boots Pharmacy) was underutilised and that the pharmaceutical services provided changed significantly depending on whether students were at the campus or not, with the average number of just under 3,000 prescriptions being dispensed each month. The Appellant is also of the opinion that the Boots Pharmacy was underutilised as the student population tends to be healthy,

young and mobile. This is an assumption made by the Appellant and no information has been provided to support it. This in contrast to the information provided by the Applicant.

4.8 The Appellant has failed to take into consideration those students, residents and visitors who may need to access the full range of pharmaceutical services community pharmacies can offer, rather than simply a prescription/dispensing service. This includes the full range of advanced services, over the counter and generic medicines and general advice.

4.9 The Appellant states "*that the University Medical Centre (UMC) has a patient list size of 19,743 which is somewhat misleading as it does not show evidence of demand for services like it may do at a similar sized practice elsewhere. In fact, the practice issues between 4,000 and 6,000 items per month."* (Appeal letter, page 2)

4.10 NHS Digital data shows that as of April 2024 there are 20,495 registered patients at the UMC and that in March 2024 there were a total of 6,055 appointments taking place with 5,898 of these appointments taking place face to face *(NHS Digital Appointments in General Practice, Annex 1- Practice Level Data, March 2024)*.

4.11 The Applicant, Cox Mountain Ltd, provided evidence within their application supporting documents to show that data from the NHS Business Service Authority (NHSBSA) for April 2023, showed that 34.4% of the prescriptions issued by UMC were dispensed by the Boots pharmacy. The remaining 65.6% were dispensed at 368 other pharmacy or dispensing appliance contractor premises. The map below [Appendix C for Committee] is taken from SHAPE Place atlas and shows the top 20 dispensing premises for that month. It is to be noted that at that time the Appellant's pharmacy was owned by Lloyds Pharmacy Ltd (FKJ25) and dispensed just 2.4% of the 4,987 items prescribed by the practice that month.

4.12 Noting the Appellant has stated "most patients do not live at the campus and instead live closer to other existing pharmacies," the ICB has therefore looked at where prescriptions issued by the practice in August 2022 were dispensed. This month was chosen as students would not have been attending the university and therefore provides insight into the practice's prescribing at that time and where those registered with the practice chose to have their prescription dispensed.

4.13 The practice prescribed 4,003 items in August 2022 which were dispensed by a total of 475 pharmacy and dispensing appliance contractor premises. The table below identifies the top ten dispensers and as can be see the top three are the same as in April 2023 and there is a high degree of similarity between the two lists of dispensers. This would indicate that the choice of pharmacies used by patients registered at UMC is not influenced by the university terms.

ODS code	Contractor	Contractor address	Contractor address	Contractor address	Postcode	Percentage of items
FAV81	Boots UK Limited	University of East Anglia	Bluebell Road	Norwich	NR4 7LG	31.5%
FEN53	Hurn Unthank Ltd	143 Unthank Road		Norwich	NR2 2PE	7.6%
FQ859	Boots UK Limited	Eaton Centre	Church Lane	Eaton, Norwich	NR4 6NU	5.7%

FCQ45	Boots UK Limited	562A Dereham Road		Norwich	NR5 8TU	2.2%
FE181	Boots UK Limited	Unit 5, Riverside Retail Park	Albion Way	Norwich	NR1 1WR	2.2%
FN849	Metabolic Healthcare Ltd	17 Wadsworth Road	Perivale	Greenford	UB6 7JD	2.2%
FKJ25	Lloyds Pharmacy Ltd	42 Earlham West Centre	West Earlham	Norwich	NR5 8AD	1.9%
FQ286	Boots UK Limited	124 Merchants Hall	Lower Ground, Chapelfield	Norwich	NR2 1SH	1.5%
FKK18	Boots UK Limited	The Castle Mall shopping Centre		Norwich	NR1 3DD	1.4%
FY734	Boots UK Limited	Bowthorpe Main Centre	Bowthorpe	Norwich	NR5 9HA	1.4%

4.14 The Appellant suggests that the pharmacy is underutilised, particularly outside of term time. Data sourced from the NHSBSA shows that the number of appointments in August (outside of term time) was similar to that in term time (4,047 and 4,729 respectively). Whilst it is acknowledged that not every appointment at UMC will result in a visit to the pharmacy, the UMC is utilised:

Month and Year	**Number of appointments at UMC**
August 2023	4,047
November 2023	6,793
December 2023	4,729

4.15 When looking at the demographics of the practice's patient list size, the majority are in their 20s which would reflect the student population, however, as can be seen from the graph below [Appendix C for Committee], the practice does have patients in all the other age ranges. It also cannot be assumed that all patients registered with the practice are students who return to their homes during the university holidays otherwise there would be a noticeable change in where prescriptions are dispensed during the summer, for example.

4.16 The Appellant has stated that the Boots pharmacy was underutilised. Whilst around 3,000 items per month may appear to be low to the Appellant, looking at the number of items dispensed by all pharmacies in England in January 2024 the ICB has noted that 754 dispensed 3,000 or fewer items in that month. A low volume of items does not mean that a pharmacy is not needed. The ICB is aware that Boots has and continues

to divest itself of branches, most of which are sold to a smaller contractor rather than closed. This would therefore suggest that these pharmacies are financially viable.

4.17 The PSRC noted the supporting information supplied by the applicant. This detailed the number of students who attend the University as well as 18,008 students who have enrolled, a population of 4,391 who reside at the Campus, the number of staff members and of course the densely populated residential area. The Applicant supplied supporting information to show that 19.8% of the students who attend the University have a disability.

4.18 The Appellant suggests that the percentage of those students who have a disability is low for those who have a physical or mobility issue (Appeal letter, page 1).

4.19 It is clear that the Appellant has failed to recognise that not all disabilities are visible. PSRC were mindful of this and considered patients with any protected characteristics who may have significant difficulty in accessing pharmaceutical services within the wider HWB area. For example, people who are visually impaired, deaf, or have a long standing illness or chronic health condition. The PSRC noted that these potentially vulnerable people would have been disproportionality disadvantaged and impacted by the closure of the Boots Pharmacy and noted the information presented for consideration: [Appendix C for Committee]

4.20 The Appellant argues that barriers to accessing existing pharmacy provision are perceived and exaggerated. PSRC were concerned for those patients with mobility issues who would have difficulty in accessing one of the existing pharmacies and noted information provided by Cox Mountain Ltd in support of their application:

4.20.1 *"journeys on foot with attached difficulties are a physical access barrier to these locations particularly during adverse weather or in hours of darkness. Elderly, people with young children and disabled people are disproportionately disadvantaged to a greater extent by these physical barriers. UEA student population with disabilities include 511 who have long standing health conditions requiring regular trips to the pharmacy, 71 who have mobility issues and 83 who are deaf or severely/completely blind."*

4.21 Norfolk PNA makes reference to it being considered *"that there is good pharmaceutical provision across the locality with pharmacies easily accessible within a 20 minute walk."* (Norfolk PNA, 6.2.6.2, page 110). This would have been based on the pharmacies included in the Norfolk pharmaceutical list at that point in time, which would have included the Boots pharmacy.

4.22 The map below [Appendix C for Committee] shows that part of Norwich (shaded in yellow) that is within a 20-minute walk of UMC and is therefore indicative of where someone could walk to within 20 minutes if their starting point was UMC. As can be seen, all the current pharmacies are more than a 20 minute walk from UMC based on an average walking pace of 5km/hour (3.1 miles/hour). It would therefore take longer for those with mobility issues, or who are less fit, and then there is the return trip.

4.23 This amount of time is more than the standard set out in the PNA. For some users of a pharmacy, the distance would be even greater for those with protected characteristics. The PSRC concluded that the closure of the Boots pharmacy has created a gap in pharmaceutical service provision and likely users of the pharmacy will have significant difficulty in accessing pharmaceutical services going forward based on the information provided by the Applicant. **Appendix 1** shows the distance on foot or by car to the nearest four pharmacies. [Appendix C for Committee]

4.24 Having viewed the route that would be taken on foot using Google Street View it can be seen that for the nearest pharmacy there is a section of the journey on Wilberforce Road where only one side of the busy road is pedestrianised, again this would be a

disadvantage for those who are elderly and /or have a disability: [Appendix C for Committee]

4.25 Consideration does need to be given to how those without a car would travel to one of the four nearest pharmacies. The Applicant stated in their application the following:

4.25.1 *"Norfolk PNA 2022 Public Question 10 response in relation to access, of 1512 respondents; just 1% choose to use public transport to travel to a pharmacy. This evidenced pharmacy user behaviour demonstrates that although taking a bus from the UEA locality towards the city to access a Pharmacy may represent a choice; it's not a choice 99% of patients are likely to exercise. Census 2021 indicates deprivation in University ward; 52.7% of this population are students without an income and a minority 33.5% of this population are employed. 61.6% of University ward and Avenues ward population are economically inactive. A significant economic barrier to using public transport to access pharmaceutical services for the reliant population will be cost of tickets, at £5 return journey on blue line, this cost is prohibitive.*

4.25.2 *Access to a car in population local to AP is extremely low for the aforementioned reasons. Census data on car ownership in the area is distorted due to the substantial number of HMOs in the locality; although one occupant within a HMO may own a car, all residents in the house or halls, being separate occupants, will not have access to that car. Data will also be further skewed by the high turnover of students moving in and out of residences. Census2021 shows variance in the percentage of households that do not have access to car between of 36.2% (campus OA) and 55.7% (a bluebell community OA) which is grossly above average indicating low car access. Moreover, true population without access to a car, when factoring in HMO and halls residents, will obviously be far greater than the census indicates."*

4.26 Taking the above information into account, consideration should be given to the cohort of patients who have mobility issues. Factors to consider here are, is it acceptable to expect someone who has a disability to walk to the nearest bus stop, how would a visually impaired individual be able to read a bus timetable, is it reasonable to expect a person on a low income to pay for public transport as well as their prescription or over the counter medicines These factors render access to pharmaceutical services difficult and limit patient choice.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

4.27 The Appellant states that the Applicant has not shown how they would secure improvements or better access to pharmaceutical services or that their application would provide any significant benefits beyond convenience for a small number of patients who may prefer not to travel less than 1 mile.

Regulation 18(1)(a) and 18(1)(b)

4.28 The PSRC considered Regulation 18(1)(a) and were satisfied in that it was required to determine whether it was satisfied that granting the application or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB.

4.29 When PSRC considered Regulation 18(1)(b), it was conscious that the 2022/2025 Norfolk PNA provided an analysis of the situation at the date of publication. It was also noted that the Applicant was seeking to provide unforeseen benefits that were not included in the Norfolk PNA in accordance with paragraph 4, Schedule 1 of the 2013 regulations in view of access and choice.

4.30 Since the publication of the Norfolk PNA in 2022, 4 100-hour pharmacies have closed in Norfolk and of the remaining 15 100-hour pharmacies, all have reduced their hours in line with the 2013 regulations resulting in a loss of 350 hours per week. An additional 4 40-hour pharmacies have closed. PSRC noted that Norfolk HWB will have arrangements in place to assess any changes to the need for, or availability of, pharmaceutical services however at this time, the PSRC is of the opinion that there is lack of access and choice for users of pharmaceutical services in this part of Norwich.

4.31 The HWB in Norfolk have arrangements in place to produce a new PNA, but this is a lengthy process. It is expected that the revision of the Norfolk PNA will consider the growth of population since it was last written where it indicated a population growth of 1.7% by 2025, the loss of pharmacies, and the loss of opening hours in the evening and at weekends.

4.32 The current hours provision (**Appendix 1**) shows that three of the nearest four pharmacies have supplementary opening hours from 08:00 – 09:00 which could be removed at any time with the required notice being given. The granting of the Cox Mountain Ltd unforeseen benefits application will secure better access with provision of core opening hours from 08:30 in the morning Monday to Friday:

	Proposed										45:30	0:00
	S1		C1		S2		C2		S3		C3	
Monday			8:30	13:00			14:00	18:00				
Tuesday			8:30	13:00			14:00	18:00				
Wednesday			8:30	13:00			14:00	18:00				
Thursday			8:30	13:00			14:00	18:00				
Friday			8:30	13:00			14:00	18:00				
Saturday			9:00	12:00								
Sunday												

4.33 This offer of early core opening hours would secure better access to pharmaceutical services for the people in the HWB.

Regulation 18(2)(a) (i) and (ii)

4.34 PSRC were satisfied there was no evidence to suggest that granting the application would cause significant detriment to the proper planning in respect of the provision of pharmaceutical services in the area of Norfolk HWB or the arrangements in place for the provision of pharmaceutical services in that area.

Regulation 18(2)(b)(i)

4.35 PSRC was mindful that the closure of a pharmacy does not automatically lead to a conclusion that a new pharmacy application should be granted.

4.36 Whilst PSRC acknowledged that the Norfolk PNA 2022/2025 does not identify gaps in the provision of pharmaceutical services that was based on the number and distribution of pharmacies in 2022, and their opening times. PSRC were not satisfied that people accessing pharmaceutical services had reasonable access and choice when considering pharmaceutical provision in this part of the HWB's area. The travel distances and times were considered, and they were deemed to be excessive when taking into account walking times, low car ownership, people, particularly students, being on low incomes and those who have a disability and/or mobility issues. PSRC were of the view that granting this application would provide better access to pharmaceutical services for the above cohorts of patients.

4.37 Norfolk ICB reported concerns had been received from UEA students, UEA Medical Centre and a local MP. The MP was concerned that the closure of the Boots Pharmacy would cause a barrier to healthcare. According to various newspaper articles (search performed on Google), the MP Clive Lewis stated *Alternative pharmacies will be challenging for many people to get to - especially those without cars* *UEA students launch fight to bring back campus pharmacy | Eastern Daily Press (edp24.co.uk)*

4.38 PSRC noted that whilst distance selling pharmacies are not the preferred choice for all people wishing to access pharmaceutical services, they are an alternative for others. PSRC considered those students living in Halls of Residence with a shared postal room which is not always accessible in the evening and weekends and does not have a refrigerator for medicines to be stored. It therefore concluded the distance selling pharmacies would not be a choice for students living on campus. This was further supported within the letter supplied by UEA where they stated:

4.38.1 *Whilst prescriptions can be delivered by post, UEA Post Room operating hours for student collections are between 9am and 4.15pm on weekdays only, with closures over the Easter and Christmas breaks. There is also no facility to hold post requiring refrigeration. (**Appendix 2**)*

Regulation 18(2)(b)(ii)

4.39 PSRC considered whether those people who share a protected characteristic have difficulty accessing services that meet specific needs for pharmaceutical services in the Norfolk HWB.

4.40 PSRC considered the accessibility of pharmaceutical services particularly services other than essential services for those with protected characteristics based on age and disability. It noted the high number of unsolicited comments from students and information provided on those with mental health, a learning disability and autism. The PSRC considered the weight to place on this information and whilst it is clear that petitions and unsolicited comments could not bypass the regulations, PSRC could not conclude that people accessing pharmaceutical services, particularly students and elderly people were not facing difficulty in accessing pharmaceutical services. For ease of reference the unsolicited comments have been included at **Appendix 3.**

Regulation 18(2)(b)(iii)

4.41 PSRC noted the supporting statement provided by the Applicant:

4.41.1 *Applicant premises is secured with a long lease agreement, pending NHS Market Entry, personally guaranteed by the Superintendent Pharmacist. Written into terms of the lease is an agreed commitment to actively engage with the UEA to participate in health promotion activity not restricted to onboarding participation during freshers week. Collaboration with the UEA wellbeing dog programme has been discussed as part of the delivery of pharmacy services. Arranging presence and access to a wellbeing dog at the vicinity of AP will bring positive psychological effects to students suffering with anxiety and depression that are already engaging with medical services.*

Synergistically, it will also promote engagement with medical services and corresponding better access to pharmacy services to students who independently engage the wellbeing dog programme that require support.

4.41.2 *Written contractual commitment to collaborate between a Community Pharmacy and a public research University in England secured via a premises lease is the first of its kind in England and by definition; an innovation. This will directly align with the Pharmacy's HLP framework undertaking guided by the Norfolk Joint Health and Wellbeing Strategy. Alongside provision of self-care advice and health promotion work looking after the varied local community; the collaborative efforts with the UEA will also target health inequalities that affect students specifically. E.g. health promotion campaigns will target unhealthy behaviours such excessive alcohol consumption and substance misuse. Norfolk and Waveney health report 2022 highlights alcohol consumption as the biggest risk factor of ill health, premature death, and disability for younger adults; with rates of related hospital admissions in Norwich being significantly higher than the England average.*

4.41.3 *Pharmacy and UEA will signpost patients to the most appropriate mental health services and sexual health services. Serving to secure consistency in health promotion messages on campus to promote better self-care for students while they are away from home, and maybe even in a different country for the first time, raising awareness of the help and services available to them. This collaborative activity will therefore directly serve to improve access to appropriate NHS services for students who are foreign nationals from varied racial backgrounds. Thereby desiring to overcome the 9 of 11 anticipated barriers to access for these groups who share this protected characteristic to these available healthcare services that they may otherwise be unaware of. Serving to eliminate discrimination and advance equality, by enabling these groups to access the same services as other population groups that do not share their protected characteristics in line with our NHS values.*

4.42 PSRC drew the conclusion that whilst the supporting information supplied by the applicant may not demonstrate innovative approaches to the delivery of pharmaceutical services, they were of the view that the applicant had clearly shown thought and consideration with regards to the needs of the cohort of patients that would use the pharmacy should the application be granted and has some insight into their needs.

4.43 For the avoidance of doubt, PSRC is not of the opinion that the applicant demonstrated any innovative approaches with regard to the delivery of pharmaceutical services.

Conclusion

4.44 In summary, we remain of the opinion that the application should be granted."

THE APPLICANT

4.45 "It is hoped that the committee kindly considers the points made in the representations below in addition to and in conjunction with:

4.45.1 The original application form (Appendix 1)

4.45.2 Applicant submissions as part of the application process (Appendix 2)

4.45.3 'Unsolicited comments' received by PCSE (Appendix 3)

4.46 Along with all other associated evidence appendices listed at the bottom of this document which are also attached in this email.

4.47 **Cox Mountain Limited Representations to NHS Resolution is structured as follows:**

4.48 SECTION 1: COMMENT ON THE APPEAL LETTER FROM ALLIED PHARMACIES DATED 9 APRIL 2024

4.49 SECTION 2: COMMENT ON NHSCB DECISION WORDING

4.50 SECTION 3: LOCAL POPULATION SUBGROUPS IDENTIFIED AS RELEVANT TO THE APPLICATION

4.51 SECTION 4: PRELIMINARY MATTERS

4.52 SECTION 5: COMMENT ON THE APPLICATION

4.53 SECTION 6: EVIDENCE SUPPORTING NEED FOR APPLICATION BENEFITS

4.54 SECTION 7: COMMENT ON 'UNSOLICITED COMMENTS'

4.55 SECTION 8: THE STATUTORY TESTS

4.56 SECTION 9: COMMENT ON PNA

4.57 SECTION 10: HEALTH CARE IN UNIVERSITY WARD

4.58 SECTION 11: ASSESSMENT AGAINST THE REGULATION 18 TESTS

4.59 SECTION 12: DISPUTE OF INDIVIDUAL POINTS RAISED IN APPEAL LETTER

SECTION 1: COMMENT ON THE APPEAL LETTER FROM ALLIED PHARMACIES DATED 9 APRIL 2024

4.60 The appeal is a single sentence of 'feeling that commissioner failed to properly consider the points made' submitted by appellant as part of the application process. The appellant subsequently copied the *exact same representation document* that was submitted during the 45 day notification period.

4.61 ALL points raised in this letter are disputed and were addressed fully as part of the application process (Please refer to section 12). Within this detailed document (Appendix 2) submitted by Cox Mountain Limited, substantial supporting evidence was provided which also served in addressing all the individual points raised by the appellant organisation. The appeal lodged has not provided any new evidence, or any evidence supporting appellant's *feeling* that the committee did not consider the appellant's representation points properly. As per Decision Wording letter, this evidence submitted by CML was taken into consideration alongside the submission from the appellant when making their decision to grant the application.

SECTION 2: COMMENT ON THE NHSCB DECISION WORDING

4.62 The commissioner's Decision Wording (Appendix 4) being appealed here is a thorough 7-page document to grant the application. It is clear the commissioner has considered the application fully, in line with the regulations and applied the legal test correctly. The relevant locality and demographics have been given consideration, Primary medical service providers, local pharmacy provision, online pharmacy services have been considered in line with the PNA. The respectful members of the committee have shown that they followed through the correct process of determining the application against the relevant regulation 18. They have observed and considered representations received from notifiable parties including the appellant's submission (evidenced on page 6 of the decision wording document).

4.63 The committee have shown to have followed processes thoroughly with proper consideration; and made an informed decision to grant the application based on the substantial evidence put before them. The commissioner made it clear that their decision was made under the relevant regulation 18 and 'based on the supporting information supplied by the applicant'.

4.64 As such, the Applicant concurs with the decision made by the commissioner to grant the application because the correctly applicable regulations are evidently satisfied.

SECTION 3 : LOCAL POPULATION GROUPS IDENTIFIED AS RELEVANT TO THE APPLICATION

4.65 The application form (Appendix 1) makes specific reference to the population subgroups identified below as relevant to benefits offered by the application. If the committee were to reflect on the magnitude of the reliant population, granting the application will undoubtedly confer *significant benefits* of better access in the context of the HWB:

Patients in attendance at UEA medical centre face to face appointment visits

4.66 Patients in the immediate vicinity of UEA medical centre application site that will have attended a face to face appointment and require the dispensing of an acute issue or urgent prescription, a referral into the NHS Pharmacy First pathway service or even referral for other Pharmacy services including over the counter advice from the Pharmacist.

4.67 UEA medical centre has a **21,015** patients list and 98% of appointments held at the UEA medical centre are held as Face To Face consultations on site. (Appendix 5)

4.68 Data captured 1 December 2023
(NHS Digital https://digital.nhs.uk/dataandinformation/publications/statistical/patients-registered-at-a-gp-practice)

4.69 And most of the prescriptions are 'acute issues' therefore are medicines prescribed are of a time-sensitive nature. 2232 and 2295 Prescription forms were acute issues in November and December 2023 respectively. It is inappropriate for such a significant number of people who will be in the vicinity of the application site to be forced to travel to a pharmacy off campus and likely in an unnatural direction to collect these time-sensitive treatments. (*Source Data to evidence the number of acute issues were provided to applicant directly by UEA medical centre in support of the application)* For the avoidance of any doubt the UEA medical centre will not benefit financially in any way if the application were to be granted.

University ward of Norwich locality Resident population

4.70 Substantial UEA halls of residence population of **4,391** people. (Appendix 6)

4.71 All of the residents in these accommodations are unable to benefit from distance-selling pharmacies (DSP) deliveries due to their addresses as described in detail in application form (Appendix 1)

4.72 There is a considerable residential population in excess of **14,551** people residing in University ward within Norwich locality. (Appendix 7)

4.73 University ward population demographics are summarised in Appendix 7. Substantial subgroups of people that share the same protected characteristics include the elderly, disabled, and young children. The area has a large, sheltered housing complex for an elderly population. There are also many young children in the area with two schools located in university ward.

4.74 Deprivation characteristics

4.75 33.3% of University ward population fit in the 2/10 Decile of the IMD which evidences severe deprivation characteristics. A further 16.7% of the population fit into the 3/10 Decile. (Appendix 7)

4.76 Just 27.1% of the population are economically active compared to the England average of 58.6% (Appendix 7)

4.77 Very low level of car ownership

4.78 The graphic in Appendix 8 shows a significant 55.7% of substantial areas of University wards population have no access to a car or a van. Compared with the rest of Norfolk the population of University wards have much lower than average car ownership (as detailed in the application form Appendix 1)

UEA Staff

4.79 The UEA have **3,712** staff members that access the campus for work. (Appendix 9) Many of these reside in the Norfolk area which has experienced considerable reductions in both the number of Pharmacies and opening hours over the past 2 years.

Students as a subsection of the local population that share a protected characteristic - specific health needs

4.80 **18,008** UEA students will be accessing the campus daily and many also reside local to the application site outside of university term-time. (Appendix 10)

4.81 Of the above, **2,820** students enrolled are foreign nationals. (Appendix 9)

4.82 University students in higher education make up a significant local population to the application site with **18,008** students enrolled at the UEA (Academic year 2023-24) There are characteristics of student life in particular that may have a hidden impact on long-term health outcomes if not managed appropriately.

4.83 In addition to disabilities and long term health conditions distributed throughout the population such as Asthma and Diabetes, students have particular health needs including the following:

4.83.1 mental health including anxiety and depression

4.83.2 specific learning disabilities

4.83.3 sexual transmitted diseases- infection screening/ prevention/ treatment

4.83.4 Contraception including emergency contraception provision

4.83.5 Smoking

4.83.6 alcohol use

4.83.7 drug use

4.83.8 physical activity

4.83.9 diet and nutrition

4.83.10 immunisation and vaccination – including routine vaccinations such as MMR and MenACWY, as well as outbreak prevention and management. Students

arriving from countries with higher incidence of disease such as tuberculosis (TB) need to be identified and immunised.

4.84 There are also issues relating to access to health services, particularly for international students, who may be living in the UK for the first time and around the challenges of integrating large student populations into local communities. Of the above, **2,820** students enrolled are foreign nationals. (Appendix 9)

4.85 Continuity of care may also be an issue for some between 'home' and university providers, particularly in terms of the management of chronic conditions such as mental illness.

4.86 Flexibility around waiting times and appointments that acknowledge the university timetable would be helpful to this specific subset of the local population.

4.87 NHS Pharmaceutical services required for this subgroup of the population are primarily: Treatment of acute conditions which requires dispensing of a prescription, the need for repeat medication, support for self-care, Emergency supplies of prescription medicines, Pharmacy first condition assessments and PGD treatments, Contraception services, Emergency Contraception services, Drug addictions services, Sexual health services, or signposting to other health services.

<u>UEA Students with a registered disability</u>

4.88 A substantial **3,485** students suffer with one or more registered disability. (UEA 2023 Disability index appendix 10)

<u>Students as a Subgroup of the local population that share a protected characteristic with a specific learning disability</u>

4.89 UEA has **1,040** students that suffer with a specific learning disability and 245 that suffer with an autistic spectrum disorder. (Appendix 10)

4.90 People with learning disabilities are one of the most vulnerable groups in society, experiencing health inequalities, social exclusion and stigmatisation. They have greater and more complex health needs compared to the general population and an increased risk of premature death. Health problems include:

4.90.1 coronary heart disease

4.90.2 respiratory disease

4.90.3 mental health problems and cognitive impairment such as dementia

4.90.4 weight problems - obesity or underweight

4.90.5 physical impairment with associated risk of gastro-oesophageal reflux, eating and swallowing problems, constipation and incontinence, chest infections, hip dislocation and postural deformities

4.90.6 sensory impairments

4.90.7 epilepsy

4.91 It is important that health promotion and prevention initiatives are actively promoted and inclusive for people with learning disabilities, and those supporting them, particularly regarding weight management, healthy eating and physical activity.

<u>Subgroup of UEA Students suffering mental health condition disability</u>

4.92 A total of **1,093** UEA students declared a mental health condition disability. (Appendix 10)

SECTION 4: PRELIMINARY MATTERS

4.93 The application site sits in University Ward within the Norwich Locality. The demographics and pharmaceutical needs will differ across the varied sections of the City of Norwich Locality. It is therefore prudent to consider the health needs of the population that reside within or regularly visit the University ward and UEA medical centre when considering the application. It must be noted that even when considering the application site within the wider context of Norwich locality as referenced in the PNA, the application is a well-evidenced clear cut case for an unmet need being unforeseen in the PNA.

4.94 The background to this application is in part a reaction the closure of all three pharmacies in University Ward over a period of 3 years.

4.95 These three Pharmacy closures have left all residents within University ward, and a substantial population of visitors and staff of the UEA site to travel outside of the ward to access pharmaceutical services.

4.96 1. Boots UEA campus branch closed in July 2023. Dispensing data below shows a higher-than-average forms/items ratio which indicates that a high number of prescriptions dispensed were acute in nature and therefore time critical. This relates directly to its co-location with the very busy UEA medical centre with 21,015 patients list and 98% Face to face appointments as shown in Appendix 5.

NORFOLK AND WAVENEY ICB	FAV81	BOOTS	UNIVERSITY OF EAST ANGLIA	2,819 FORMS	4,126 ITEMS

4.97 It is relevant to note that the Boots UEA campus branch was not closed due to lack of need for its NHS services. It was in fact undergoing an unnecessarily prolonged change of NHS ownership application:

4.98 ME2154 - Cox Mountain Ltd - COO - NR4 7LG - CAS-177937-H7Q9B8

4.99 The above application was submitted by the purchaser on 7 October 2022 and not granted until 20 July 2023. By this time Boots had made a strained and unfortunately irreversible decision to close the Pharmacy based on the COO application taking too long after having written to PCSE warning them of their intention to close the Branch in May 2023 if progress with the application was not evidenced. 10 months is substantially longer than the 2 months' time span that is expected of NHS change of ownership application approvals. Further evidence and information on this point can be provided by Applicant if committee feels this is determining.

4.100 The relevance of this closure to the current PNA is discussed in section 8.

4.101 2. Boots branch on Colman road was closed on 8 August 2020 as per supplementary statement issued as part of the PNA that predates the current 2022 PNA:

4.101.1 *Supplementary Statement No.8 – Finalised 17th December 2020*

4.101.2 *"Boots UK Ltd T/A Boots, 90-92 Colman Road, Norwich, Norfolk, NR4 7EH - will cease to provide pharmaceutical services on 08/08/2020 and will be removed from the pharmaceutical list for the area of Norfolk Health and Wellbeing Board with effect from that date. No significant change, considering a large number of pharmacies in Norwich and good public transport network."*

4.102 3. Lloyds Pharmacy branch on Colman road was closed on 11 December 2020 as per supplementary statement issued as part of the PNA that predates the current 2022 PNA:

4.102.1 *Supplementary Statement No.9 – Finalised 9th February 2021 "The following pharmacy has permanently closed From 11/12/2020: Lloyds Pharmacy Ltd, t/a Lloyds Pharmacy 143/143a Colman Road Norwich Norfolk NR4 7HA*

4.102.2 *It is considered that this does not create a gap in provision as there is significant choice from local pharmacies in the area, and locally and nationally from distance selling pharmacies."*

4.103 The two Colman road sites were in combination, dispensing more than 11,000 prescription items per month prior to their withdrawal. The above two closures in 2020 were considered by the HWB as not significant changes affecting choice as per the above supplementary statements to the 2018-2021 PNA. However, the effects on choice will invariably be compounded with the third and conclusive closure in University Ward within Norwich locality which is subject to this application matter.

4.104 The local discontent was picked up by local councillor and a local MP for the University ward as reported in the below articles:

4.105 (Appendix 11) https://www.edp24.co.uk/news/health/20749571.it-beggars-belief---road-lose-second-pharmacyspace-just-four-months/

4.106 (Appendix 12) https://www.eveningnews24.co.uk/news/23958741.norwich-south-mp-clive-lewis-asks-nhs-reopenuea-pharmacy/

4.107 It is well understood by the applicant that the closure of a Pharmacy or in this matter three separate Pharmacies does not mean it is axiomatic that it leads to a gap in provision.

4.108 As detailed in Appendix 1 and 2, UEA Boots pharmacy was a well-used pharmacy. Since the UEA Boots pharmacy closed, patients of the closed pharmacy have had no choice but to obtain their prescriptions from elsewhere. The choices patients have in the current situation is to either to endure the current difficulties in access described by the application statement in order to obtain pharmaceutical services elsewhere; or to suffer the consequences of going without their treatments. This is not a choice at all.

4.109 It is not possible to gather precise data to establish how many people are going without prescribed medicines or treatments for minor health conditions every month at present since the closure of the Pharmacy given the sheer magnitude of the population affected. However, the dissatisfaction expressed in the comments to the MP's survey, the Student's Union petition, the number of signatures and level of support for a the (sic) application. PCSE market entry application process received 'unsolicited comments' which evidence that the difficulties definitely exist and patients currently have specific needs for pharmaceutical services which are undoubtedly not being met since the closures.

4.110 This evidence provides a robust indicator that access difficulties have been firmly generated by a combination the closure of UEA Boots pharmacy, Colman road Lloyds pharmacy and Colman road Boots Pharmacy. The combination of these factors when considered in unison, was unforeseen in the current PNA and in the supplementary statements that followed forming part of the PNA.

4.111 The applicant would respectfully suggest that the closed pharmacy was used by local people and they did so because it was a benefit to them. The PSRC decision (Appendix 4) suggests that the closed pharmacy was used because patients needed it, due to the challenges of accessing alternative pharmacies, the town centre location, and/or they exercised a reasonable choice.

SECTION 5: COMMENTS ON THE APPLICATION

4.112 The application (Appendix 1) proposes the exact same core service opening hours as the Pharmacy that previously occupied the application premises as identified above.

4.113 It is to be noted that the hours of 08:30-9:00 Monday, Tuesday, Wednesday, Thursday, and Friday (Total 2.5 hours) are additional core hours over and above the standard 40 core hours in the contract.

4.114 The reasoning behind the additional core hours commitment is to provide access to the substantial staff population (3,700 people) and student population (18,008 people) that access the UEA site before their scheduled activities on campus and to support the adjoining medical centre which provides urgent clinic appointments to all patient groupings from 08:30am Monday to Friday.

4.115 Application form details the advanced and enhanced services it undertakes to provide under the NHS Community Pharmacy framework.

4.116 In addition to those listed on the application form, the Applicant undertakes to provide the Advanced services that have been commissioned by NHS England since the application was submitted; NHS Pharmacy First and NHS Pharmacy contraception service. These services are relevant to note considering their introduction ease pressures on the wider primary care team. The application premises is co-located with UEA medical centre: a singular-site GP practice and cares for a list of 21,015 patients. Although located at the UEA, the site looks after a range of patients aged between 0-89 years old from a catchment area that covers most of Norwich including the significant resident community surrounding the practice. Data captured on 1 December 2023 (NHS Digital https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice) In perspective, this heavily burdened GP surgery cares for highest number of patients compared to any other surgery site (main or branch location) in the entire Norfolk and Waveney HWB area of 159 sites.

4.117 Within the body of application supporting statement, applicant also undertakes to provide Locally agreed commissioned service: Norfolk county council commissioned pharmacy sexual health services.

4.118 Pages 5-10 of the Application form (Appendix 1) details the location of the application site at the University of East Anglia campus, the surrounding densely populated areas, supporting amenities on UEA campus, the UEA medical centre. Application details the on-campus residences and the demographics.

4.119 Application details how and why DSPs are inaccessible to the significant on-campus resident population.

4.120 Application details the barriers relevant to accessibility to the nearest Community pharmacies to the application site to a variety of population groups including groups of patients that share protected characteristics.

4.121 It happens that the application premises secured with a Lease and accompanying agreement for lease, is the same premises as the recent shutdown Boots branch. It should be helpful to the committee that the previous Pharmacy occupier has evidenced it's need over the past 18 years. It also happens that the application site is an opportunity to provide much needed locally targeted health promotion activity benefits due to the specific health needs of the local student population as described in the application supporting statement.

4.122 The application also details pharmacy services meeting specific needs for students that are currently difficult to access. These needs must be considered in conjunction with the barriers to access such as walks into socially distinct neighbourhoods, extremely

low car ownership of the area and the prohibitive cost bus tickets into town for a large population that show deprivation characteristics as above in section 3.

4.123 The application details how granting it will secure significant improvements for patients that share protected characteristics. The application statement details how it will address the current lack of reasonable choice of pharmacy for large population groups residing in or accessing the University ward of Norwich locality.

SECTION 6: EVIDENCE SUPPORTING NEED FOR APPLICATION BENEFITS

4.124 A survey was carried out by the local MP for Norwich South: Mr Clive Lewis in order to assess the provision of pharmacy services in University ward and the Earlham area four months after the closure of the UEA Boots Pharmacy. The survey was posted out to homes in the vicinity of the application site:

4.125 'Many concerned local residents have got in touch with me about this. Two other local pharmacies have closed in recent year and alternatives will be very difficult to get to for many people (especially without cars). The nearest branch of Boots to Bluebell Road is at Eaton Waitrose or residents will have to go to Unthank Rd or West Earlham. Please use the enclosed survey to let me know your views on the closure and whether you have difficulties accessing local pharmacy services.'

4.126 **60 Individual comments in support of 're-instating a UEA Pharmacy' were received by Mr Lewis' team. This large array of written comments serves as evidence of current difficulties experienced by patients in accessing to pharmaceutical services and evidence the current lack of reasonable choice as described in the application statement.**

4.127 **These comments serve as evidence of current difficulties of access to pharmaceutical services experienced by local residents including elderly patient and disabled patients, who as defined substantial patient sub-groups, share the same protected characteristics**.

4.128 Twenty-seven of these comments were practical to anonymise by Mr Lewis' team prior to the deadline for application consultation and are attached (*Appendix 2 Please refer to Pages 8-13*) These responses provide hard evidence that the population in University ward do not currently have reasonable access to a Pharmacy.

4.129 **In the context of most Market Entry applications, it is rare for patients to have made *formal complaints to NHS England* for lack of reasonable choice to pharmaceutical services as, in general terms, they are simply (a) unaware that there is a right to complain and (b) they are unsure of the procedure even if they wish to do so.**

4.130 Mr Lewis also sent a letter to PCSE on behalf of his constituents:

4.131 (Appendix 13a and 13b)

https://www.clivelewis.org/uncategorised/news-and-updates/2023/11/29/my-letter-to-nhs-englandreconsider-the-closure-of-the-pharmacy-at-uea-bluebell-road/

4.132 In an unrelated survey, the UEA Students Union organised a petition 'Save the UEA campus Pharmacy' (Appendix 14)

https://www.change.org/p/save-the-uea-campus-pharmacy

4.133 **689 people have signed their support for this petition (December 2023) Some also chose to comment on the petition (Appendix 2 Please refer to pages 6-7)**

4.134 **These comments serve as evidence of current difficulties of access to pharmaceutical services experienced by local residents including disabled patients, who as a defined substantial patient sub-group, share the same protected characteristics.**

4.135 The Students Union representatives and Local MP would also appreciate the opportunity to speak on behalf of local residents at an oral hearing and CML ask that the Committee does provide for such a hearing if there is any doubt about granting this application.

4.136 Norfolk Local papers picked up on the on the understandable discontent expressed by the population with several well publicised articles. This level of coverage speaks for the significance of the under provision of Pharmacy services in the area local to the application site:

4.137 Appendix 14

https://www.eveningnews24.co.uk/news/23928619.uea-students-launch-fight-bring-back-campuspharmacy/

4.138 Appendix 12

https://www.edp24.co.uk/news/23958741.norwich-south-mp-clive-lewis-asks-nhs-reopen-ueapharmacy/

4.139 Appendix 15

https://www.eveningnews24.co.uk/news/23958741.norwich-south-mp-clive-lewis-asks-nhs-reopenuea-pharmacy/

4.140 Appendix 16

https://www.eveningnews24.co.uk/news/23678919.worries-boots-closing-norwich-uea-campus-store/

4.141 Appendix 17

https://www.eveningnews24.co.uk/news/23716369.norwich-mp-clive-lewis-calls-uea-boots-storereopen/

4.142 Appendix 18

https://www.clivelewis.org/uncategorised/news-and-updates/2023/11/29/my-letter-to-nhs-englandreconsider-the-closure-of-the-pharmacy-at-uea-bluebell-road/

4.143 Appendix 11

https://www.edp24.co.uk/news/health/20749571.it-beggars-belief---road-lose-second-pharmacyspace-just-four-months/

4.144 The effects of the closure have been widely publicised in local media publications including as recently as in the Eastern Daily Press 31 May 2024 (Appendix 19)

4.144.1 *"We've heard shocking stories from the Disability Peer Support Group about some students who are going without their medication because they can't get to the nearest pharmacy. We need this sorted now." (*UEA students union representative)

4.145 It has been publicised in the Students Union change.org petition that the students union have pleaded to Allied Pharmacies to drop their appeal on behalf of students who are being deprived of services that they need. There are a significant population of students with disabilities that were reliant upon Boots UEA Pharmacy up until its closure. The UEA medical centre has had a Pharmacy on site for the past 18 years and it is well established that students make their decisions to apply to live on campus halls with the understanding a Pharmacy service would be in place on secure campus. (Appendix 20) Although it is of course a procedural right, with no new evidence or justification, as such the Applicant finds the Appellant's decision to appeal this granted application deplorable.

SECTION 7: COMMENT ON 'UNSOLICITED COMMENTS'

4.146 This document (Appendix 21) was circulated by PCSE as part of the application process. It contained representations received by PCSE from various parties interested to express their opinions on the need for a Pharmacy in University ward in Norwich locality.

4.147 **All 22 comments in this document effect the required evidence to uphold the application supporting statement, which in combination, demonstrates that this unforeseen benefits application meets the regulatory tests as required by the market entry process.**

4.148 Comments 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22; in addition to commenter's personal view, also consider the impact on the substantial population affected by the current lack of reasonable choices of Pharmacy. Or they validate how they are personally qualified to speak on behalf of the substantial population affected by the current lack of reasonable choice of Pharmacy and they evidence why the current application will provide significant benefits.

4.149 E.g. The local MP comments on behalf of his constituency and has then followed with extracts of individual comments from the people living in his constituency.

4.150 E.g. The UEA Students Union representative has attached comments written by UEA students, and has then expressed their own view on behalf of all students that will benefit from this application.

4.151 E.g. The local retired UEA lecturer describes their own personal difficulties accessing pharmaceutical services since the recent closures. Then goes on to describe why they are competently qualified to comment on the current difficulties faced by the local student population:

4.151.1 *"Further to my personal situation, the majority of students who attend the university are registered with the UEA Health Centre and do not own vehicles, so face similar problems obtaining prescriptions and other medicines. With my XXX. years+ experience of tutoring and teaching students, I have serious concerns that the lack of available access to a pharmacy may result in prescriptions and medicines not being collected, with potential serious health consequences. There are currently over 20,000 UEA students registered at the UEA Health Centre"*

4.152 E.g. A Student (comment 15) describes why they are suitably qualified to comment on behalf of the substantial population that are in requirement of the services proposed by the application benefit.

4.153 Comments 1, 2, 3, 4, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 directly evidence that substantial population local to the application site are currently experiencing difficulties accessing pharmaceutical services due to the current lack of reasonable choice. They also evidence that the application site will provide the

significant benefit of better access to pharmaceutical services for the population affected by the three local pharmacy closures.

4.154 E.g. Comments 1,3,4,6,9,11,13,16,21,22 directly refer to the **cost of bus tickets being an unreasonable barrier to access pharmaceutical services**.

4.154.1 *"Those on repeat medication may forgo their medication if having to take public transport to obtain it and pay additional costs"*

4.154.2 *"Now, my pharmacy is now in Norwich city centre which is 30 mins from my university house. Each journey costs me £4.00 just to collect my prescription. My prescription is a vital one as I rely on my prescription due to being epileptic"*

4.155 E.g. Comments 1, 2, 3, 4, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21 directly refer to **the long walk to the nearest pharmacy to being an unreasonable barrier to access pharmaceutical services.**

4.155.1 *"I was under the impression there was one on campus but once i got here i discovered it had been closed and so now i have to do a 30 minute walk to pick up the XXX. Im* (sic) *prescribed every month and then a 30 minute walk back which isn't particularly accessible as exercise triggers my XXX. and the cold in the winter makes this walk so much worse! As disabilities go my condition is pretty mild but i know that this walk must be difficult for a lot of students at uea and i urge you to consider this when you make your decision! We're students, we cant all afford to have cars, we cant all afford to take a bus and we cant all manage to do that hour long walk to get the medication that helps us through our day to day lives!"*

4.155.2 *"I now have to use a Lloyd's pharmacy on Earlham West, which I tend to drive or bike to as it's a bit too far to walk to…Having to go further afield and use a car/bike to reach a pharmacy is an annoying inconvenience for me, but it must have a far more adverse impact on someone who is frail and elderly or disabled"*

4.156 E.g. Comments 2,3,4,7,9,11,13,14,17,18,21,22 directly refer to current **lack of a car/personal transport or ability to drive as being an unreasonable barrier to access pharmaceutical services** for the affected population.

4.156.1 *"I would like pharmacy reinstated at UEA in Norwich, Norfolk. I live locally and find finding a pharmacy in my area an issue, as two have closed locally, and they're now much further away. I do not have a car which makes it much more difficult to access medication when I need it. I'm sure there are many older people like me who find it much more difficult too, especially those with mobility issues"*

4.157 Comments 3, 4, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 21 directly provide further evidence that **people who share a protected characteristic are currently experiencing difficulties accessing pharmaceutical services to meet their specific needs**. **They also provide evidence that the application benefit will provide significant improvements to access of pharmaceutical services to these affected population groups**. **E.g.:**

4.157.1 *"My son is student at UEA and XXX. and needs access to XXX. regularly. Aside from that there are many other students with disabilities who need close access to a pharmacy. Moving away from home and managing a chronic condition is hard enough, adding in travel complications to just get medication is unfair and potentially dangerous. Please keep the pharmacy for the thousands of students and local residents alike."*

4.157.2 *"I was reliant on public transport, did not have my own car and was on an extremely limited budget. It would have either involved a bus journey off campus (where I rarely went except to go "home" for the weekend - I still had that at that point) - or a walk on to the West Earlham estate which I would have found intimidating having just moved into Norwich and not having realised it's not actually that rough a place compared to XXX. where I came from"* "As a disabled mature student with two disabilities: XXX. and XXX.. - who has really struggled in the past with basically no support network from family and friends"

4.157.3 *"social issue of a young and (sic) deprived student having (sic) to walk into a higher end store like waitrose which with anxiety is hard to do due to the social stigma around it"*

4.157.4 *"We need our pharmacy back at the uea I and my wife have disabilities due to caring for our disabled daughter now for XXX. years this chemist was walkable ĵjust* (sic) *on bad days it appeared to be well used by many people including students I was very surprised when it closed and I feel it was a rushed decision probably due to money does not that always come before people please bring it back thing* (sic) *about elderly and disabled people as well as the students"*

4.157.5 *"By creating this physical barrier to students, it would disway* (sic) *them to get the medications they need within their busy schedules. This isnt to add that it creates barriers further to those students with Mental amd* (sic) *Physical Disabilities. Alongside neurodivergent students"*

4.157.6 *"I'm signing as a disabled student and as someone who struggles with mental health. If I hadn't moved closer to another pharmacy in my second year, I would have been completely incapable of picking up my prescriptions - it's still difficult even now. It's wrong that such an important thing should be taken from students."*

4.157.7 *"The closure has made it harder for me to access my medication, which can have detrimental effects on my mental and physical health if I do not have my medication"*

SECTION 8: THE STATUTORY TESTS

4.158 The statutory tests are set out under "The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013" (the "Regulations"). In particular the application should be assessed under Regulation 18.

4.159 The first test is whether an application for the improvements for people living in the University ward Norwich locality, and the wider Norfolk area has been considered under the Pharmaceutical Needs Assessment for Norfolk 2022 (the "PNA").

4.160 As shown below the PNA does not foresee the benefits of this proposal. As such this application is an 'unforeseen' application and Regulation 18 applies to its assessment.

4.161 Other aspects of the Regulations are Regulation 18 (2)(a)(i) whether significant detriment to proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB would occur and Regulation 18(2)(a)(ii) whether significant detriment to the arrangements the NHSCB has in place for the provision of pharmaceutical services in that area would occur.

4.162 There is no evidence that granting the application would cause significant detriment to proper planning for provision of pharmaceutical services or the existing provision of pharmaceutical services in the area. It will not cause significant detriment to closest two Pharmacies to University ward given a Pharmacy existed on the application site for the past 18 years until it's closure in July 2023. Indeed, the application proposal is in part a reaction to the closure of all three pharmacies in the University ward area in

the Norwich locality, and as such the proposal will not affect the proper planning of pharmaceutical services.

4.163 The other aspects that an applicant can ground their application on includes Regulation 18 (2)(b) (ii) and (iii) being that a proposal will support the needs of people who share a protected characteristic and innovative approaches are being taken.

4.164 In terms of protected characteristics as shown below there are a variety of groups that live in this area that would be groups that share protected characteristics, which have been disadvantaged with the closure UEA Boots in July 2023 and the previous two pharmacy closures in University ward in 2020.

4.165 The Regulations have been in place for 10 years and are well understood. They have been distilled into the central issue of whether a proposal will provide better access to pharmaceutical services (Regulation 18(1)(a)) and whether there is reasonable choice of pharmaceutical services (Regulation 18(2)(b)(i). The Regulations provide no guidance as to what is “better access” or “reasonable choice”, such matters are determined by the facts of the case.

4.166 Better access and reasonable choice are clearly evident in this case where there is an evidential context that shows that three busy and well-used pharmacies have closed, despite the significant, expanding population of University ward and increasing demands for pharmaceutical services of the local student and visitor community.

SECTION 9: REVIEW OF THE PNA

4.167 The proposal site sits within the boundary of the Norfolk PNA 2022 (the “PNA”). The proposal in University ward sits within the Norwich locality.

4.168 The PNA does not foresee the closure of Boots UEA branch and does not foresee the potential changes in patterns of movement and the accessibility concerns that have resulted following the closure of the only remaining Pharmacy in University Ward in Norwich locality.

Community pharmacies per 100,000 population

4.169 Table 20 shows the numbers of community pharmacies over recent years compared national averages. Most recent year recorded 2020-21 displays average number of 20.1 community pharmacies per 100,000 population in England compared with significantly lower value for Norfolk at 17.2 community pharmacies per 100,000 population.

Population growth

4.170 Table 4 on page 35 of the PNA predicts a 1.7% population growth over the lifetime of the PNA in Norwich locality from 142,177 in 2022 to 144,570 in 2025. Page 110 of the PNA in reference to the Norwich locality details new housing developments are planned for the locality during the period of this PNA: approximately 3,800 dwellings to house just over 9,000 people.

4.171 Regardless of whether the population is predicted to grow by 9000 people or 2,393 people the population growth when assessed against Pharmacy closures and Pharmacy hours reductions actioned through the duration of the PNA will undoubtedly have a reduced impact of choice and a correlated impact on the number of Pharmacies per 100,000 population figures.

4.172 Page 110 of the PNA details The University of East Anglia is based in Norwich, which has approximately 14,000 students. The actual number of students is in fact 18,008.

4.173 This is a substantial increase in students, coupled with the closure of the UEA Boots branch represents a dramatic change in circumstances. (Appendix 10)

4.174 The PNA goes on to conclude that 'there is generally good provision and access to all of the available services from community pharmacies in Norwich'.

4.175 This shows that this significant population growth of 4,008 students was unforeseen in the PNA.

The chlamydia detection rate

4.176 Community pharmacies in Norfolk are contracted by NCC to provide a sexual health service that includes the provision of Emergency Hormonal Contraception (EHC), chlamydia screening and treatment, and provision of condoms.

4.177 The chlamydia detection rate in Norfolk during 2020 was 1,468 per 100,000. Chlamydia screening for those aged 15–24 during 2020 was 18%, significantly higher than the national value of 14.3%. Chlamydia detection across Norfolk in pharmacies is evenly split, with most positive tests in pharmacies coming from West Norwich near the university (Figure 22).

4.178 Page 111 of the PNA 2022 details that The chlamydia detection rate in Norwich was 1,819 per 100,000 and screening proportion (21.9%) are both higher than the national and Norfolk averages and is suggestive that screening is being correctly targeted towards higher-risk groups.

4.179 Page 121 of PNA 2022 concludes that *'Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services either now or in specific future circumstances across Norfolk to meet the needs of the population.'*

4.180 Although there are 143 providers of this service in Norfolk as of April 2022 as described in the PNA 2022. The closure of a substantial number of Pharmacies since publication of the PNA including the Three closures in the local vicinity of the application site must be considered.

4.181 The Location of these providers must be considered in more detail than counting the total providers in the county. For example, as per application supporting statement, the 2022 PNA makes specific of the high numbers of Chlamydia screening and detection at the site of the University. The highlighted provider mentioned here was the recently closed UEA Boots branch trading from the same site as the application site.

4.182 The location of the UEA Boots site was a fundamental element of its accessibility to provide these relevant services. Matters of access and choice of Pharmacy are inextricably linked. The closure of Boots UEA branch, unforeseen in the PNA, has therefore had a material impact on choice of Pharmacy in the locality.

4.183 Page 120 of the PNA in relation to Advanced services concludes *'There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to Advanced Services in Norfolk'.*

4.184 The launch of the NHS Pharmacy first service and NHS Contraception service as discussed in section 5, and the demand for these advanced services will not have been considered effectively as shown by this conclusion above. These services are also application benefits to University ward that were unforeseen in the PNA.

Public questionnaire

4.185 A public questionnaire about pharmacy provision was developed and compiled by Norfolk PNA Steering Group. 1,522 responses were received from the public questionnaire and are detailed in the PNA.

4.186 On Page 91 of the PNA, Table 29 in the PNA Displays Demographic analysis of the community pharmacy user questionnaire respondents.

4.187 Demographics of the survey details that 0% of the total 1,552 respondents fell into the 18-24 years of age category.

4.188 Most UEA Students fall within this 18-24 years old age category. The vast majority of UEA students 88% fit between 16-20 and 21-24 years old categories (Appendix 22)

4.189 The above demonstrates that the survey carried out as part of the 2022 PNA did not consider the views of students and their need for pharmaceutical services. This further serves to evidence that the benefits in the application related to students' specific health needs is not considered in the PNA, and is unforeseen in the PNA.

Supplementary Statement November 2023 to the PNA details closure of a Pharmacy central to this application matter:

4.190 23. Notification of closure and removal from the pharmaceutical list in respect of a specific pharmacy premise (sic)

4.191 Boots, University of East Anglia, Bluebell Road, Norwich, Norfolk, NR4 7LG ceased to provide pharmaceutical services on 28 July 2023.

4.192 The closure of Boots UEA branch is recorded amongst a very long list of reductions in opening hours for Pharmacies in Norwich city and surrounding areas.

4.193 Unlike the statement issued after the closure of Lloyds Pharmacy Colman road in 2020 (in reference to the preceding PNA to the current one shown in section 4), the wording in the supplementary statement clearly does not indicate '*that the closure does not result in a gap in service provisions being created'*. This difference in conclusion suggests a gap may exist, particularly given the UEA Pharmacy location is specifically mentioned in the main body of the PNA 2022; when it discusses the Pharmacy services of a specified nature, namely chlamydia detection and treatment and EHC provision.

4.194 Page 110 of the PNA details that 'There are 31 community pharmacies including one DSP' in Norwich locality.

4.195 The application supporting statement and the UEA letter of support clearly describes why UEA students, residing on campus in halls, or residing off campus in HMOs, cannot access deliveries from DSP services.

4.196 Page 119 of the PNA concludes *'There is no current gap in the provision of Necessary Services during normal working hours across Norfolk to meet the needs of the population'.* It is questionable what level of re-assessment was given to the PNA on maintaining this conclusion and not identifying a gap in provisions given the closure of UEA Boots Pharmacy.

4.197 While the PNA discusses choice of pharmacy providers in Norwich locality on page 110, if fails to note the reduction in pharmacy providers will reduce choice, particularly given the population growth in the area. Indeed choice has (and will have) reduced by numerous closures and reduction in opening hours since the publication of the PNA:

4.198 PNA Supplementary Statement November 2022 to the Norfolk PNA 2022 details four Norwich pharmacies reducing their opening hours:

4.199 Point 5 NR7 Reduction of 11.5 Hours

4.200 Point 12 NR1 Reduction of 7 Hours

4.201 Point 13 NR3 Reduction of 13 Hours

4.202 Point 15 NR1 Reduction of 8.5 Hours

4.203 PNA Supplementary Statement February 2023 to the Norfolk PNA 2022 details closure of a Norwich Pharmacy:

4.204 5. Removal from the Pharmaceutical List

4.205 Medsio Ltd trading as Drayton Pharmacy, Drayton Medical Practice, Manor Farm Close, Drayton, Norwich, Norfolk, NR8 6EE ceased to provide pharmaceutical services on 1st January 2023 and was removed from the pharmaceutical list for the area of Norfolk Health and Wellbeing Board from that date.

4.206 The Norfolk PNA Steering Group are unable to reach a conclusion regarding the impact of this closure at this time.

4.207 PNA Supplementary Statement May 2023 to the Norfolk PNA 2022 details one Norwich pharmacy reducing their opening hours:

4.208 Point 8 NR5 Reduction of 4 Hours per week

4.209 The May 2023 supplementary statement to the Norfolk PNA 2022 also details the closure of three extended hour NHS Pharmacies in Norwich representing a further reduction of 300 opening hours per week:

4.210 13. Removal from the Pharmaceutical List

4.211 Lloyds Pharmacy, Sainsbury's Superstore, 1 Brazen Gate, Off Queens Road, Norwich, Norfolk NR1 3RX will cease to provide pharmaceutical services on 12th July 2023 and will be removed from the pharmaceutical list for the area of Norfolk Health and Wellbeing Board from that date.

4.212 14. Removal from the Pharmaceutical List

4.213 Lloyds Pharmacy Ltd trading as Lloyds Pharmacy, Sainsbury's Superstore, William Frost Way, Costessey, Norwich, Norfolk, NR5 0JS will cease to provide pharmaceutical services on 25th July 2023 and will be removed from the pharmaceutical list for the area of Norfolk Health and Wellbeing Board with effect from that date.

4.214 18. Removal from the Pharmaceutical List

4.215 Lloyds Pharmacy Ltd trading as Lloyds Pharmacy, Sainsbury's Superstore, Pound Lane, Dussindale Park, Thorpe St Andrew, Norwich, Norfolk, NR7 0SR will cease to provide pharmaceutical services on 23rd July 2023 and will be removed from the pharmaceutical list for the area of Norfolk Health and Wellbeing Board with effect from that date.

4.216 PNA Supplementary Statement November 2023 to the Norfolk PNA 2022 details four Norwich pharmacies reducing their opening hours:

4.217 Point 9 NR1 Reduction of 2.5 Hours per week

4.218 Point 11 NR2 Reduction of 24 Hours per week (core hours)

4.219 Point 15 NR5 Reduction of 28 Hours per week (core hours)

4.220 Point 18 NR5 Reduction of 12 Hours per week (core hours)

4.221 PNA Supplementary Statement March 2024 to the Norfolk PNA 2022 details one Norwich locality pharmacy reducing their opening hours:

4.222 Point 5 NR5 Reduction of 28 Hours per week (core hours)

4.223 The impact of the above changes, when considered together with closure of the UEA Boots Pharmacy branch, represent a **substantial total reduction in 527.5 hours per week in the Norwich locality over the lifetime of the PNA from November 2022 to date**.

4.224 The impact of the other two University ward Norwich Pharmacy closures detailed in section 3 are not included within this and therefore the impact of changes over the past 3 years will have impacted accessibility to pharmaceutical services in university ward Norwich more substantially than indicated by the PNA conclusions.

4.225 PNA predates the closure of UEA Boots Pharmacy and cannot have foreseen this event. The closure is a significant change in the number of pharmacies in the University ward area leaving none at present.

4.226 The loss of the Boots UEA pharmacy significantly reduces the choice and accessibility of pharmaceutical services to large populations in University ward and the wider Norwich Locality.

4.227 The proposal is clearly unforeseen in Norfolk PNA 2022.

SECTION 10: HEALTH CARE IN UNIVERSITY WARD

4.228 As mentioned above, University Ward of Norwich no longer has any community Pharmacies. Residents of University Ward and the substantial number of visitors into the area are forced to walk outside of the area to socially distinct neighbourhoods to access Community Pharmacy services.

West Earlham

4.229 The closest Pharmacy north to application site involves 24 minute (1.0 Mile) walk crossing roads avoiding the cycle paths that dominate Bluebell road via circuitous route through a socially distinct residential neighbourhood; West Earlham (Appendix 23). It should be noted attachment of google maps does not accurately identify the pedestrian paths and involves navigating the roundabout like a cyclist.

4.230 Allied Pharmacy is co-located with West Earlham health centre with patient list 12,650; PHE shows deprivation within this practice population group score of 2/10 IMD (with the lowest score indicating the most deprived practice population in comparison with others).

4.231 Google maps images evidence pedestrians walking in the cycle only lane to avoid a variety of barriers in the less well maintained pedestrian pavement route, including having to squeeze between parked cars and resident dustbins. This presents risk of collisions between pedestrians and cyclists. Traffic along this section is heightened during the school term time. The small car park associated with Allied Pharmacy is already heavily used with cars having to park at 90 degree angle to the road and then reverse out into traffic posing difficulty for patients with disabilities and those travelling with young children.

4.232 There is no public transport link to this location; UEA campus halls residents, staff, students and visitors to the UEA have no other natural reason to visit this locality.

4.233 Application details why the (24 minute) 1 mile walk to Allied Pharmacy in West Earlham from the university halls of residence on campus (Appendix 23) is an oversimplification when considering accessibility of this Pharmacy to student campus residents. The separate, and socially distinct nature of West Earlham when compared to the University Campus environment must be given due consideration. News stories of antisocial behaviour and attacks targeting students as described in this article (Appendix 24) are prevalent and represent a significant deterrent to students that are currently forced to this area to access pharmaceutical services. This point is further evidenced in comment 21 submitted by a student to PCSE shown in Appendix 21.

4.234 https://www.edp24.co.uk/news/23946710.uea-students-car-smashed-norwich-vandal-spree/

4.235 *"There is anti-social behaviour here every single day. I wasn't surprised when I found thugs had ransacked the area and smashed car windows because youths in this area don't have fear of reprisals or comeuppance - they have no respect"*

4.236 Appendix 25 shows a crime map of West Earlham and its surrounding areas and neighbourhoods. A very clear distinction can be drawn between the University campus area and the West Earlham areas. (Source: https://niceareas.co.uk/)

4.237 As per application supporting statement the UEA campus is a safely maintained environment for students and in particular students suffering with anxiety to leave the campus environment. A lack of a Pharmacy on the campus disrupts this.

4.237.1 "Our campus is set on the edge of the city in a green area with low crime rates and we have teams of people dedicated to making sure our campus and accommodation are safe places to live and study"

4.237.2 "Our security teams patrol our campus. These friendly teams, employed by the University, ensure the safety of the campus 24 hours a day, 7 days a week, even through university holiday periods.

4.238 These security teams:

4.238.1 are trained in first aid

4.238.2 patrol campus regularly

4.238.3 monitor our campus-wide CCTV systems (Appendix)

4.238.4 monitor and respond to all alarms raised through SafeZone" (Appendix 26)

Waitrose Eaton Boots branch

4.239 Cringleford, to the south of the application site, is the centre extensive house building; with a continually expanding population set to reach 7,000 by 2026 according to parish council neighbourhood plan (Appendix 27). Population growth puts additional pressure on Boots Pharmacy inside the busy Eaton Waitrose store. This long winding unsheltered 25 minute walk 1.2 miles miles (sic) away from UEA medical centre, and even further from student residences is the second closest pharmacy to application site. (Appendix 28) Unsurprisingly, there is no direct bus route from the University to the most expensive supermarket chain in the UK. Majority of students do not earn an income and will unlikely derive any other additional benefit from this location.

4.240 Whether to Waitrose Boots or Allied Pharmacy, Bluebell road's dominating cycle path network restricts the remaining pedestrian routes to barely 2 foot wide path for substantial sections which are bordered by vegetation overgrowth and fallen foliage slip hazards. (Appendix 29) Pavement sections where cyclists share with pedestrians are dangerous.

4.241 (Appendix 30)

4.242 https://www.nchlibdems.org.uk/news/article/bluebell-road-shared-pedestrian-cycle-path-apotential-deathtrap

4.243 These long journeys on foot with attached difficulties are a physical access barrier to these locations, particularly during adverse weather or in hours of darkness. Elderly people, those with young children and disabled people are disproportionately disadvantaged to a greater extent by these physical barriers.

4.244 The UEA student population with disabilities is substantial; include 511 who have long standing health conditions requiring regular trips to the pharmacy, 71 who have mobility issues and 83 who are deaf or severely/completely blind. (Appendix 10)

4.245 When compared with application site; these two alternate Pharmacy locations in completely different socio-economic environments also confer a mental psychological barrier to access. If the committee would empathise for a moment, how a student might feel about asking a team member in Waitrose for a free contraception pill consultation or a free chlamydia test kit after a considerable walk to a distinctly different neighbourhood from campus. Although all student groups are likely to be affected by these psychological barriers; it is likely to lead to discrimination and unequal opportunity for student groups suffering with conditions such as anxiety or autistic spectrum disorders. This significant sub-section of UEA students will be at comparative disadvantage to those that do not share their protected characteristics.

Other Community Pharmacies

4.246 Other Pharmacies are located in the easternly direction towards Norwich city centre. The distance and time involved in getting to these sites will mean walking is not an option for most of the relevant population. These Pharmacies in the city centre are accessible by bus, but given the deprivation characteristics of the area as described in section 3; the cost of tickets will be a barrier to accessing these sites.

SECTION 11: ASSESSMENT AGAINST THE REGULATION 18 TESTS

4.247 Regulation 18 (20)(b) (i-iii) is well known and sets out the following:

(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of-

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB;

(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access; and

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services

granting the application would confer significant benefits on persons in the area which were not foreseen when it published its pharmaceutical needs assessment.

Reasonable Choice

4.248 The first consideration is whether there is a reasonable choice with regard to obtaining pharmaceutical services in this area. At present the University ward has a population of 14,551 (Appendix 7). It has been shown above, since the closure of all three pharmacies in University ward over the past 3 years, that there are currently no

Pharmacies located in University ward; and the population must travel to neighbouring areas to access a Pharmacy.

4.249 On its own this is clear evidence that University ward within Norwich locality does not have a reasonable choice of pharmaceutical services.

4.250 In addition, as presented above, the number of students at UEA has increased substantially by 4,000 since the publication of the PNA which generates an increased demand for local healthcare services including pharmaceutical services.

Face to face appointments at the 21,008-patient list single-site UEA medical centre.

4.251 As shown above in section 3, given that 98% of appointments at the UEA medical centre are held in person on site; this creates a focussed demand on Pharmacy services given there will be a significant population at the vicinity of the application site that require the dispensing of an acute prescription and requiring advice from the Pharmacist. (Appendix 5)

UEA campus as a Hub

4.252 Clearly being recognised as a Local Centre, with a wide variety of community uses to support the local people, UEA campus is an ideal location for health care services and the provision of a pharmacy. The UEA campus application site attracts all sections of the community from very young children with their parents to elderly people in the neighbouring Avenues and Bluebell community of University ward. In addition to academic buildings, amenities include on-campus residences, a Supermarket, Nursery, Dentist, Post Office, Faith centre, Laundrette, Norwich research centre, Norwich Sports Park, walking trails, Hotel, Sainsbury Art centre, access to Norfolk and Norwich NHS Hospital site, various restaurants and cafes. (Appendix 31)

4.253 Providing a pharmacy within UEA medical centre site will provide on site advice and access to a variety of medications and treatments without the need to visit a GP. This will help ease well-publicised pressures on the UEA medical centre and the wider primary care team.

Population of University ward in Norwich locality

4.254 Please refer to details set out above in section 3 of this document.

4.255 In summary the resident population of 14,551 people is significant enough to support an independent owned Pharmacy alone. This has been demonstrated by the fact that three separate Multinational chain owned Pharmacies were sustained in the area for a considerable amount of time. The UEA Boots branch was in situ for over 18 years. In addition to the resident population, the significant traffic of visitors to the UEA medical centre and UEA campus create a focussed demand for pharmaceutical services.

Deprivation characteristics

4.256 33.3% of University ward population fit in the 2/10 Decile of the IMD which evidences severe deprivation characteristics. A further 16.7% of the population fit into the 3/10 Decile. (Appendix 7)

4.257 Just 27.1% of the population are economically active compared to the England average of 58.6% (Appendix 7)

Very low level of car ownership

4.258 The graphic in Appendix 8 shows a significant 55.7% of substantial areas of University wards population have no access to a car or a van. Compared with the rest of Norfolk

the population of University wards have much lower than average car ownership (as detailed in the application form Appendix 1)

Travel Matters

4.259 The accessibility of West Earlham Allied Pharmacy and Eaton Waitrose branch of Boots will be the principal consideration. Since the closure of UEA Boots Branch the walk for people at UEA medical Centre to a pharmacy has now increased from 0.0 miles to 1.0-1.4 miles and takes these people outside of their community into a separate neighbourhood.

4.260 There is no direct public transport link between these locations. This increased distance is substantial and therefore granting this application will confer significant benefits to the population of University ward.

4.261 The journeys to both of the above mentioned pharmacies are detailed in section 10 above.

4.262 There is no guidance provided dealing specifically for access distances to pharmacies for any population and none that provide any advice for access for people that would be classed as among the elderly groups of society. However, having to increase the walking distance to a pharmacy is a clear reduction and deterioration in services for the local population.

Other Needs in the Area

4.263 It is noted that there is a significant elderly population of University ward to consider.

4.264 There are also two schools in area around the proposal site:

4.265 Bluebell primary school - 234 children

4.266 City academy Norwich, Bluebell road - 668 children

4.267 These children will have demands for health care and pharmaceutical services, which the proposal site is well placed to meet.

Secure Improvements

4.268 It is shown above that University ward in Norwich locality has no pharmacies. The population of University ward have seen a reduction of three pharmacies in recent years and that decline has culminated with the closure Boots UEA branch. The opening of a new pharmacy will support the existing community and help to sustain a proper level of service. It will clearly secure improvements for the UEA campus population, students, staff, visitors, and Bluebell community residents.

4.269 For many patients locating a new pharmacy within UEA medical Centre will remove the need to make a bus journey elsewhere to access a pharmacy. For others it will allow them to return directly home to commence their recovery from illness without having to make multiple bus trips.

Better Access

4.270 The access issues for the people in University ward of Norwich locality are set out above in section 10 and the application submissions. With the closure of Boots UEA branch there are no pharmacies within a sensible 15-20 minute walking distance of the proposal site.

4.271 For those without private transport that cannot afford to pay for bus tickets or taxis, a pharmacy within walking distance will significantly improve their access to pharmaceutical services.

4.272 Even for those that do use public transport, and the private car, having a pharmacy within the UEA medical centre within University ward area and on a bus route to the city will mean that patients can benefit from a more accessible and useable pharmacy. And will not incur the expense and timing consuming trips to visit other pharmacies in socially distinct neighbourhoods that they had no intention of visiting, and also where parking availability is limited.

4.273 Consider the students, staff and visitors to UEA campus that do not reside close to University and may need to make trips elsewhere in the county and beyond after a day of work or study engagements.

Protected Characteristics

4.274 The proposal will cater for people of protected characteristics.

4.275 Please refer to section 3 above for expansion on this point.

4.276 Students and disabled students are particularly significant subgroups of the local population of relevance here. Children and elderly people living in the University ward would also be groups with shared protected characteristics. These protected groups are having to make long journeys into distinct neighbourhoods as described in the evidence presented above. Many are unable to walk the journeys and many would not have access to a private car. The proposal will address this matter and will ensure that a full pharmacy service is provided to these protected groups.

Innovation

4.277 Applicant is aware it is difficult to provide evidence of innovation (in such a way that this regulatory test is met) given the narrow definition of pharmaceutical services and the inability to offer these innovatively when commissioning and specification of services is inflexible. However, the applicant would also ask the Committee to have regard to the clear benefit to be derived through providing an integrated primary care service to patients where the GPs at the medical centre, and University student wellbeing support and disability support teams are much closer to the operation of the pharmacy.

Summary

4.278 Overall, having considered the requirements of Regulation 18 the proposal should be granted as there is not reasonable choice of pharmacy services in the University ward area of Norwich locality and the Norfolk and Waveney HWB area specifically bearing in mind the localised issues of population growth, student numbers growth, focussed need for specified services to the University population, the below average number of pharmacies for the scale of population involved, changes and reduction in the patterns of health care provision, and distances to the existing pharmacy network in Norwich. The proposal will confer significant benefits to the University ward, and wider Norwich population, and these benefits are wholly unforeseen in the PNA.

CONCLUSION

4.279 In conclusion, in applicant's opinion NHS England were correct to grant the Applicant's application, as the tests set out in Regulation 18 have been clearly met.

4.280 University ward is an area of Norwich that does not have a reasonable choice of pharmacy services and is clearly in need of better access to pharmacy services.

4.281 Following assessment of the circumstances of this part of Norwich the applicant contends that the application is an unforeseen proposal that will satisfy the requirements of Regulation 18.

4.282 There is substantial evidence which demonstrates that residents of the area find access to pharmaceutical services extremely difficult. Applicant therefore urges the Primary Care Appeals committee to approve this application for the reasons provided above and can confirm that the Applicant and their representatives would wish to attend an oral hearing if one is convened.

SECTION 12: DISPUTE OF INDIVIDUAL POINTS RAISED IN APPEAL LETTER

4.283 This response below was submitted as a response to the appellant's letter as part of the application process, which as mentioned in section 1 is identical to the appeal letter:

4.284 A lot of disputed comments requiring further clarification of facts in this letter, taking each comment in turn.

4.285 Letter makes clear on several occasions that the commenter's concept of the benefit, pharmaceutical services, consists solely dispensing prescription items. In actual fact the benefit includes the entire spectrum of contractual NHS pharmaceutical services stretching from providing support with NHS new medicines and administering NHS flu vaccines, to the safe disposal of unwanted medicines. Locally targeted health promotion activity and locally commissioned sexual health services, as evidenced in PNA 2022, also form a key part of this application. Other relevant services to the application are Pharmacist advice support for self-care, NHS minor ailments advice and treatments, and the NHS Pharmacy First and NHS CPCS patient pathways services.

4.286 Addressing comments about NHS items dispensed, and use of the Boots branch. Although the subject is discussed in the application statement already, the committee should note that the applicable legal test here does not involve speculation as to why the withdrawn Boots UEA branch that previously occupied the application premises did not dispense more than 4126 items (Dispensing month March 2023 NHS BSA dispensing data extract shown below) in any given month this year. The UEA medical centre holds 98% of its appointments face-to-Face in person (*see attached GP Dashboard screenshot -Appendix 5*) And most of the prescriptions are 'acute issues' therefore are medicines prescribed are of a time-sensitive nature. 2232 and 2295 Prescription forms were acute issues in November and December 2023 respectively. It is inappropriate for such a significant number of people who will be in the vicinity of the application site to be forced to travel to a pharmacy off campus and likely in an unnatural direction to collect these time-sensitive treatments. (*Source Data to evidence the number of acute issues can be provided by applicant on request)*

4.287 The committee may be aware that in a recently published inquest into the unfortunate suicide of a UEA student, the coroners concluded 'delays to treatment' as one of four key contributory factors.

4.288 https://www.bbc.co.uk/news/health67658492?fbclid=IwAR0_KP5WbwPBbWMPFIcqrFpJkLCSPyU2kmlO6Fmgw9BtMyL80mtIZ4ZE8ig

NORFOLK AND WAVENEY ICB	FAV81	BOOTS	UNIVERSITY OF EAST ANGLIA	2,819	4,126

4.289 Contrary to the comment, the Boots branch was well used; evidenced by the EPS nominations data prior to its closure as discussed in application statement. This is hard evidence that the Application premises would provide significantly improved access to

a community Pharmacy, given the number patients that decided to nominate it as a preferred Pharmacy for EPS.

4.290 Committee should note that Community Pharmacies are not paid per patient registration like GP practices, but instead, are remunerated per service activity provided or per item they have dispensed each month in retrospect. Therefore, granting this application will not have any negative financial impact on ICB area overall. In fact, community pharmacies deliver substantially more in benefits than they receive in compensation, providing excellent value to the Department of Health and Social Care.

4.291 https://cpe.org.uk/wp-content/uploads/2016/09/The-value-of-community-pharmacy-summaryreport.pdf

4.292 For the commenter to suggest that only patients with asthma and diabetes require pharmaceutical services is obviously inaccurate. This an unhelpful statement and clearly inconsiderate to the vast majority of the population that are registered for NHS services that do not live with these two long term conditions. It should be noted that many students and residents local to the application site suffer with diabetes and asthma amongst other LTCs.

4.293 The comment regarding disabled students. The commenter accepts that 71 students with physical impairments and mobility, plus 83 deaf or blind students are a relevant population group that will experience greater than average difficulties accessing pharmacy services off campus. This population group's requirements must be considered carefully.

4.294 The letter of appeal made light of specific health needs of students and students with a specific learning disability, both significantly large subsections of population of Norwich. The appeal letter evidences the appellant's lack of understanding of local health needs and it is therefore consistent that the appellant failed to understand the correct decision of the commissioner to grant the application under the regulations 18(2)(b).

4.295 The individual needs of patients suffering with a specific learning disability (1,040 students) are discussed in application supporting statement.

4.296 The considerable population (1,093 students) that suffer a mental health condition disability, which cannot be a pleasant ailment to live with during the best of times, are now being forced away from campus during times of heightened illness to obtain prescribed medicines and other pharmaceutical services. The needs of these patients that share this protected characteristic, and the impact of withholding or delaying the application benefits to these patients must be considered carefully as per the regulations.

4.297 It is important to note that students with disabilities are given preference for places in the UEA campus halls of residence. The reasoning behind this policy is self-explanatory. Therefore, the percentage of students with disabilities actually living on campus is likely higher than the 20% figure quoted by the commenter in reference to the entire 17,638 student population.

4.298 When considering accessibility, primary consideration is whether alternative community pharmacy providers are sensible options and easy to get to physically, mentally or socially and the services provided at alternative pharmacies are mindful of the specific needs of the significant population groups concerned with this application.

4.299 Reference to the google maps attachment in supporting documents with the application. The walk for a student in Norfolk Terrace halls of residence, to unnaturally detour to West Earlham for any particular pharmacy services after an appointment at

the UEA medical centre is 2.4 miles. This journey is wholly unreasonable, and simply not realistic for students with disabilities as described above.

4.300 Comment regarding 4391 student residents referred in the UEA letter. To clarify, the UEA letter of support for the application, referred to 715 students that reside in the UEA village, located at the Earlham road entrance of the UEA. The distance between UEA Village and the UEA medical centre is less than a mile. For a student resident to visit the UEA medical centre and then take an unnatural walk away from all University and everyday facilities to West Earlham doctor's surgery pharmacy for pharmaceutical services before returning back to UEA village is unreasonable for this significant population.

4.301 The remaining 3676 students live in the halls of residences on campus as per the map in the application. Contrary to the opinion of the commenter, this is a large population who have specific health needs, evidently misunderstood by the commenter, that must be considered in line with the regulations.

4.302 *Appendix E* is a google maps photo evidencing pedestrians walking in the path with mandatory road sign 'Route to be used by pedal cycles only' on Bluebell road. This is common occurrence particularly during busier times. *Appendix F* Google maps photo shows examples of obstacles in the pedestrians route. One can only speculate why pedestrians decide to disregard the road signs and walk in the relatively more dangerous sections. The walking routes to Pharmacies off campus already force patients to compete with cyclists for space on shared sections of the path with the road signs: 'segregated pedal cycle and pedestrian route.' The point being made in the application support statement is clear; these cycle only and shared cycle and pedestrian lanes on Bluebell road pose a risk of dangerous collisions between cyclists and pedestrians. For disabled students forced to make this extra journey before returning home after a visit to the UEA medical practice e.g. at times of worsened mental health illness, if they suffer with impaired mobility, if they are blind, partially sighted or deaf; these risks are heightened; and these extra journeys must be considered carefully.

4.303 Other comments in relation to access on foot are well described in the application statement, and evidenced by the attachments to the application, response comments to both the Local MP's survey and the UEA SU petitions, and in the 'Unsolicited comments' discussed in Section 6.

4.304 Allied Pharmacy Earlham west branch car parking spaces require vehicles to cross the pavement and park at 90 degrees to the road, usually nose in and reverse out into moving traffic. This has obvious inherent dangers. Reversing out of spaces involves some of the vehicle protruding into the roadway before the driver can see oncoming traffic, affecting traffic and cyclist safety. The bus stop on the opposite side of the road causes further traffic hazards and congestion in that part of the road. During busy times it leads to difficulty getting young children in and out of cars. This also applies to patients that use mobility aids. (Reference: Manual for streets) In contrast, as per application statement; alongside patient parking bays on University drive, the two accessible parking bays for disabled people on doorstep of the application site at the University Medical Centre are without any such associated dangers. Application site will therefore secure reasonable choice for patients that appreciate it is unsafe to reverse their vehicles into oncoming traffic.

4.305 It is relevant to note that the commenter is based in St Helens, Merseyside. And may be unfamiliar to the area local to the present matter as they have only recently purchased the branch from Lloyds Pharmacy.

4.306 The comment on using public transport- 2022 PNA survey on pharmacy user behaviour is adequately discussed in the application statement. As is cost of bus tickets to the main patient groups defined by the application that do not derive an income. Further evidence provided in section 3.

4.307 The comment about this significant population using cars to drive to pharmacies in town has already been adequately addressed by application supporting statement. The relevant population in the vicinity of the application premises has a distinctly low level of car ownership. The census information attached to original application evidences this.

4.308 The commenter is poorly informed on the closure of the Boots UEA branch, their comments on the subject are disputed. Boots allowed the PCSE and the relevant NHS commissioners 10 months to process an NHS Change of Ownership application for the UEA branch. Boots made an unfortunately strained decision to withdraw services at the site because they were not given any indication for an end date to this process. The industry-norm for this process is 2 months. Boots justifiably exercised a sensible level patience with this COO process as they understood that their UEA Pharmacy provided significant benefits to several large population groups that would otherwise be without reasonable choices to access to pharmaceutical services. ***(Further detailed Evidence to reference this point, if deemed relevant to the legal test to grant this current application, can be provided to the NHS commissioning body upon request of the applicant if so required)***

4.309 Convenience comment. When considering the requirements of UEA students, UEA staff, Local residential community that have lost three community pharmacy providers recently; given the magnitude of this total population, the provision of pharmaceutical services benefit that fit in with their established daily movement patterns in relation to the UEA medical centre, Academic buildings, local services such as the campus post office and supermarket, and routes on and off campus would be just and completely rational.

4.310 UMC patient list size is incorrectly stated by the commenter who also displays a misunderstanding of the UEA medical practice workload. To clarify relevant facts, UEA medical centre (D82088) is a singular-site GP practice and cares for a list of 21,015 patients. Although located at the UEA, the site looks after a range of patients aged between 0-89 years old from a catchment area that covers most of Norwich including the significant resident community surrounding the practice. Data captured on 1 December 2023 (NHS Digital https://digital.nhs.uk/data-andinformation/publications/statistical/patients-registered-at-a-gp-practice)

4.311 In perspective, this singular-site GP surgery cares for the highest number of patients compared to any other surgery site (main or branch location) in the entire Norfolk and Waveney HWB area of 159 sites; with well over double the average GP practice patient list in England.

4.312 Patients have a choice as to which GP practice they register with. There are 159 GP Practice sites and branch sites in Norfolk and Waveney. 21,015 Patients have chosen to register with the UEA medical centre site because it is convenient to where they live, work, study or prefer it's location and offering over any of the other 158 GP sites in the HWB area. As per the application statement, this significant and consistently high patient list number, and the fact that all most all UEA medical centre appointments are held in-person; creates a focussed requirement for an on-site Pharmacy.

4.313 **It is naturally consistent that if this GP practice is well located for 21,015 patients requiring primary medical services, a Community Pharmacy will be of significant benefit at this same location. To conclude that a Community Pharmacy located within a purpose-built modern model GP practice would not secure significantly better access to such a considerable population of 21,105 patients would be irrational.**

4.314 The loss of an independent pharmacy service co-located with UEA GP practice looking after a significantly large population group puts undue pressure onto, and frankly undermines the work of primary care services and the wider ICB team. Currently NHS England and the Norfolk and Waveney ICB are expanding community pharmacy

services making them the first port of call for minor health needs and common conditions in line with the Fuller stocktake report. The ICB objectively support implementing the NHS Community Pharmacy Consultation Service pathway and the NHS Pharmacy First service approach to help relieve the workforce pressures for Primary care by ensuring patients with minor conditions are treated in Community Pharmacies rather than in the GP surgery. The utilisation of pharmacist advice and attention to minor health concerns is elastic if the pharmacist is in a convenient location to visit.

4.315 **It is therefore reasonable to conclude; patients who cannot access a Pharmacy, where they have been accustomed to visiting one without an appointment over the last 18 years, will naturally use their GP practice as a first port of call for minor health conditions given the purpose designed and built Pharmacy premises next door to it has been vacant since July 2023.**

4.316 For clarity, it should be noted that the application benefit, if granted, must and will provide pharmaceutical services to patients that are registered with any of the GP practices in the HWB."

4.317 [The Appendices referred to by the Applicant are contained in Appendix D for Committee]

5 Observations

No observations were received by NHS Resolution in response to the representations received on appeal.

6 Consideration

6.1 The Pharmacy Appeals Committee ("the Committee"), appointed by NHS Resolution, had before it the papers considered by the Commissioner, together with a plan of the area showing existing pharmacies and doctors' surgeries and the location of the proposed pharmacy.

6.2 It also had before it the responses to NHS Resolution's own statutory consultations.

6.3 On the basis of this information, the Committee considered it was not necessary to hold an Oral Hearing.

6.4 The Committee had regard to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ("the Regulations").

6.5 The Committee noted that the premises are within 1.6km of a controlled locality and therefore if the application were to be granted, the Committee would need to take into consideration whether the Commissioner has determined Regulation 50(1), Discontinuance of arrangements for the provision of pharmaceutical services by doctors.

Regulation 31

6.6 The Committee first considered Regulation 31 of the Regulations which states:

(1) A routine or excepted application, other than a consolidation application, must be refused where paragraph (2) applies.

(2) This paragraph applies where -

(a) a person on the pharmaceutical list (which may or may not be the applicant) is providing or has undertaken to provide pharmaceutical services ("the existing services") from -

(i) the premises to which the application relates, or

(ii) adjacent premises; and

(b) NHS England is satisfied that it is reasonable to treat the services that the applicant proposes to provide as part of the same service as the existing services (and so the premises to which the application relates and the existing listed chemist premises should be treated as the same site).

6.7 The Committee noted the Applicant's statement at 1.1 and had regard to the decision report which states "*The Committee noted it is not required to refuse the application under the provisions of Regulation 31.*" The Committee noted that there is no dispute that the Boots pharmacy which had occupied the proposed premises has closed and that there are no other pharmacy providers nearby. The Committee was therefore satisfied that it was not required to refuse the application under the provisions of Regulation 31.

Regulation 18

6.8 The Committee noted that this was an application for "unforeseen benefits" and fell to be considered under the provisions of Regulation 18 which states:

"(1) If—

(a) NHS England receives a routine application and is required to determine whether it is satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB; and

(b) the improvements or better access that would be secured were or was not included in the relevant pharmaceutical needs assessment in accordance with paragraph 4 of Schedule 1,

in determining whether it is satisfied as mentioned in section 129(2A) of the 2006 Act (regulations as to pharmaceutical services), NHS England must have regard to the matters set out in paragraph (2).

(2) Those matters are—

(a) whether it is satisfied that granting the application would cause significant detriment to—

(i) proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB, or

(ii) the arrangements NHS England has in place for the provision of pharmaceutical services in that area;

(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also NHS England's duties under sections 13I and 13P of the 2006 Act (duty as to patient choice and duty as respects variation in provision of health services)),

(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also NHS England's duties under section 13G of the 2006 Act (duty as to reducing inequalities)), or

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also NHS England's duties under section 13K of the 2006 Act (duty to promote innovation)),

granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;

(c) whether it is satisfied that it would be desirable to consider, at the same time as the applicant's application, applications from other persons offering to secure the improvements or better access that the applicant is offering to secure;

(d) whether it is satisfied that another application offering to secure the improvements or better access has been submitted to it, and it would be desirable to consider, at the same time as the applicant's application, that other application;

(e) whether it is satisfied that an appeal relating to another application offering to secure the improvements or better access is pending, and it would be desirable to await the outcome of that appeal before considering the applicant's application;

(f) whether the application needs to be deferred or refused by virtue of any provision of Part 5 to 7.

(g) whether it is satisfied that the application presupposes that a gap in pharmaceutical services provision has been or is to be created—

(i) by the removal of chemist premises from a pharmaceutical list as a consequence of the grant of a consolidation application, and

(ii) since the last revision of the relevant HWB's pharmaceutical needs assessment other than by way of a supplementary statement.

(3) NHS England need only consider whether it is satisfied in accordance with paragraphs (2)(c) to (e) if it has reached at least a preliminary view (although this may change) that it is satisfied in accordance with paragraph (2)(b)."

6.9 The Committee considered that Regulation 18(1)(a) was satisfied in that it was required to determine whether it was satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB.

6.10 The Committee went on to consider whether Regulation 18(1)(b) was satisfied, i.e. whether the improvements or better access that would be secured if the application was granted were or was included in the Pharmaceutical Needs Assessment ("the PNA") in accordance with paragraph 4 of Schedule 1 of the Regulations.

6.11 Paragraph 4 of Schedule 1 requires the PNA to include: "a *statement of the pharmaceutical services that the HWB had identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied (a)* ***would*** *if they were provided….secure improvements or better access, to pharmaceutical services… (b)* ***would*** *if in specified future circumstances they were provided…secure future improvements or better access to pharmaceutical services…"* (emphasis added).

6.12 The Committee considered the PNA prepared by Norfolk HWB, conscious that the document provides an analysis of the situation as it was assessed at the date of publication. The Committee bears in mind that, under Regulation 6(2), the body responsible for the PNA must make a revised assessment as soon as reasonably practicable (after identifying changes that have occurred that are relevant to the granting of applications) unless to do so appears to be a disproportionate response to those changes. Where it appears disproportionate, the responsible body may, but is not obliged to, issue a Supplementary Statement under Regulation 6(3). Such a statement then forms part of the PNA. The Committee noted that the PNA was dated 2022 and that four supplementary statements had been issued in September 2022, March 2023, May 2023 and November 2023.

6.13 The Committee noted that in considering the whole of Norfolk, the PNA states at section 3.4 'Access to community pharmacies and dispensing GP practices':

6.13.1 "*Community pharmacies in Norfolk are particularly located around areas with a higher density of population. Many also provide extended opening hours and/or open at weekends.*

A previously published article suggests:

• 89% of the population in England has access to a community pharmacy within a 20-minute walk

• This falls to 14% in rural areas

• Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates."

and

6.13.2 "*Summary:*

• 67.76% off the population live within 20-minute walk of a pharmacy and 70.7% of the population live within a 20-minute walk of a pharmacy or dispensing GP practice

• 71.4% can reach a pharmacy or dispensing GP practice with 2 km of walking

• 100% live within a 20-minute drive (off-peak and peak) of a pharmacy or dispensing GP practice

• 69.4% can drive to a pharmacy, and 71.4% to a pharmacy or dispensing GP practice within 2 km

• 79.4% live within 20-minute drive of a pharmacy by public transport on a weekday; approximately 83% live within a 20-minute drive of a pharmacy or

dispensing GP practice by public transport on a weekday

The above demonstrates good access to community pharmacies and dispensing GP practices in Norfolk."

6.14 The Committee noted that the proposed premises are in the Norwich locality and that with regard to this locality the PNA states:

6.14.1 "***6.2.6.2 Necessary Services: gaps in provision***

There has been a population growth of approximately 1,000 since the last PNA (2018); population growth for the lifespan of this PNA (to 2025) is expected to be 1.7%, well below the national average. The University of East Anglia is based in Norwich, which has approximately 14,000 students.

New housing developments are planned for the locality during the period of this PNA: approximately 3,800 dwellings to house just over 9,000 people.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is good pharmaceutical service provision across the whole locality with pharmacies easily accessible by walking within 20 minutes (based on Table 26).

Norfolk HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Norwich locality."

and

6.14.2 "***6.2.6.4 Improvements and better access: gaps in provision***

Parts of Norwich have the highest levels of deprivation and some areas the least deprived based on the mas in Section 2.4.7. Norwich has the lowest proportion of population aged over 65 of any of the Norfolk localities (and lower than the England average).

Norwich has a lower incidence of most long-term conditions when compared with the averages for England and Norfolk, which is likely to be associated with the age profile of the locality.

The chlamydia detection rate (1,819 per 100,000) and screening proportion (21.9) are both higher than the national and Norfolk averages and is suggestive that screening is being correctly targeted towards higher-risk groups.

There is generally good provision and access to all of the available services from community pharmacies in Norwich.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across the Norwich locality."

6.15 The Committee noted that the supplementary statements provide details of changes to pharmaceutical provision including relocations, change of ownerships, closures and changes to opening hours, but that no changes to needs, improvement or better access in pharmaceutical services in the area had been identified.

6.16 The Committee noted that the Applicant seeks to provide unforeseen benefits to the patients of the University of East and Anglia and the surrounding community. The Committee noted that the improvements or better access that the Applicant was claiming would be secured by its application were not included in the relevant PNA in accordance with paragraph 4 of Schedule 1.

6.17 In order to be satisfied in accordance with Regulation 18(1), regard is to be had to those matters set out at 18(2). The Committee's consideration of the issues is set out below.

Regulation 18(2)(a)(i)

6.18 The Committee had regard to

"(a) whether it is satisfied that granting the application would cause significant detriment to—

(i) proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB"

6.19 The Committee noted that the Commissioner stated in the decision report that "*…there is no evidence to suggest granting this application would cause significant detriment to the proper planning in respect of the provision of pharmaceutical services in the area of Norfolk HWB…*". The Committee noted that there was no dispute on the matter from other parties.

6.20 On the basis of the information available, the Committee was not satisfied that, if the application were to be granted and the pharmacy to open, the ability of the Commissioner thereafter to plan for the provision of services would be affected in a significant way.

6.21 The Committee was therefore not satisfied that significant detriment to the proper planning of pharmaceutical services would result from a grant of the application.

Regulation 18(2)(a)(ii)

6.22 The Committee had regard to

"(a) whether it is satisfied that granting the application would cause significant detriment to— …

(ii) the arrangements NHS England has in place for the provision of pharmaceutical services in that area"

6.23 The Committee noted that the Commissioner stated in the decision report that "*…there is no evidence to suggest granting this application would cause significant detriment to … the arrangements in place for the provision of pharmaceutical services in that area.*" The Committee noted that there was no dispute on the matter from other parties.

6.24 The Committee was therefore not satisfied that significant detriment to the arrangements currently in place for the provision of pharmaceutical services would result from a grant of the application.

6.25 In the absence of any significant detriment as described in Regulation 18(2)(a), the Committee was not obliged to refuse the application and went on to consider Regulation 18(2)(b).

Regulation 18(2)(b)

6.26 The Committee had regard to

"(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also NHS England's duties under sections 13I and 13P of the 2006 Act (duty as to patient choice and duty as respects variation in provision of health services)),

(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also NHS England's duties under section 13G of the 2006 Act (duty as to reducing inequalities)), or

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also NHS England's duties under section 13K of the 2006 Act (duty to promote innovation)),

granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published"

Regulation 18(2)(b)(i) to (iii)

6.27 The Committee noted the proposed location on the University of East Anglia (UEA) campus and the Applicant's statement that the premises are "*secured with a long lease agreement, pending NHS Market Entry*". The Committee noted the Applicant's intended premises are co-located with the UEA medical centre. The Committee had regard to the map supplied by the Commissioner showing the location of the proposed premises, together with nearby pharmacies and GP surgeries, which had not been disputed.

6.28 The Committee noted the Applicant's comment that the application "*is in part a reaction to the closure of all three pharmacies in University Ward over a period of 3 years*". The Committee noted that the most recent closure was that of Boots pharmacy in July 2023, which was located at the proposed premises. Prior to that, the Committee noted that Boots and Lloyds pharmacies on Colman Road to the east closed in August and December 2020 respectively. The Committee noted the Applicant's comments that the Boots pharmacy at the proposed premises did not close to a lack of need, rather it was undergoing a change of ownership application and made the decision to close as the process was taking too long.

6.29 The Committee noted the Applicant's comment that the closure of the three pharmacies had left all residents in the University Ward and visitors and staff of the UEA site needing to travel outside the ward in order to access pharmaceutical services. The Committee noted the Applicant's understanding that the closure of pharmacies in an area does not necessarily lead to a gap in provision.

6.30 The Committee had regard to the Appellant's comments that "*Whilst the volume of pharmaceutical services that the Boots Pharmacy provided changed significantly depending on whether students were at the campus or not, the average number of prescriptions items that the pharmacy dispensed each month was only just over 3,000"* and that "*It is not surprising that the pharmacy was not well used as the student population tends to be young, healthy and mobile*". The Committee noted the Applicant's response that Boots' dispensing data shows higher than average forms/items ratio which it comments "*indicates that a high number of prescriptions dispensed were acute in nature and therefore time-critical*". The Applicant comments further that "*This relates directly to its co-location with the very busy UEA medical centre with 21,015 patients list and 98% face-to-face appointments as shown in Appendix 5*".

6.31 The Committee noted the Commissioner's view that a low volume of items does not mean that a pharmacy is not needed and that the Appellant has "*failed to take into consideration students, residents and visitors who may need to access the full range of pharmaceutical services community pharmacy can offer, rather than simply a prescription/dispensing service*". The Commissioner and Applicant have also provided information indicating that the majority of items prescribed by the UEA medical centre (approximately 30%) were dispensed by the pharmacy on site. The Committee also noted the Commissioner's comment that "*The Appellant suggests that the pharmacy is underutilised, particularly outside of term time. Data sourced from the NHSBSA shows that the number of appointments in August (outside of term time) was similar to that in term time (4,047 and 4,729 respectively). Whilst it is acknowledged that not every appointment at UMC will result in a visit to the pharmacy, the UMC is utilised*".

6.32 The Committee noted the Applicant's comment that "*the UEA campus application site attracts all sections of the community from very young children with their parents to elderly people in the neighbouring Avenues and Blubell community of University ward.*" The Committee noted that there are various amenities on campus available including a supermarket, nursery, dentist, Post Office, faith centre, launderette, a hotel, art centre, restaurants and cafes as well as two schools in the area nearby the proposed site.

6.33 The Committee had regard to Appendices 6 and 7 supplied with the Applicant's representations and noted that there is accommodation for 4,391 people on site in the University halls of residence, with an overall population in the University ward of 14,551. The Committee noted Appendix 8 indicates that there are 3,712 staff who access the University campus for work and the Applicant also comments that there were 18,008 students enrolled at the University in 2023-2024. The Committee noted that a large part (47.6%) of the resident population in the University ward according to the statistics are in the 15-19 and 20-24 age groups, with an even spread of people in other age groups. A minority (27.1%) of the ward population is economically active, with the statistics showing that 33.3% of the ward population experience severe deprivation.

6.34 The Committee noted that those resident on the UEA campus have to collect their mail from a post room where mail is sorted for collection between the hours of 9am and 4.15pm Monday to Friday, with the service being closed during holidays. The Committee noted the Applicant's comment that there is no facility to refrigerate or accept delivery of controlled drugs and therefore this is a barrier to students making use of distance selling pharmacies. The Committee further noted the Applicant's view that compromised confidentiality is also an issue for those students living off-campus in shared housing. The Committee noted that this point had not been disputed.

6.35 The Committee had regard to the existing pharmaceutical provision nearby and noted the map provided by the Commissioner which indicates that all existing pharmacies are more than a 20 minute walk from the University Medical Centre. The Committee was mindful that distance of itself does not necessarily mean that people are experiencing difficulties in accessing pharmacies. The Committee noted the closest pharmacy is

Allied Pharmacy which is co-located with the West Earlham Medical Centre to the north of the proposed site. The Committee noted the Applicant's comments that the journey to this pharmacy involves a 24 minute (1 mile) walk via a circuitous route through a socially distinct neighbourhood. The Committee had regard to the Googlemap provided with the application showing two alternative routes to reach Allied Pharmacy. The Committee also noted the information provided in the Commissioner's representations indicating that Allied Pharmacy is an 18 minute walk and 0.7 miles according to Googlemaps, although the route was not shown. The Committee was mindful that distances and times would vary depending on the route taken. The Committee also noted the location of Boots Pharmacy at Waitrose in Eaton to the south of the University which the Applicant states is a "*long winding unsheltered 25 minute walk 1.2 miles away from UEA medical centre, and even further from student residences*". The Committee also noted walking times of 33 minutes and 42 minutes to Boots on Dereham Road and Hurn Chemist Ltd at Cringleford Surgery in Cringleford respectively.

6.36 The Applicant comments that when accessing Allied Pharmacy, pedestrians walk in the cycle lane in order to avoid barriers such as dustbins and parked cars and as such there is a risk of collisions between pedestrians and cyclists. The Committee noted the Appellant's response that "*it is a massive exaggeration for the Applicant to suggest that "parked cars and resident dustbins" make the pharmacy difficult to access as they do not.*" The Committee noted the article produced by the Liberal Democrats titled "Bluebell Road Shared Pedestrian-Cycle Path – a potential deathtrap?' and also the article from the Norwich Evening News titled ''Neglected' overgrown vegetation prompts safety fears for walkers' which also refers to Bluebell Road. The Committee noted that Bluebell Road may be used in order to access Allied Pharmacy or Boots in Eaton but these articles appear to support the Applicant's comments.

6.37 For those with access to private transport, the Committee noted the Applicant's comment that "*The small car park associated with Allied Pharmacy is already heavily used with cars having to park at 90 degree angle to the road and then reverse out into traffic posing difficulty for patients with disabilities and those travelling with young children.*" The Committee noted the Appellant's comment that it has "*parking available outside in the normal way that any person would park at a local neighbourhood shopping centre and it is perfectly normal to park at a 90 degree angle to the road at any car park.*" The Committee considered that the ease of parking at Allied Pharmacy would perhaps be easier for some drivers than others. The Committee noted that there was no mention of parking at the Boots pharmacy in Eaton but considered it reasonable to assume that there would be parking available given that it was located inside the Waitrose store. The Committee saw reference to a second Boots Pharmacy further to the north and other pharmacies to the east in the city centre, but had no information regarding ease of parking near these.

6.38 The Committee had regard to Appendix 8 provided with the Applicant's representations and noted the Applicant's comment that "*a significant 55.7% of substantial areas of University wards population have no access to a car or van*", which had not been disputed. The Committee considered this to be a low level of car ownership, unsurprising given the large student population.

6.39 The Committee next considered the availability of public transport and noted the Applicant's comments that there is no public transport link to Allied Pharmacy or Boots at Eaton Waitrose. The Committee noted the Appellant's comment that "*there are other pharmacies that are easily accessible by public transport, including Hurn Chemist to the south or Vauxhall Street Pharmacy to the east and any of the other Norwich based pharmacies.*" The Committee noted that no information had been provided regarding the route or frequency of the services running to these locations and the pharmacies referred to are not on the map provided by the Commissioner. The Applicant refers to the cost of a return ticket on the blue line being £5 and therefore prohibitive for those such as students on a budget, although the Committee saw no details regarding the blue line route.

6.40 The Committee noted the Applicant's comments regarding the "separate and socially distinct nature of West Earlham when compared to the University campus environment…" and the article detailing a vandal attack on 30 cars in the Earlham and Bowthorpe areas which included a car belonging to two UEA students. The Committee also noted the Applicant's comment that "*News stories of antisocial behaviour and attacks targeting students as described in this article (Appendix 24) are prevalent and represent a significant deterrent to students that are currently forced to this area to access pharmaceutical services.*" The Applicant has also provided a screenshot of a map showing numbers of crime reports in the West Earlham area compared to neighbouring streets. The Committee noted these points had not been disputed.

6.41 The Committee also noted the Applicant's comments, concerning Boots at Waitrose in Eaton, that the Committee should "*empathise for a moment, how a student might feel about asking a team member in Waitrose for a free contraception pill consultation or a free chlamydia test kit after a considerable walk to a distinctly different neighbourhood from campus. Although all student groups are likely to be affected by these psychological barriers; it is likely to lead to discrimination and unequal opportunity for student groups suffering with conditions such as anxiety or autistic spectrum disorders. This significant sub-section of UEA students will be at comparative disadvantage to those that do not share their protected characteristics.*"

6.42 The Committee noted the high level of interest and support for the application from members of the public, particularly students and staff at UEA, the UEA Medical Service and the local MP, Clive Lewis. The Committee noted that the UEA Students Union had organised a petition 'Save the UEA campus Pharmacy' which had received 689 signatures as at December 2023. The Committee further noted that the Students Union representatives would wish to speak at an oral hearing, if one were to be held.

6.43 The Committee noted that Mr Lewis, in his letter dated 29 November 2023 to the Commissioner, had commented that "*local residents are not only saddened and angry by the closure* [of Boots] *but are also deeply worried about the difficulties of accessing an alternative service locally*". Mr Lewis further commented that "*The pharmacy is situated close to a large sheltered housing complex. The demographic of the area surrounding the pharmacy is made up of students, families and a larger than average amount of older residents, many of whom have mobility issues or lack access to regular transport.*" The Committee noted a selection of comments made to Mr Lewis as follows:

6.43.1 "*It has become very difficult to get to a pharmacy and the whole system doesn't work very well*"

6.43.2 "*The UEA pharmacy was always busy and I can't understand why it has closed*"

6.43.3 "*The closure of UES pharmacy is damaging to the local community and, not being able to drive, this has made it difficult to obtain prescriptions*"

6.43.4 "*This further closure at UEA will make the situation impossible for the remaining pharmacies, which are barely coping*"

6.44 The Committee had regard to the unsolicited comments made to the Commissioner, a selection of which follows:

6.44.1 "*As a student I too have been impacted by the closing of the pharmacy and have been made to make hard choices over how to get my medication as i am unable to drive due to medical conditions. I either now have to walk 20 ish minutes both ways all the away down to the waitrose, this also posses* (sic) *the more social issue of a young and depreived student having tk walk into a higher end store like waitrose which with anxiety is hard to do due to the social stigma around it. Or my other option is that I could change my pharmacy location to one in the city but that would force me to spend 4 pounds on bus tickets each time I need to restock my doses not to mention the major time sink it would*

become and when the bus price cap expires this option will become even less tenable."

6.44.2 "*I live in the area where the UEA /Bluebell Road Boots Pharmacy. I deeply regret its closure. … it is yet one more instance where social and essential services of life, for the elderly and is shrinking; banks, post offices, and now pharmacies! This social disenfranchisement for a very significant proportion of the population is heading for disaster.*"

6.44.3 "*… I greatly miss having the UEA pharmacy open … Now, my pharmacy is now in Norwich city centre which is 30 mins from my university house. Each journey costs me £4.00 just to collect my prescription. My prescription is a vital one as I rely on my prescription due to being epileptic.*"

6.44.4 "*… i just wanted to take a second to mention how important it is that the pharmacy at UEA is reopened. I was under the impression there was one on campus but once i got here i discovered it had been closed and so now i have to do a 30 minute walk to pick up the XXX. im prescribed every month and then a 30 minute walk back which isn't particularly accessible as exercise triggers my XXX and the cold in the winter makes this walk so much worse! … We're students, we cant all afford to have cars, we cant all afford to take a bus and we cant all manage to do that hour long walk to get the medication that helps us through our day to day lives!*" (sic)

6.44.5 "*I'm signing this petition as a student afflicted with XXX, a chronic disease which requires medication in order to simply stay alive. Having the UEA pharmacy brought back onto campus will allow for me a stress-free way of receiving my medication. It will not only be easier for me to collect my repeat prescriptions when I need them, but be easier to query potential missing items of my prescription, as well as make quick changes if I have to without needing to walk the half hour route to the nearest pharmacy off campus.*"

6.44.6 "*My son is student at UEA and XXX and needs access to XXX regularly. Aside from that there are many other students with disabilities who need close access to a pharmacy. Moving away from home and managing a chronic condition is hard enough, adding in travel complications to just get medication is unfair and potentially dangerous...*"

6.44.7 "*I feel very strongly that this pharmacy needs to be reopened. It is the only one within walking distance for a lot of us people. I don't have a car and therefore very often have to wait for my daughter to be able to drive over to me to be able to collect my medication. I think this is ridiculous. I was using the delivery service pharmacy but they can't cope with the amount of medication needed and never had the stock in whereas this local pharmacy always did...*"

6.44.8 "*I am a retired UEA Lecturer aged XXX, and have been registered as a patient at the UEA Medical Centre for over 20 years. The closing of the Pharmacy adjacent to the UEA Medical Centre has been a serious concern to my wife and myself as there is no alternative pharmacy within over a mile of the Health Centre and I do not own a car, making collecting medicines for my wife and myself extremely difficult. Further to my personal situation, the majority of students who attend the university are registered with the UEA Health Centre and do not own vehicles, so face similar problems obtaining prescriptions and other medicines. With my XXX years+ experience of tutoring and teaching students, I have serious concerns that the lack of available access to a pharmacy may result in prescriptions and medicines not being collected, with potential serious health consequences. There are currently over 20,000 UEA students registered at the UEA Health Centre, all of whom are impacted by the closure of the pharmacy.*"

6.45 Taking all of the above into account, in particular the undisputed difficulties regarding access as identified by the Applicant and the strength of feeling and support for the application from local residents based on their experiences, the Committee was satisfied that, having regard to there being a reasonable choice with regard to obtaining services, granting the application would confer significant benefits by way of physical access on persons.

6.46 In considering Regulation 18(2)(b)(ii) the Committee reminded itself that it was required to address itself to people who share a protected characteristic under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) having access to services that meet specific needs for pharmaceutical services that, in the relevant area, are difficult for them to access.

6.47 The Committee noted that the Applicant had referred to the large student population with particular health needs including mental health such as anxiety and depression, learning disabilities, sexually transmitted diseases, contraception including emergency contraception, smoking, alcohol and drug use, immunisation and vaccination. The Applicant also comments that treatment of acute conditions requires support for self-care, emergency supplies of prescriptions medication, Pharmacy First assessments and PGD treatments, Contraception services, Drug addiction services Sexual health services or signposting to other services.

6.48 The Committee noted that the Applicant had also commented that there are 1,040 students at UEA with a specific learning disability and 245 with an autistic spectrum disorder. The Committee noted the health problems referred for this part of the population which include coronary heart disease, respiratory disease, mental health problems and cognitive impairment, weight problems, physical impairment, sensory impairments and epilepsy. The Committee noted the Applicant's comment that health promotion and prevention initiatives are particularly important for these patients including services such as weight management, healthy eating and physical activities.

6.49 The Committee therefore considered that the services identified by the Applicant may be difficult for students and those with disabilities to access in the relevant area due to the undisputed access difficulties described above. The Committee was therefore satisfied that, having regard to the desirability of people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that are difficult for them to access, granting the application would confer significant benefits on persons.

6.50 In considering Regulation 18(2)(b)(iii) the Committee had regard to the desirability of innovative approaches to the delivery of pharmaceutical services. In doing so, the Committee would consider whether there was something more over and above the usual delivery of pharmaceutical services that might be expected from all pharmacies, some 'added value' on offer at the location.

6.51 The Committee noted the Applicant's statement that "*Written contractual commitment to collaborate between a Community Pharmacy and a public research University in England secured via a premises lease is the first of its kind in England and by definition; an innovation. This will directly align with the Pharmacy's HLP framework undertaking guided by the Norfolk Joint Health and Wellbeing Strategy.*" The Committee was unclear regarding the nature of the collaboration intended and therefore it was unable to satisfy itself that this was an innovative approach to the delivery of pharmaceutical services.

6.52 The Committee also noted the Applicant had asked the Committee "*to have regard to the clear benefit to be derived through providing an integrated primary care service to patients where the GPs at the medical centre, and University student wellbeing support and disability support teams are much closer to the operation of the pharmacy*". The Committee was mindful that the co-location of pharmacies with GP practices is quite

common and that pharmacies should already be collaborating with local GP practices and other healthcare professionals as part of their usual working practice. The Committee was of the view that this was not an innovative approach to the delivery of pharmaceutical services.

6.53 The Committee was not satisfied that, having regard to the desirability of there being innovative approaches taken with regard to the deliverability of pharmaceutical services, granting the application would confer significant benefits on persons.

Regulation 18(2)(b) generally

6.54 The Committee had regard to the Applicant's proposed core opening hours which cover 8.30 – 13.00 and 14.00 – 18.00 Monday to Friday. The Applicant has proposed to provide a total of 42 ½ core opening hours.

6.55 The Committee noted the Applicant's comments that it is proposing the same core opening hours as the pharmacy that previously occupied the proposed premises and that the hours of 8.30 – 9.00 Monday to Friday (2 ½ hours) are additional core hours.

6.56 The Committee had regard to Schedule 4, Part 3 of the Regulations which states:

Pharmacy opening hours: general

23.*—(1) Subject to paragraph 23A, an NHS pharmacist (P) must ensure that pharmaceutical services are provided at P's pharmacy premises—*

(a) for 40 hours each week; …

(d) if a Primary Care Trust, or on appeal the Secretary of State, has (under previous Regulations) directed that pharmaceutical services are to be provided at the premises for more than 40 hours per week, and at set times and on set days, at the times and on the days so set, subject to any variation in respect of a rest break in accordance with sub-paragraph (7)(bd); …

6.57 The Committee noted that, if the application were to be granted, a direction would need to be issued for the 2 ½ "additional" hours.

6.58 The Committee noted the Applicant's comment that "*The reasoning behind the additional core hours commitment is to provide access to the substantial staff population (3,700 people) and student population (18,008 people) that access the UEA site before their scheduled activities on campus and to support the adjoining medical centre which provides urgent clinic appointments to all patient groupings from 08:30am Monday to Friday.*"

6.59 The Committee had regard to the opening hours of the nearest pharmacies provided by the Commissioner and also noted the Commissioner's comment that "*three of the nearest four pharmacies have supplementary opening hours from 08:00 – 09:00 which could be removed at any time with the required notice being given. The granting of the Cox Mountain Ltd unforeseen benefits application will secure better access with provision of core opening hours from 08:30 in the morning Monday to Friday*".

6.60 The Committee also had regard to the Commissioner's comments regarding the recent reduction in opening hours in Norfolk which it considers "*has led to a lack of access and choice for users of pharmaceutical services in this part of Norwich*".

6.61 On balance, the Committee was of the view that there was no information provided to support a finding that pharmaceutical services are not currently provided at such times as needed and therefore it was not satisfied that, having regard to the desirability of there being a reasonable choice with regard to obtaining services, granting the application would confer significant benefits (in relation to opening hours) on persons.

6.62 The Committee has considered whether there are any other factors that would confer significant benefits including on patients who share protected characteristics. The Committee had regard to the need to eliminate discrimination and advance equality of opportunity and foster good relations between these patients and those who do not share their protected characteristics.

6.63 The Committee was of the view that in accordance with Regulation 18(2)(b) the granting of this application would confer significant benefits on persons in the area of the HWB which were not foreseen when the PNA was published.

Other considerations

6.64 Having determined that Regulation 18(2)(b) had been satisfied, the Committee needed to have regard to Regulation 18(2)(c) to (e) and found that these were not applicable.

6.65 No deferral or refusal under Regulation 18(2)(f) was required in this case.

6.66 The Committee had regard to Regulation 18(2)(g) and found that it was not applicable.

6.67 The Committee considered whether there were any further factors to be taken into account and concluded that there were not.

6.68 The Committee was satisfied that the information provided demonstrates that there is difficulty in accessing current pharmaceutical services such that a pharmacy at the proposed site would provide better access to pharmaceutical services.

6.69 The Committee had regard to Regulation 19(6) which states:

(6) If NHS England is satisfied as mentioned in regulation 18(2)(b), it may grant the application not withstanding that the improvements or better access were or was not included in the relevant pharmaceutical needs assessment.

6.70 Pursuant to paragraph 9(1)(a) of Schedule 3 to the Regulations, the Committee may:

6.70.1 confirm the Commissioner's decision;

6.70.2 quash the Commissioner's decision and redetermine the application;

6.70.3 quash the Commissioner's decision and, if it considers that there should be a further notification to the parties to make representations, remit the matter to the Commissioner.

6.71 In those circumstances, the Committee determined that the decision of the Commissioner must be confirmed.

6.72 The Committee had regard to Regulation 50(1) which states:

Discontinuation of arrangements for the provision of pharmaceutical services by doctors

In circumstances where NHS England has arrangements (whether they were made under these Regulations or were made under or continued by virtue of the 2012 Regulations) with a dispensing doctor (D) to provide pharmaceutical services to a person (P), if…

D must terminate the provision of pharmaceutical services to P, subject to any postponement of the discontinuation by NHS England in accordance with paragraphs (2) to (6).

6.73 Regulation 50(3) states:

This paragraph applies where—

(a) NHS England grants a routine or excepted application, the result of which is the inclusion in a pharmaceutical list of pharmacy premises that are not already listed in relation to an NHS pharmacist; .

(b) the pharmacy premises to which that application relates are not distance selling premises but— .

(i) are in a controlled locality, or

(ii) are within 1.6 kilometres of a part of a controlled locality in which patients of a dispensing doctor reside and those patients are being provided with pharmaceutical services by that dispensing doctor; and

(c) granting the routine or excepted application, in the opinion of NHS England, results in a significant change to the arrangements that are in place for the provision of pharmaceutical services (including by a person on a dispensing doctor list) or local pharmaceutical services in any part of a controlled locality.

6.74 The Committee noted that the Commissioner's decision report states:

6.74.1 "*The Committee noted that as they were granting this application, regulation 50 now needs to be considered. The proposed location is not within a controlled locality however there could be patients who live within 1.6km of the proposed location. If there are, the Committee noted it will need to consider gradualisation.*"

6.75 The Committee therefore considered that the matter should be remitted back to the Commissioner for determination.

7 DECISION

7.1 The Pharmacy Appeals Committee ("Committee"), appointed by NHS Resolution, confirms the decision of the Commissioner.

7.2 The Committee concluded that it was not required to refuse the application under the provisions of Regulation 31.

7.3 The Committee has considered whether the granting of the application would cause significant detriment to proper planning in respect of the provision of pharmaceutical services in the area covered by the HWB, or the arrangements in place for the provision of pharmaceutical services in that area and is not satisfied that it would;

7.4 The Committee determined that the application should be granted on the following basis:

7.4.1 In considering whether the granting of the application would confer significant benefits, the Committee determined that –

7.4.1.1 there is not already a reasonable choice with regard to obtaining pharmaceutical services;

7.4.1.2 there is evidence of people sharing a protected characteristic having difficulty in accessing pharmaceutical services; and

7.4.1.3 there is no evidence that innovative approaches would be taken with regard to the delivery of pharmaceutical services;

7.4.2 Having taken these matters into account, the Committee is satisfied that granting the application would confer significant benefits as outlined above that would secure improvements or better access to pharmaceutical services.

7.5 The matter of gradualisation is remitted back to the Commissioner for determination.

7.6 The Committee noted that the Commissioner would need to consider the issuing of a direction for the opening hours above 40 core hours.

Case Manager
Primary Care Appeals