NHS Resolution

19 December 2025

REF: SHA/26722

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APPEAL AGAINST GREATER MANCHESTER ICB DECISION TO REFUSE AN APPLICATION BY SKYPIEA PHARMA LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT 1028 MIDDLETON ROAD, OLDHAM, OL9 9RZ UNDER REGULATION 25

1 Outcome

1.1 The Pharmacy Appeals Committee ("Committee"), appointed by NHS Resolution, quashes the decision of the Commissioner and redetermines the application.

1.2 The Committee determined that the application should be granted.

A copy of this decision is being sent to:

Skypiea Pharma Ltd (represented by Rushport Advisory LLP)
PCSE on behalf of Greater Manchester ICB

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1 The Application

By application dated 20 June 2025, Skypiea Pharma Ltd ("the Applicant") applied to Greater Manchester ICB ("the Commissioner") for inclusion in the pharmaceutical list at 1028 Middleton Road, Oldham, OL9 9RZ under Regulation 25. In support of the application it was stated:

1.1 In response to "If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write 'none' if it is intended that the pharmacy will not provide appliances)":

1.1.1 The Applicant left this section blank.

1.2 In response to why the application should not be refused pursuant to Regulation 31:

1.2.1 The Applicant left this section blank.

1.3 In response to why the application should not be refused pursuant to Regulation 25(2)(a):

1.3.1 The Applicant left this section blank.

Further Information in Relation to Provision of Essential Services in Accordance With the Regulatory Requirements for Distance Selling Pharmacies

1.4 Please find below information to explain how the pharmacy procedures used within the premises will secure:

(a) the uninterrupted provision of essential services during the opening hours of the premises, to persons anywhere in England who request those services, and

(b) the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or someone else's behalf, and the applicant or the applicant's staff.

1.5 "Operating Hours & Accessibility: The pharmacy will operate during agreed hours, with a 24/7 online platform for orders, advice and notifications. Customer

service will be available during business hours. Planned service interruptions will be communicated, and a phone line for temporary outages.

1.6 IT Infrastructure: A secure, cloud-based pharmacy management system with backup servers ensures uninterrupted service. Staff will receive alerts for IT issues, enabling prompt responses.

1.7 Staffing & Support: Trained staff, including pharmacists, will manage queries and dispensing during business hours. Shift and contingency plans ensure continuous coverage.

1.8 Delivery Partners: Multiple reliable courier services will ensure timely nationwide delivery, with tracking and notifications to patients in case of delays.

1.9 Clinical Checks & Medication Safety: Pharmacists will review prescriptions for safety and adherence, contacting patients or prescribers as needed.

1.10 Delivery & Confirmation: Medications will be securely packaged, dispatched with instructions, and tracked. Patients will receive delivery notifications and post-dispensary support.

1.11 Patient Redirection: Signage will direct in-person visitors to online or phone services. Urgent cases will be referred to nearby pharmacies or emergency services."

2 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 13 September 2025 states:

2.1 "Greater Manchester ICB has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

2.2 You have the right of appeal to the Secretary of State against Greater Manchester ICB's decision. Should you choose to appeal then you should either complete the online form available on the NHS Resolution website or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to nhsr.appeals@nhs.net or

2.3 Primary Care Appeals
NHS Resolution
8th Floor
10 South Colonnade
Canary Wharf
London
E14 4PU"

DECISION REPORT

2.4 "CAS reference number: ME3832-CAS-362869-W9B1R9

2.5 Name of Applicant: Skypiea Pharma Ltd

2.6 Fitness to practise: Deemed suitable for inclusion in the Oldham HWB area Pharmaceutical List by PSRC 26/06/2025

2.7 Address of proposed premises: 1028 Middleton Road, Oldham, OL9 9RZ

2.8 Status of location: Non-controlled locality

2.9 Relevant Regulations and guidance: Regulations 25 – distance selling premises, Regulation 31 – refusal same or adjacent premises, Regulation 66 – conditions relating to providing directed services (The PSRC noted that Regulation 66 is not applicable in this case, as the applicant is not undertaking to provide directed services), DHSC market entry guidance chapter 11.

Regulation 31 considerations

2.10 The PSRC noted the proposed location of the distance selling premises (DSP) is 1028 Middleton Road, Oldham, OL9 9RZ.

2.11 Proposed location is shown below (source: Google Maps): [image provided to Committee at Appendix A]

2.12 The next nearest pharmacy to the proposed location is 0.8 miles away (source: the NHS site) – Cathedral Pharmacy, 98 Cathedral Road, Chadderton, Oldham, OL9 0RG.

2.13 Based on all available information, the PSRC was satisfied that the application should not be refused under Regulation 31, as there is no other provider of pharmaceutical services either in the same premises or adjacent premises to the proposed location.

Regulation 25 considerations

2.14 Are the premises listed in the application on the same site or in the same building as a provider of primary medical services with a patient list? (Regulation 25(2)(a))

2.15 Based on all available information, the PSRC was satisfied that the proposed location is not on the same site or in the same building as a provider of primary medical services with a patient list.

2.16 Will the applicant provide uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services? (Regulation 25(2)(b)(i)); and

2.17 Will the applicant ensure the safe and effective provision of essential services without face-to-face contact between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or applicant's staff? (Regulation 25(2)(b)(ii))?

2.18 The applicant has declared it will provide: core/overall opening hours of 09:00 – 18:00 Monday to Friday.

Opening hours

2.19 Proposed core opening hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	Closed	Closed	45:00

2.20 Total proposed opening hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	Closed	Closed	45:00

2.21 NMS

Service	Accredited to provide (Y/N/NA)	Premises accredited (Y/N/NA)
New medicine service (NMS)	Y	Y

2.22 The PSRC noted that the applicant had provided information in the application with regards to Regulation 25.

2.23 The information within application

2.23.1 Page 6 of the application, section 7, pharmacy procedures:

2.23.2 [quoted at 1.4 – 1.11 above]

2.24 The applicant has also submitted:

SOPs – 121 pages

2.25 Safe and Effective Provision of Essential Services Without Face-to-Face Contact

2.26 Purpose

2.26.1 The purpose of this Standard Operating Procedure (SOP) is to establish robust systems and controls to ensure the safe, effective and ethical provision of pharmacy services online, without in-person contact. These

procedures ensure compliance with all relevant legislative, regulatory, and professional standard.

2.27 Scope:

2.27.1 This SOP applies to all pharmacy staff, including pharmacists, pharmacy technicians, dispensing assistants, and administrative staff, involved in the provision of pharmacy services online.

2.28 Information Governance documents – 53 pages

2.29 Data Protection Toolkit – 463 pages

2.30 However, the following points raise concern for us in the SOPs, and we cannot be assured that the services will be provided in a safe and effective way uninterruptedly:

2.31 Fridge items handling and delivery – Page 4

2.31.1 “Medication Delivery and Supply Chain Management

2.31.2 Secure Delivery: All medications are delivered through tracked, licensed couriers. Controlled drugs require signature on delivery and proof of identity.

2.31.3 Cold Chain Management: Medications requiring temperature control transported using validated cold chain logistics.

2.31.4 Delivery Failures: Procedures for safe return and appropriate disposal of undelivered medicines.”

2.32 Page 14

2.32.1 “Delivery Process: Shipments must be dispatched in tamper-proof packaging. Monitor courier tracking for any delays. If a delay occurs, notify the recipient and arrange for urgent retrieval or replacement if required.

2.32.2 Handling Returns: Do not accept returns of fridge-line medicines unless explicitly permitted by regulations. If a return is necessary, ensure that the package is intact and verify temperature compliance before restocking or disposal.

2.32.3 Documentation and Compliance: Maintain records of storage conditions, packing procedures, and delivery logs for at least two years. Conduct regular audits to ensure compliance with Good Distribution Practice (GDP).”

2.33 There is no mention of the procedure in case of unsuccessful delivery, therefore we cannot be assured that the service will be provided in a safe way:

2.33.1 “Process Steps: At this stage a pharmacist has completed the final check and packaged the item into a dipatch [sic] bag and sealed the

items. The bag must be fully sealed as otherwise it may be tampered with.

2.33.1.1 Key points: it is very important that when the final check by the pharmacist is complete that the bag is sealed and ready for dispatch.

2.33.2 The sealed item should be dispatched as per the order sheet. The order sheet will contain details about what type of dispatch is needed.

2.33.2.1 There are many types of postage, first class, second class, recorded delivery. Make sure the method of dispatch correlates to the order itself. It is recommended that any POMS to be dispatched should be dispatched by recorded delivery as this avoid [sic] a large possibility for error.

2.33.3 Items should be placed in a Postal grouping sack. These sacks can be obtained from your local postal office.

2.33.3.1 For best practice plastic ties should be used to protect the contents from tampering."

2.34 Responsible pharmacist, very general overview of the procedure:

2.34.1 'Operating in the Absence of a Responsible Pharmacist

2.34.2 Responsibility: Pharmacist [P], Technician [T], Superintendent [S].

2.34.3 Process Steps: The Responsible Pharmacist (RP) realises that they need to leave the premises. Make sure that the RP tells staff well in advance that they are going to leave the premises. Make sure that the RP has already signed the Pharmacy Record and that they understand they should not be absent for more than 2 hours.

2.34.3.1 Key points: Make sure all staff understand what the legislation means. The pharmacist must abide by certain rules if they are to leave the premises, these include:

2.34.3.1.1 The designated RP may not leave the premises for more than 2 hours in any 24 hour period. The RP must remain contactable i.e. Must leave a working mobile phone number.

2.34.4 Process Steps: The RP leaves the Pharmacy. When this occurs make sure staff know how to act appropriately when the pharmacist is off the premises. Make an appropriate record in the pharmacy record. P medicines and POM's cannot be given out whilst the RP is absent.

2.34.4.1 Key points: When the RP leaves the pharmacy make sure they sign the Pharmacy Record, filling the appropriate fields. Designated staff may offer advice on P medicines and may sell GSL's if deemed fit. Make sure that there is an adequate record of who is deemed qualified.

2.34.5 Process Steps: After 1 and a half hours of absence. If the pharmacist has not returned after one hour. A designated member of staff should contact the pharmacist immediately to ascertain when they will return.

2.34.5.1 Key points: If the pharmacist cannot return within 2 hours of absence then the superintendent should be telephoned to ascertain what is the best course of action. This may involve closing the pharmacy completely.

2.34.6 Process Steps: Absence of the RP after 2 hours. If the pharmacist has not returned within two hours then the pharmacy cannot sell any medicines.

2.34.6.1 Key points: No medicines may be sold at this point until the RP returns.

2.34.7 Process Steps: The return of the RP. Make sure the RP signs into the pharmacy record noting the duration of absence and reason (GP).

2.34.7.1 Key points: if the RP returns the next working day then they should sign in as soon as possible. The Pharmacy Record should be kept for a minimum of 5 years.'

2.35 Page 75, concern with regards to pharmacy delivery service:

2.35.1 'Pharmacy Delivery Service.

2.35.2 Responsibility: Pharmacist [P], Technician [T], Assistant [A].

2.35.3 Process Steps: Check whether the item needs delivery. In general the elderly and disabled often need delivery.

2.35.3.1 Key points: A pharmacy delivery is primarily for people who are disabled and are unable themselves to come into the pharmacy. Delivery is not paid for by the NHS therefore each delivery needs to be financially assessed.

2.35.4 Process Steps: Write in the patient's PMR whether items should be automatically delivered. This is as to avoid confusion in the future write down any other delivery information i.e. whether to ring before hand or special entry instructions.

2.35.4.1 Key points: sometimes the GP surgery will indicate on the prescription whether to deliver or not. The most pertinent deliveries should be for the elderly, the very young and for antibiotics.

2.35.5 Process Steps: Write down a note in the delivery book what needs delivery. Make sure that all the patient particulars are recorded about when and where to deliver to.

2.35.5.1 Key points: If a Controlled Drug is to be delivered make sure the driver knows whether a signature is required or ID needs to be seen.

2.35.6 Process Steps: Place the items in the delivery basket, noting on the label how many items are contained. Make sure that the items address corresponds to the patient and that the items inside correspond to the address.

2.35.6.1 Key points: do a third check before delivery. Make sure if the delivery contains medicine that the delivery person leaves it with the appropriate person and not to leave it unattended.

2.35.7 Process Steps: If the items are returned, write not delivered in the delivery book and try to arrange for delivery another time. If there is a phone number in the PMR ring it and find out what time or place is most convenient.'

2.36 Page 10 waste collection is only mentioned in the section "Dispatching controlled drugs items via an internet pharmacy":

2.36.1 'Dispatching Controlled Drugs items via an internet pharmacy

2.36.2 Responsibility: Pharmacist [P], Technician [T], Assistant [A], Accountable Officer [O].

2.36.3 Process Steps: Chilled Medicines Management and Delivery

2.36.3.1 Key points: Medicines requiring refrigeration will be stored and transported under strict cold chain logistics. Temperature monitoring devices will accompany shipments to ensure compliance. Secure agreements with reputable courier services with temperature controlled capabilities to ensure safe transportation of fridge lines (e.g. insulin, vaccines).

2.36.4 Process Steps: Delivery of Controlled Drugs (CDs)

2.36.4.1 Key points: Establish partnerships with wholesalers and supplied authorised to handle and deliver controlled drugs (CDs). Contracts should ensure 24/7 availability and appropriate record keeping for CD deliveries.

2.36.5 Process Steps: Storage and Monitoring

2.36.5.1 Key points: Ensure on-site storage complies with controlled drug regulations and cold chain management protocols. Implement real time temperature monitoring systems and alarms to ensure medicines remain with required storage parameters. [sic] chat to address patients inquiries and service requests during operating hours. Establish mechanisms for real time incident reporting and resolution, especially for CD and fridge line supply disruptions.

2.36.6 Process Steps: Collection of Waste Management

2.36.6.1 Key points: Contracting Licensed Waste Carriers: Engage authorised waste collection services for the safe and lawful disposal of returned or expired medicines, including controlled drugs. Provide evidence of contracts with waste carriers compliant with The Hazardous Waste Regulations.

2.36.6.2 Patient Accessibility: Implement convenient waste collection points or offer free doorstep pickup for housebound patients.

2.36.6.3 Procedures for Safety and Confidentiality: ensure waste medicines are collected and stored securely until collection. Train staff on segregation of hazardous waste and maintain audit trails for accountability.'

2.37 Therefore, we do not have enough assurances that services will be provided in a safe and effective manner with no face-to-face contact in an uninterrupted manner.

2.38 The PSRC noted that the information provided by the applicant neither specified sufficiently nor contained adequate assurances relating to the safe and effective provision of essential services without face-to-face contact.

2.39 There was no site-specific methodology in terms of satisfying the required regulations.

2.40 Therefore, the PSRC was not adequately assured that its procedures would enable the DSP to meet the requirements of Regulation 25(2), in addition to the ongoing requirements set out under Regulation 64 – which are:

2.40.1 that the applicant does not offer to provide pharmaceutical services, other than directed services, to persons who are present at (which includes in the vicinity of) the listed chemist premises;

2.40.2 that the means by which the applicant provides pharmaceutical services, other than directed services, must be such that any person receiving those services does so otherwise than at the listed chemist premises

2.40.3 that the DSP must not be on the same site or in the same building as the premises of a provider of primary medical services with a patient list;

2.40.4 that the applicant secures the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services,

2.40.5 that the applicant ensures the safe and effective provision of essential services without face-to-face contact between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or applicant's staff; and

2.40.6 that nothing in the applicant's practice leaflet, publicity material in respect of the listed DSP, in material published on behalf of the applicant publicising services provided at or from the listed DSP or in any communication (written or oral) from the applicant or applicant's staff to any person seeking the provision of essential services from the applicant must represent, either expressly or impliedly, that the essential services provided at or from the premises are only available to persons in particular areas of England, or that the applicant is likely to refuse, for reasons other than those provided for in its terms of service, to provide drugs or appliances ordered on prescription forms or repeatable prescription forms which are presented by particular categories of patients (for example, because the availability of essential services from applicant is limited to other categories of patients).

2.41 The applicant is reminded that the commissioner (NHS GM) may not vary or remove any of the above conditions.

2.42 The following interested parties within a 2km radius of the proposed premises location were notified of the application:

Cathedral Pharmacy	98 Cathedral Road	Chadderton	OL9 0RG
Junction Pharmacy	350 Grimshaw Lane	Middleton	M24 2AU
Stone Pharmacy	221 Boarshaw Road	Middleton	M24 2WQ
Well	Middleton Road	Chadderton	OL9 0LD
Boots	Units 1 – 3	Chadderton Shopping Prec.	OL9 0LQ
Asda Pharmacy	Asda Superstore	1 Milne Street	OL9 0JE
Boots	6 Elk Mill Central	Retail Park	OL2 5HX
Carlows Pharmacy	74 Long Street	Middleton	M24 6DN
Middleton Pharmacy	50 Rochdale Road	Middleton	M24 2PU

2.43 The following organisations were also informed of the application

2.43.1 CPGM

2.43.2 West Pennine Local Medical Committee

2.43.3 Oldham HWB

2.43.4 Healthwatch Oldham

2.44 **Representations received from interested parties**

2.45 Boots Pharmacy Comment:

2.45.1 Thank you for your letter dated 21st May 2025 informing us of the above application submitted under the NHS (Pharmaceutical Services) Regulations 2013 and inviting us to make representations.

2.45.2 Boots UK Ltd would like to respectfully request that members of the deciding committee are satisfied that this application fully meets the criteria set out in Regulation 25 and the conditions set out in Regulation 64 when determining this application.

2.46 CPGM Comment:

2.46.1 Community Pharmacy Greater Manchester (CPGM) applications subgroup has reviewed this application and there are several areas of concern which indicate that the proposed pharmacy does not meet the requirements of a Distance Selling Pharmacy (DSP). Please see the points below for clarification and required amendments:

2.46.2 Several questions within the application form have not been fully answered. A complete submission is required in order for the application to be properly assessed.

2.46.3 The floor plan indicates a large open area between the entrance and the query bench. This raises concerns that face-to-face services could be offered on site, which would be contrary to DSP regulations. DSPs must operate without providing any essential or advanced services in persons at the premises.

2.46.4 The proposed core total opening hours exceed 40 hours.

2.46.5 The applicant states: "*Operating hours & Accessibility: The pharmacy will operate during agreed hours, with a 24/7 online platform for orders, advice and notifications."* It is unclear how professional advice will be provided 24/7. The applicant must clarify the mechanisms in place to ensure the provision of pharmaceutical advice at all times, including whether a pharmacist will be available around the clock to support patients.

2.46.6 In response to Q7, the applicant states: *"Patient Redirection: Signage will direct in-person visitors to online or phone services. Urgent cases will be referred to nearby pharmacist or emergency services".* This is not acceptable. DSPs are expected to be able to support all patients, including those with urgent needs, through their own service provision. Simply redirecting patients to other pharmacies is not in line with the requirements of the contractual framework or good pharmaceutical practice.

2.46.7 Clarification of delivery of controlled drugs is required.

2.46.8 Once we receive the clarity on the above raised points, we will have further comments to make. The CPGM subgroup would like to receive any further correspondence regarding this application and wish to be kept informed of its progress.'

2.47 **Representations received outside the 45 day notification period**: None

2.48 **Representation received from circulation of first representations**

2.49 Comment by the applicant:

2.49.1 "Total operating hours now changed to 9:00am to 5:00pm, Monday to Friday, total 40 hours per week. The pharmacy will not be opened for 24/7, the website will be running 24/7, patients can place orders for repeat medications at any time, which will then be processed during operating hours, patients can place an order to buy GSL and P items in online shop if any are stocked in the online store, which will also be processed and validated during operating hours if approved. P items will be strictly vetted and approved by the pharmacist with appropriate questions answered and ID provided and verified from patients.

2.49.2 We will not redirect any patients to other pharmacies, and will change out [sic] SOPs on this, our staff are more than qualified to assist in pharmacy cases. I myself have a 1st Class Masters in Pharmacy from the University of Manchester, attaining a 1st class result in 4/4 years. Specialising in Neuropharmaphyscology. Our on-call pharmacist is also the same with a 1st Class Masters from the University of Manchester, but with a 1st class result in ¾ years. He has references from the Head of Manchester University Pharmacy School, who is also the previous head of Kings College London Pharmacy School, who also works on a multi-billion dollar vaccine project with AstraZeneca & Pfizer every weekend, his pre-reg supervisor and 2nd referee happens to also be the Director of Health Education England for Pharmacy Training in the North West and a fellow at the RPS, and lastly personally knows the Head of the Pharmacists Defence Association (PDA), who serves as Attorney General and is a Lay Member of the Queens Tribunal Service."

2.50 The PSRC reviewed the representations and was not satisfied that it meets all the requirements of Regulations 25(2)(b), in addition to the ongoing requirements set out under Regulation 64.

2.51 The PSRC determined that the application does not meet the requirements of Regulation 25(2)(b)(i) and Regulation 25(2)(b)(ii).

2.52 The PSRC also considered the impact of [sic] decision on those with protected characteristics under the Equalities Act 2010, in accordance with NHS England/ICB's Public Sector Equality Duty and its duties on health inequality.

2.53 It was noted that from 01/01/2021 for all face-to-face community pharmacies (and 01/04/2021 for all distance selling premises), the system of clinical governance within the Terms of Service was expanded to include the promotion of healthy living. The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion

interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. NHS Greater Manchester is committed to support its community pharmacies in achieving and maintaining compliance with this framework.

2.54 **Decision**

2.55 Based on all available information, the PSRC refused the application, as it concluded that the application did not meet the requirements of Regulation 25(2)(b)(i) and Regulation 25(2)(b)(ii).

2.56 Appeal rights are awarded to the applicant."

3 The Appeal

In a letter dated 18 September 2025, the Applicant, via its representative Rushport Advisory LLP, appealed against the Commissioner's decision. The grounds of appeal are:

3.1 "I act for Skypiea Pharma Ltd in the above application and have been instructed by my client to submit this appeal against the decision of the Commissioner to refuse their application made under regulation 25.

3.2 My client notes the content of the Commissioner's Decision Report and provides the attached updated SOPs that demonstrate how all services will be provided in accordance with regulations 25 and 64.

3.3 The updated SOPs also address each of the points raised by the Commissioner as reasons for refusing the original application. My client accepts that some of the processes they had previously proposed using did not meet the regulatory test and they have sought Rushport advice on these issues and agreed to implement changes to their operating plans and operate in accordance with the attached SOPs. Previous procedures should not be considered as part of this appeal.

3.4 The Committee will note that my client has provided an SOP [sic] for Pharmacy First, but this will not be relevant to the determination of this application as my client has not applied to offer this service. The SOP is included for completeness as my client may seek permission to provide this service in the future.

3.5 My client will operate from premises to which the public will not have access. The premises has a counter inside the main entrance that is for the receipt of wholesaler deliveries and dispatch of medicines and this is titled "Goods in and Dispatch" on the attached floorplan [provided for Committee at Appendix B]. A room is also available for private video / telephone conversations.

3.6 We look forward to hearing from you in due course."

4 Summary of Representations

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

5 Consideration

5.1 The Pharmacy Appeals Committee ("Committee") appointed by NHS Resolution, had before it the papers considered by the Commissioner.

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

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

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

Regulation 31

5.5 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") at or 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).

5.6 The Committee noted that the Applicant had not provided any information in the application form on this point but the Committee noted that the wording of the application form only required the Applicant to include information in the relevant section if the proposed premises were adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises. The Committee considered it reasonable to determine that the lack of information in the application form on this point when read with the wording of the application form allowed it to be reasonably satisfied that the Applicant considered that the proposed premises were not adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises. The Committee therefore determined that it was not required to refuse the application under the provisions of Regulation 31.

5.7 Based on the information provided, the Committee was not required to refuse the application under the provisions of Regulation 31.

Regulation 25

5.8 The Committee had regard to Regulation 25 of the Regulations which reads as follows:

"(1) Section 129(2A) and (2B) of the 2006 Act (regulations as to pharmaceutical services) does not apply to an application—

(a) for inclusion in a pharmaceutical list by a person not already included; or

(b) by a person already included in a pharmaceutical list for inclusion in that list in respect of premises other than those already listed in relation to that person,

in respect of pharmacy premises that are distance selling premises.

(2) NHS England must refuse an application to which paragraph (1) applies—

(a) if the premises in respect of which the application is made are on the same site or in the same building as the premises of a provider of primary medical services with a patient list; and

(b) unless NHS England is satisfied that the pharmacy procedures for the pharmacy premises are likely to secure—

(i) the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services, and

(ii) the safe and effective provision of pharmaceutical services without face to face contact at the pharmacy premises between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff."

5.9 The Committee also had regard to the provisions of Schedule 2 to the Regulations shown below:

Additional information to be included with excepted applications

8. *If the applicant (A) is making an excepted application, A must include in that application details that explain—*

(a) A's belief that the application satisfies the criteria included in one of the regulations in Part 4 which need to be satisfied if section 129(2A) and (2B) of the 2006 Act (regulations as to pharmaceutical services) are not to apply in relation to that application; and

(b) if the regulation includes reasons for which the application must be refused, why the application should not be refused for those reasons.

Nature of details to be supplied

10. *Where, pursuant to this Part, a person is required to provide details, that obligation is only discharged if the information or documentation provided is sufficient to satisfy NHS England in receipt of it, with good cause, that no relevant information or documentation is missing, having regard to the uses that NHS England may need to make of the information or documentation when carrying out its functions.*

Regulation 25(1)

5.10 In relation to Regulation 25(1), the Applicant is applying for inclusion in the relevant pharmaceutical list, as a person not already included in a pharmaceutical list, and paragraph (1)(a) therefore operates to disapply the specified provisions of section 129 of the National Health Service Act 2006, provided that paragraph (2) does not require the application to be refused.

Regulation 25(2)(a)

5.11 The Committee noted that the Applicant had not included any information in the relevant section of the application form that deals with this point. The Committee noted that the application form states that the relevant section should only be completed if the proposed premises are on the same site or in the same building as the premises of a provider of primary medical services with a patient list. The Committee considered that, where the Applicant did not include any information in this section, it was reasonable to consider that the Applicant was indicating that the proposed premises were not on the same site or in the same building as the premises of a provider of primary medical services with a patient list. The Commissioner it is decision report stated that *"the [Commissioner] was satisfied that the proposed location is not on the same site or in the same building as a provider of primary medical services with a patient list".*

5.12 Based on the information available to it, the Committee therefore determined that the proposed premises were not on the same site as, or in the same building as the premises of a provider of primary medical services with a patient list.

Regulation 25(2)(b)

5.13 As far as Regulation 25(2)(b) is concerned, the Committee considered the information which had been provided by the Applicant in relation to its procedures for the provision of essential services and pharmaceutical services, including its Standard Operating Procedures (SOPs) that it intends to use at the proposed pharmacy premises.

5.14 The Regulations require the Committee to be satisfied as to a number of matters, including that essential services will be provided on an uninterrupted

basis, across England, and that pharmaceutical services will be provided in a safe and effective way without face to face contact.

5.15 Paragraph 8 of Schedule 2 requires an applicant to provide details in relation to an application, and paragraph 10 of Schedule 2 indicates that the obligation is only discharged if the information or documentation provided is sufficient to satisfy the Commissioner in receipt of it, with good cause, that no relevant information or documentation is missing, having regard to the uses that the Commissioner may need to make of the information or documentation when carrying out its functions.

5.16 The Committee has asked itself whether it has sufficient information and documentation which would address the criteria in Regulation 25(2)(b). If the Committee is to be satisfied of the matters in that paragraph, the Committee must be provided with evidence to demonstrate these matters. In this case, that evidence put forward has taken the form of the original application and the SOPs which the Applicant has prepared or commissioned.

5.17 It is not for the Committee to 'approve' or 'disapprove' of these SOPs (as they may contain matters not relevant to the Committee's consideration, and there are many ways an applicant can choose to organise itself in order to comply with the various requirements of the Regulations) and the Committee has not sought to do so. The Committee has sought evidence within the SOPs and application in order to satisfy itself that it is appropriate to grant the application, the absence of which would require it to reject it.

5.18 The Committee noted in the SOPs provided by the Applicant that SOP 1 'Introduction and Background to SOPs' states at 1.3:

5.18.1 *"The uninterrupted provision of pharmaceutical services, during the opening hours of the premises, to persons anywhere in England who request those services.*

The safe and effective provision of pharmaceutical services without face-to-face contact between any person receiving the services, whether on their own or on someone else's behalf, and the owner of this pharmacy or any member of staff either on or in the vicinity of the premises."

5.19 Further, SOP 3 'Procedures for NHS Pharmaceutical Services' states:

5.19.1 *"NHS Pharmaceutical Services will be provided to any patient living in England who requests such services, this is made clear on the website and in the Practice leaflet. Patients who wish to send paper prescriptions to the pharmacy by post should be sent stamped addressed envelopes to enable them to do so."*

5.20 The Committee noted SOP 34 contained the following:

5.20.1 *"Absence of the RP*

5.20.2 *As a Distance Selling pharmacy, we must provide uninterrupted service throughout the opening hours of the pharmacy. Whilst the GPhC*

permits the absence of the RP from the pharmacy in particular situations, the NHS Terms of Service still require a pharmacist to be present so that services are not interrupted. [emphasis provided in the SOP].

5.20.3 *If, for any reason, the RP wishes to leave the premises or wishes to take a break then the second pharmacist must sign in as the RP and arrangements must be made for this prior to one RP leaving the premises and another RP signing in."*

5.21 Based on the information before it, the Committee was satisfied that the provision of essential services would be available to persons anywhere in England and without interruption.

5.22 The Committee went on to consider whether pharmaceutical services would be provided without face to face contact.

5.23 The Committee noted that throughout the SOPs, the Applicant states that pharmaceutical services will be provided without face to face contact between patients and any member of the pharmacy staff. In SOP 1 'Introduction and Background to SOPs' it states, under a heading 'Overriding Provisions Applicable to All SOPs':

5.23.1 *"All staff must be made aware that face to face contact between patients (or their representatives) is prohibited in respect of any and all NHS services either on or in the vicinity of the premises.*

Any reference to 'contact' with or 'contacting' a patient in relation to these SOPs means contact other than face-to-face contact either on or in the vicinity of the premises."

5.24 Further, the Committee noted that there is reference to patients using multiple methods to contact the pharmacy that did not result in face to face communication. SOP 3 'Procedures for NHS Pharmaceutical Services' states under the heading 'Communication Channels' states:

5.24.1 *"All communication regarding NHS Pharmaceutical Services should be carried out using the most suitable non face to face method for the patient and the service being provided with particular consideration to maintaining confidentiality. This may be telephone, email, video-conferencing or other types of non face to face communications such as text messages.*

5.24.2 *The pharmacy has provision for both live audio and live video communication with patients and this must always be carried out in the specified confidential area of the pharmacy premises."*

5.25 The Committee considered the information provided in the SOPs was sufficient to provide assurance that the Applicant, if granted, would be offering pharmaceutical services without face to face contact.

5.26 Further, the Committee was mindful of the regulatory changes as of 1 October 2025, that distance selling pharmacies can no longer provide Directed services

(Advanced, National Enhanced and Enhanced Services, with the exception of Covid-19 and Flu vaccination services) face-to-face with the patient at the pharmacy premises.

5.27 In its application, which the Committee acknowledged was completed before the amendment came into force, the Applicant had stated that it intended to provide "NMS [New Medicines Service]". As a result of this amendment, the Committee noted that the Applicant would not be able to provide any pharmaceutical services at its premises.

5.28 The Committee was aware that when the pharmacy opens, it will be the responsibility of the Commissioner, in keeping with Regulation 64, to ensure that services are provided other than with face to face contact.

5.29 The Committee was satisfied that the provision of essential services would be without interruption, would be available to persons anywhere in England and pharmaceutical services would be provided without face to face contact. The Committee went on to consider whether safe and effective provision of pharmaceutical services was likely to be secured.

5.30 The Committee considered pharmaceutical services including each essential service in paragraphs 3 to 22 of schedule 4 of the Regulations ("Terms of Service") in turn.

Dispensing of drugs and appliances

5.31 The Committee considered whether the Applicant had explained how non-electronic prescriptions will be presented by the patients and how products would be provided.

5.32 The Committee noted that SOP 3 'Procedures for NHS Pharmaceutical Services' states:

5.32.1 *"NHS Pharmaceutical Services will be provided to any patient living in England who requests such services, this is made clear on the website and in the Practice leaflet. Patients who wish to send paper prescriptions to the pharmacy by post should be sent stamped addressed envelopes to enable them to do so."*

5.33 Further, SOP 6 'Online Receipt & Exemption Checking', under the heading 'Scope', states:

5.33.1 *"…Requests to collect and dispense NHS Prescriptions.*

Requests to dispense a prescription received in the post."

5.34 The Committee had regard to SOP 20 'Order Delivery' which states, under the heading 'Choice of Delivery Method':

5.34.1 *"For items **other than** cold chain / "fridge line" items, local deliveries (up to 30 miles radius, but may be extended at the discretion of the RP) the delivery driver should deliver medication. Outside this area Royal Mail should be used unless the prescription is for a controlled drug, in which*

case the nominated controlled drugs courier must be used (see SOP for Delivery of Controlled Drugs), or the items are fridge lines, in which case the cold chain courier must be used" [emphasis provided in the SOP]

5.35 The Committee was satisfied that the Applicant was proposing to offer the service to all of England, as per the information contained in the SOPs.

5.36 The Committee was therefore satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 5(2) and 5(3) of Schedule 4.

Urgent supply without a prescription

5.37 The Committee considered whether the Applicant had explained how it proposes to safely and effectively receive requests from prescribers for urgent supplies of drugs and appliances.

5.38 The Committee had regard to SOP 17 'Emergency Supply and Urgent Supply' which describes how the Applicant will process such a request. The Committee noted that the SOPs refer to pharmaceutical services being delivered by several methods of non face-to-face communication including telephone and email, and considered that it was reasonable to infer that these methods would be used to receive requests from prescribers for the urgent supply of drugs.

5.39 Further, SOP 17 states under a heading titled 'Delivery of Urgent and Emergency Supply Items':

5.39.1 *"Given the nature of a request of this type, the Pharmacy should prioritise delivery of the medication to the patient. For local deliveries the driver should be specially informed of the fact that the items are "URGENT" and for any items delivered by courier, the company must be informed that items must be delivered ASAP by the quickest route possible. The Pharmacy must not charge additional fees to the patient even if these are incurred in the delivery process."*

5.40 The Committee was therefore satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 6 of Schedule 4.

Preliminary matters before providing ordered drugs or appliances

5.41 The Committee considered whether the Applicant had explained how evidence will be sought and provided about the patients' entitlement to exemption or remissions from NHS charges.

5.42 The Committee noted SOP 6 'Online Order Receipt & Exemption Checking' states under a heading 'Exemption NHS Prescriptions':

5.42.1 "*Where no satisfactory evidence of exemption has been provided patients should be informed that checks to prevent and detect fraud are routinely undertaken by the NHS.*

…

Where evidence of exemption is required or provided by the patient it can be sent to the pharmacy for verification via the delivery driver and then returned to the patient. The PMR system should be updated to reflect that necessary check has been carried out and a note of when the next check is required should be entered onto the system. The Regulations require a patient to produce 'satisfactory evidence' to confirm exemption. Where appropriate (i.e., for deliveries made other than by the pharmacy's delivery driver), the patient may scan or fax copies of the evidence to the pharmacy (or use the postal / courier service, but see NOTE below) and the pharmacy can note that the evidence provided was not in original format. It is for the pharmacist in charge to determine if the evidence is satisfactory or not and, if not, then cross the 'Evidence not Seen' box."

5.43 The Committee was therefore satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 7(3) of Schedule 4.

5.44 The Committee moved on to consider whether the Applicant had explained how charges will be paid.

5.45 The Committee noted SOP 6, under the heading 'Paid NHS Prescription', states:

5.45.1 "*Check the prescription to confirm how many charges are due.*

Check to see if any fees have been paid and if so, was the correct amount paid?

Contact the patient to arrange payment using the secure payments system using the "customer not present" option.

If no fees have been paid or there is a discrepancy between fees paid and those due, the patient should be contacted and directed to pay the appropriate fees via the online payment system."

5.46 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 7(5)(b) of Schedule 4.

Providing ordered drugs or appliances

5.47 The Committee considered whether the Applicant had explained how drugs/appliances will be provided to the patient (including to ensure that (i) the 'cold chain' is maintained, where relevant, and (ii) that the requirements of the Misuse of Drugs Regulations 2001 and, in particular, Regulations 14 and 16, are met).

5.48 The Committee noted that SOP 'Order Delivery' states under the heading 'Transfer to the Delivery Driver':

5.48.1 *"Ensure that the pharmacist on duty is available to supervise the handing over of all items for delivery.*

Ensure that any special instructions for the delivery are included with the packaging.

Ask the delivery driver to check the details on the delivery sheet correspond to the deliveries.

Ensure the delivery driver completes all the sections on the delivery sheet including their name and the date.

Ensure the delivery driver is notified of any messages for the patient or representative.

Make and retain a copy of the delivery sheet until the original has been returned by the delivery driver. The original must be returned to the pharmacy on the same day.

Ensure the deliveries are placed in the delivery vehicle and are stored securely and out of sight. The delivery vehicle must be locked at all times when left unattended.

At hand-over to the driver / courier ensure that any current falsified medicines regulation or guidance is followed."

5.49 Further, under the heading 'Delivery of a Prescription via Royal Mail (not for Cold chain or CDs)', the same SOP states:

5.49.1 *"Follow preparation for delivery process. The pharmacist must contact any patients for whom there are relevant messages or counselling required.*

Ensure that the pharmacist on duty is available to supervise the handing over of all items for delivery.

Print and attach relevant Royal Mail Signed For delivery labels using the Royal Mail online business account and attach securely to outer packaging.

Ensure a return address is printed clearly on the outer packaging.

Confirm details of all prescriptions to be delivered.

Make a note of all Tracking numbers for prescriptions being delivered by Royal Mail on Delivery Log sheet.

Ensure Royal Mail driver signs Delivery Log sheet for all prescriptions being accepted for delivery. Store Delivery Log sheet for a minimum of 3 months from dispatch date.

Email patients dispatch confirmation with their Tracking number when the prescriptions have left the premises.

All deliveries will require a signature from the patient to confirm receipt of their prescription."

5.50 The Committee noted that SOP 20 also states, under the heading 'Cold chain delivery via courier':

5.50.1 "*All cold chain deliveries must be carried out by couriers with verified and approved cold chain procedures. A list of approved cold chain couriers is available within the Pharmacy and will be updated from time to time. Each approved courier meets stringent criteria to ensure a fully monitored and dedicated cold chain service.*

Specialist cold chain courier service will ensure the integrity of the cold chain and the maximum stability of thermo-liable drugs by packing, transporting and delivering in such a way that their integrity, quality and effectiveness are always preserved. This is a dedicated, fully monitored and temperature controlled delivery service.

Any breach of cold chain conditions will be notified to the driver and any affected delivery will be cancelled with the pharmacy informed of the cold chain breach.

…

Staff must confirm with the RP if wishing to use a courier company other than the NOMINATED courier above.

Ensure any items for cold chain delivery via courier are stored in the fridge and accompanying items are appropriately marked with a fridge line sticker. Accompanying items must include a note to explain that fridge items will be delivered separately to the rest of their items to enable the cold chain to be maintained.

…

A delivery must be booked using the couriers specified Cold Chain Services (refer to booking procedure with courier in the "cold chain courier" folder),

Select a delivery maintaining 2– 8°C unless the item requires shipping at a different temperature.

The cold chain item must be kept in the fridge until the courier arrives to accept the delivery.

Confirm with the courier that the delivery will be maintained at the booked temperature range.

Confirm details of all prescriptions to be delivered.

The courier must scan a barcode sticker for each item. The pharmacy retains a copy of the barcode which is also the tracking number.

Make a note of all Tracking numbers for prescriptions being delivered by the courier on Delivery Log sheet.

Ensure courier signs Delivery Log sheet for all prescriptions being accepted for delivery.

Remove items from the DELIVERY FRIDGE and match against the delivery log and place a copy of the barcode sticker on the packaging.

At hand-over to courier scan the aggregated FMD code [NOTE THAT A NEW FMD PROCESS HAS YET TO BE AGREED POST BREXIT] (the system will disaggregate the unique identifiers and forward them to the NMVS for decommissioning)

Give all fridge line deliveries to the courier.

Store Delivery Log sheet for a minimum of 3 months from dispatch date.

Contact the patient and dispatch confirmation with their Tracking number when the prescriptions have left the premises. Live tracking with estimated ETA is available via the courier website.

All deliveries will require a signature from the patient to confirm receipt of their prescription."

5.51 Under the heading 'Unsuccessful cold chain delivery via courier', SOP 20 states:

5.51.1 *"In the event of an unsuccessful delivery, the courier will leave a 'Missed Delivery' card, stating the date and time of the attempted delivery along with details of how to contact the courier to arrange the redelivery. The patient can then rearrange delivery for a convenient time by telephone or Internet.*

We operate to a 48 hour maximum window for cold chain deliveries and the courier will keep the cold chain intact until successful delivery for up to 48 hours. After 48 hours the items will be returned to the pharmacy and the pharmacy will contact the patient to rearrange delivery."

5.52 Under the heading 'Breach of Integrity of Cold Chain', SOP 20 states:

5.52.1 *"The courier ensures temperature integrity throughout the supply chain, from point of collection & goods-in to pharmaceutical storage to final delivery.*

The cold chain service is a dedicated, fully monitored and temperature controlled delivery service. However, in the event of any breach in the integrity of this service, the system automatically alerts the delivery driver that the cold chain has not been kept intact.

Where such an event occurs, the courier is instructed to leave a 'Missed Delivery' card and also inform the pharmacy that the delivery was unsuccessful due to a breach of the cold chain. The pharmacy must

arrange for immediate re-delivery of the items via courier and the return of the items that have failed to be delivered to the pharmacy by the courier. items subject to a cold chain breach may not be re-used and must be segregated from the pharmacy stock."

5.53 Further in SOP 20, "Order Delivery", the Committee noted the following:

5.53.1 *"20.11 Delivery of prescription to patient or representative address*

Ask the patient/representative for their name and address.

Check the patient name and address against the prescription and the bag label. Patient confidentiality should be maintained at all times, especially if delivering to a representative.

Where appropriate ask the patient or representative to complete the reverse of the prescription.

Hand the medication to the patient or representative.

Ask the patient or representative to sign their details on the delivery sheet. If they are unable to sign the delivery sheet the delivery driver should sign on their behalf with their consent and write a note explaining the reason the patient or representative could not sign.

If necessary, collect any medication returns. Always use the Patient Returned Medication Tray that is available in the delivery vehicle. Refer to the Patient Returned Medicines SOP for further guidance."

5.53.2 *"20.12 Successful delivery*

Once the deliveries are completed, return the delivery sheets to the pharmacy on the same day. The delivery sheets must be scanned into the pharmacy IT system and kept for a minimum period of 7 years."

5.53.3 *"20.13 Unsuccessful Delivery*

If the patient or representative is not able to receive the delivery of their medication, complete the 'attempted delivery' form and post it through the letterbox. The form will have details for arranging re-delivery.

The prescription and medication must be returned to the pharmacy on the same day and the pharmacist informed of the unsuccessful delivery.

The pharmacy must follow up the unsuccessful delivery by contacting the patient to arrange a second delivery time.

DO NOT:

Post the medication through the letter/post box.

Leave the medication in the porch or any other out building.

Leave the medication at an unauthorised address."

5.54 The Committee noted that SOP 24 'Controlled Drugs: Delivery' states under the heading 'Delivery of Schedule 2 & 3 CDs':

5.54.1 *"A robust audit trail is essential when controlled drugs are involved. The delivery can be made to a person who is not the patient (the patient must have given authorisation for a representative to take receipt of CDs on their behalf). A Controlled Drugs Delivery Sheet must also be filled in for CD deliveries in addition to the Delivery Log sheet.*

CDs must be in a separate bag to any other medication being delivered and the bags should be attached together.

CDs and any other medicines on that patient's delivery must be stored in the lockable compartment of the delivery van and out of sight.

The delivery van must be kept locked at all times when the driver is not in the vehicle.

The delivery driver/courier must sign the back of the prescription as the representative when accepting the CD for delivery.

The delivery driver/courier must check the identity of the person accepting the delivery to ensure that it is the patient or authorised representative (passport, driving licence or government approved photo ID card are acceptable forms of ID). A delivery cannot be left with anyone who is not the patient or their authorised representative.

Any falsified medicines rules introduced by the UK must be followed

All entries in the CD register must be made when the medication leaves the pharmacy premises. The delivery driver/courier must be entered as the 'person collecting'.

The prescription must be retained in the pharmacy until the delivery driver returns the appropriate paperwork signed by the patient or representative to confirm successful delivery or the patient signature is confirmed online if delivered by courier."

5.55 Under the heading 'Successful Schedule 2 & 3 Delivery' SOP 24 states:

5.55.1 *"The delivery driver/courier must check the identity of the person accepting the delivery to ensure that it is the patient or authorised representative. A delivery cannot be left with anyone who is not the patient or their authorised representative.*

For all successful deliveries the Controlled Drug delivery sheet signed by the patient or online courier delivery record should be cross-

referenced with the prescription and CD register prior to the prescription being processed as part of the end of day procedure."

5.56 Under the heading 'Unsuccessful Schedule 2 & 3 Delivery via pharmacy driver' SOP 24 states:

5.56.1 *"Unsuccessful deliveries sent with a pharmacy driver must be returned to the pharmacy on the same day and entered back into the CD register where appropriate with an explanation. These must then be secured in the CD cabinet where appropriate."*

5.57 Under the heading 'Unsuccessful Schedule 2 & 3 Delivery via courier', SOP 24 states:

5.57.1 *"Unsuccessful deliveries sent with a courier must be returned to the pharmacy on the same day and entered back into the CD register where appropriate with an explanation. These must then be secured in the CD cabinet where appropriate. Where the time of attempted delivery means that the return cannot be made on the same day, the courier will store the drugs at their approved warehouse overnight.*

When a failed delivery occurs, the tracking service will notify the pharmacy and the patient of the failed delivery so that delivery can be re-arranged for the patient at the next convenient time or returned to the pharmacy."

5.58 Further, under the heading 'Note re Use of Couriers for Controlled Drugs Deliveries' SOP 24 states:

5.58.1 *"The courier has pharma grade specialist facilities to meet specific quality and validation requirements for healthcare products. This includes Home Office licensed controlled drug stores."*

5.59 Based on the information before it, the Committee was satisfied that the Applicant had provided information sufficient to show that there would be compliance with paragraph 8(1) of Schedule 4.

5.60 The Committee considered whether the Applicant had explained the arrangements which ensure that, for appliances which require fitting / measuring, a registered pharmacist measures / fits them.

5.61 The Committee noted that in its application form, the Applicant had left the section regarding appliances blank.

5.62 The Committee noted SOP 27 'Support for Self-care, Signposting and Health Promotion' states under the heading 'Items Requiring Measuring and Fitting':

5.62.1 *"Where a prescription is received for an appliance or stoma appliance customisation or any item that requires measuring or fitting the patient must be contacted and informed that these items are not available from this pharmacy as we do not provide a measuring and fitting service. Patients must be signposted to at least two other providers of the service in their area."*

5.63 In the event that the application is granted, the Applicant would not therefore be able to provide to patients any appliances that require measuring or fitting.

5.64 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 8(4) of Schedule 4.

5.65 The Committee considered whether the Applicant had explained what containers would be suitable for posted/delivered items.

5.66 The Committee noted that SOP 19 'Bagging Up' states under the heading 'Choice of Packaging':

5.66.1 *"Choice of packaging will depend on the nature of the items being delivered and the appropriate level of protection must be used to ensure that the item can withstand the normal rigours of the delivery process.*

All packaging must have the tamper proof seals provided in the pharmacy attached to the packaging so that any tampering with the packaging will be evident.

Medicine for local delivery which is not fragile and to be delivered by the delivery driver can be packaged in the using the pharmacy bags supplied for standard prescription items.

DO NOT use normal cardboard boxes. When cardboard boxes are required ALWAYS use the re-enforced boxes that are purchased for delivery purposes.

For postal items, either:

At the very least - padded envelopes even for non-fragile items as this will help to ensure the integrity of the manufacturers packaging.

*For most items - bubble wrap and where necessary, polystyrene filler, placed within a cardboard box. **use the re-enforced cardboard boxes***

Large or any fragile medicines should be packed into the re-enforced cardboard boxes with bubble packaging and filling material to protect from damage.

Coldchain items should be bubble wrapped and placed in Styrofoam filled re-enforced cardboard boxes and kept in the DELIVERIES FRIDGE (rather than the storage fridge) with the "FRAGILE" and "FRIDGE LINE" stickers attached. The courier company will transport the boxes in vans with cold chain sections that protect the integrity of the box ("cold ship" packaging) and are fully monitored – typically at 2 to 8 degrees Celsius range- (see delivery SOP). Pharmacy staff should be aware that some thermolabile products can be damaged by excessive cold as well as heat. Items such as ice packs can cause

freezing in medicines which is damaging to them and such items must not be used." [emphasis provided in the SOP]

5.67 Based on the information placed before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 8(15) of Schedule 4.

Refusal to provide drugs or appliances ordered

5.68 The Committee asked itself how the Applicant will be satisfied that when dispensing a repeatable prescription other than on the first occasion, that the patient is still using the medication, is not suffering from any side effects, the medicine regimen has not changed in any way and there has been no changes to the patient's health, which may indicate the desirability of reviewing the patients treatment.

5.69 The Committee noted that SOP 35 'Repeat Dispensing' states under the heading 'Pharmaceutical & Legal Assessment':

5.69.1 "*Terms of Service states that a pharmacy must, when providing drugs in accordance with a repeatable prescription the importance of only requesting those items which they need. Patients should be so advised either by phone or through the inclusion of written information with delivered medication.*

The pharmacist should telephone and speak with the patient before issuing a repeat and ensure:

They are taking or using, and likely to continue to take or use the medicine or appliances appropriately

Advise the patient that they should only order items that they need

Check that the patient is not suffering any side effects which may suggest they need a review of their medication

Check that the patient's regimen has not been changed since the prescriber authorised the repeatable medication.

Check that there has not been any change to the patient's health since prescription was authorised

Provide advice and encourage patients with long term, stable medical conditions to discuss repeat dispensing of their medicine with their prescriber.

Any interventions, referrals (to the patient's GP or otherwise) or refusal to supply decisions which are deemed to be clinically significant should be recorded on the Intervention and Referral Form which must be shared with the patient's GP."

5.70 The Committee further noted that under the heading 'Prescription Reception', SOP 35 states:

5.70.1 "*Check to confirm if the patient has a long term, stable medical condition that requires regular medicine in the short to medium term and ensure relevant patients have the scheme explained to them.*

The pharmacy record card must be completed and attached to a RA and an entry made on each occasion a dispensing takes place.

Any amendments to the RD, e.g. items not issued or change to expected interval must be recorded in the comment section of the pharmacy copy of the card.

When a RA is accepted the details should be checked thoroughly to ensure that there are no omissions or errors which could prevent the dispensing of all the batch prescriptions.

The RA should be retained in the pharmacy although it is the patient's choice whether they leave the RD with the pharmacy or retain them."

5.71 The Committee was therefore satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 9(4) of Schedule 4.

Further activities to be carried out in connection with the provision of dispensing services

5.72 The Committee considered whether the Applicant had explained how appropriate advice about the benefits of repeat dispensing to be given to any patient who (i) has a long term, stable medical condition (that is, a medical condition that is unlikely to change in the short to medium term), and (ii) requires regular medicine in respect of that medical condition.

5.73 The Committee noted SOP 35 'Repeat Dispensing' under the heading 'Prescription Reception' states:

5.73.1 *"Appropriate advice about the benefits of repeat dispensing must be given to any patient who:*

has a long term, stable medical condition (that is, a medical condition that is unlikely to change in the short to medium term); and,

requires regular medicine in respect of that medical condition, including, where appropriate, advice that encourages the patient to discuss repeat dispensing of that medicine with a prescriber at the provider of primary medical services whose patient list the patient is on.

Such advice will be provided by the Pharmacy using its permissible methods of non face-to-face contact with patients.

On receipt of a repeatable prescription from the patient, either in the post or collected from the surgery for the first time, the pharmacy staff should ensure that the patient fully understands the Repeat Dispensing Process and is provided with a patient information leaflet that outlines the benefits of the service."

5.74 Further, under the heading 'Pharmaceutical & Legal Assessment', SOP 35 states:

5.74.1 *"Provide advice and encourage patients with long term, stable medical conditions to discuss repeat dispensing of their medicine with their prescriber."*

5.75 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 10(1) of Schedule 4.

Disposal service in respect of unwanted drugs

5.76 The Committee considered whether the Applicant had explained or otherwise demonstrated how it will safely and effectively accept and dispose of unwanted drugs presented to it for disposal.

5.77 For the return of controlled drugs, the Committee noted SOP 25 'Controlled Drugs: Collection and Disposal of Patient Returns' under the heading 'Patient Returned Medication' states:

5.77.1 "*This service is available to <u>all</u> patients living in England.*

Patients or their representatives <u>may not</u> return and medicines directly to the pharmacy and must follow the procedures set out in this SOP.

Patients should be referred to the 'Returning unwanted medication' page on the website for information.

To arrange the return of unwanted medicines to the Pharmacy the patient must telephone and speak to a member of the dispensary team. For controlled drugs this must always be the pharmacist on duty.

The process for returning medication must be explained to the patient.

Each return will be made by booking an appointment for the pharmacy's driver to visit the patient's home to collect the returned medication or by sending the appropriate packaging to the patient to arrange for return by Royal Mail …" [emphasis provided in the SOP].

5.78 Under the heading 'Return by Royal Mail' SOP 25 states:

5.78.1 "*The pharmacist must*

Speak to the patient about the return and clarify the items being returned.

Assess the items for suitability for return by Royal Mail

If items are suitable for return by Royal Mail then make a note on the PMR and arrange to send the appropriate packaging to the patient for safe return (refer to bagging up SOP for appropriate packaging)

If items are not suitable for return by Royal Mail (e.g. clinical or contaminated waste) then provide the patient with details of their local procedures for disposal.

Send the packaging to the patient along with the instructions for appropriate packing of the goods

Contact the patient to ensure that the packaging has been received

Provide signposting to other pharmacies where the patient prefers to dispose of unwanted medicines locally."

5.79 The Committee noted that SOP 25 further states, under the heading 'Handling Patient Returned CDs from Delivery Driver':

5.79.1 *"Drivers need to:*

Be aware that they cannot accept patient returns from patients without prior arrangement. The driver must notify the patient to follow the "returning unwanted medication" process as set out on the website.

Ensure that appropriate packaging is within the van prior to starting the journey as the patient may not have requested the correct type or there may be a requirement for additional packaging."

5.80 The Committee noted that SOP 26 'The Safe and Effective Receipt and Disposal of Medicines' states under the heading 'Process for Patients to Return Medication':

5.80.1 "*Patient Returned Medication*

Patients or their representatives MAY NOT return and medicines directly to the pharmacy and must follow the procedures set out in this SOP.

This service is available to all patients living in England.

Patients can be referred to the 'Returning unwanted medication' page on the website for information.

To arrange sending medication back to the Pharmacy the patient must telephone and speak to a member of the dispensary team.

Patients may

Arrange collection by the Pharmacy driver at an appointed time, or

Send unwanted medication back to the Pharmacy via courier (at the pharmacy's cost), or Royal Mail (subject to risk assessment of contents by the RP in advance) or,

The Pharmacy can arrange for medication to be collected by our specialist waste management contractor.

Advise patient of their other options to dispose of unwanted or expired medication if none of these options is suitable for them (signposting to local pharmacies)."

5.81 Under the heading 'Process for accepting patient returns by the Driver' SOP 26 states:

5.81.1 "*Confirm that a collection of unwanted medication for disposal has been booked. Returns without a booking should only happen in exceptional circumstances as this increases the chance that the proper process for segregation of medicine has not been followed.*

Ensure you are fully equipped with the utensils in your vehicle to accept unwanted medication as patients may have placed unwanted medication into incorrect bags

Wear appropriate protective clothing where there is a requirement to handle any returned waste.

Identify any controlled drugs (check with the pharmacist if necessary); segregate these and place in a labelled clear bag for the pharmacist for denaturing and disposal. For further guidance read SOP Controlled Drugs: Disposal of Patient returned medication'.

Identify any sharps and ask the customer to take these back if it safe to do so, signposting to the most appropriate route of disposal.

Identify any cytotoxic or other hazardous waste (check with the pharmacist where necessary).

Identify any flammable waste and store separately until this can be removed by the waste contractor.

Where large quantities of the same medicine are being returned, then report this to the pharmacist as this could indicate a compliance issue requiring intervention.

Complete the 'Patients Returns Sheet' detailing the patients name and address, also if relevant their representatives name.

Store returned medicines in the quarantine area of the van for transport.

The returnable items can be taken back to the pharmacy for destruction.

Ensure medicines are not visible in the vehicle at all times"

5.82 SOP 26 goes on to state under the heading 'Disposal of returned medicines':

5.82.1 "*Use the specialist waste management company to provide safe and secure disposal of unwanted medicines by collection of unwanted medicines from patients and residential homes.*

Unwanted medicines collected by the driver must be sorted and placed in disposal units / containers provided by the NHSCB or a waste contractor retained by the NHSCB ready for waste management services to collect."

5.83 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 13 – 15 of Schedule 4.

Promotion of healthy lifestyles

5.84 The Committee considered whether the Applicant had explained how it will safely and effectively promote healthy lifestyles.

5.85 The Committee noted that SOP 28 'Promotion of Healthy Living, Lifestyles & Health Campaigns' under the heading 'Health Campaigns and Community Engagement Exercise' states:

5.85.1 *"Terms of Service require participation in up to 6 campaigns per financial year, but you should agree to take part in all campaigns where practicable.*

The Pharmacy will take part in national health campaigns to promote public health messages to patients across England. This will be achieved by sending out leaflets with prescriptions during specific targeted campaign periods and providing additional advice and learning resources via the website on the health promotion zone.

The pharmacy will also take part in at least one approved community engagement exercise in relation to the promotion of health living each financial year.

Patients will be directed to the learning resources via email, text and other non face-to-face communication so that they are aware of the campaign.

Patients should also be assessed for participation in at least one clinical audit and whichever of the following that the NHSCB specifies—

(i) a clinical audit carried out in a manner which is compatible with the NHSCB's arrangements for the receiving and processing of data from the audit, or

(ii) a policy based audit (to support the development of the commissioning policies of the NHSCB) carried out in a manner which is compatible with the NHSCB's arrangements for the receiving and processing of data from the audit.

We will also offer help and support on our website and direct patients to appropriate links for the health campaigns. This will ensure that patients across the UK are able to easily access information about health campaigns at all times."

5.86 SOP 28 also states, under the heading 'Identification of patients for promotion of Healthy Lifestyles':

5.86.1 *"Leaflets will be delivered to patients with their medication. Those identified as having medical conditions such as diabetes, coronary heart disease, COPD, Asthma, high blood pressure, smokers, overweight individuals, etc. or being at risk from them or other conditions will also receive targeted campaigns. The website, app and email newsletters will also be used to promote healthy lifestyles via the health promotion zone."*

5.87 The Committee was therefore satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 16 – 18 of Schedule 4.

Prescription linked intervention

5.88 The Committee considered whether the Applicant had explained how it will assess whether persons require prescription linked intervention advice because they have diabetes, are at risk of coronary heart disease, smoke or are overweight.

5.89 The Committee noted that SOP 28 'Promotion of Healthy Living, Lifestyle & Health Campaigns', under the heading 'Identification of patients for promotion of Healthy Lifestyles', states:

5.89.1 "*Identification can take three forms, namely, passive, active, or as part of the repeat (or normal) dispensing process.*

***Active patients** will be those who have chosen to access the Lifestyle Questionnaires via the website or returned them by post and who are then identified from the results as patients to whom further information should be sent, or who should be called to follow up on the results and offer additional support and information. All patients who have prescriptions dispensed or purchase medicines from the pharmacy will be asked to fill in the Lifestyle Questionnaire which will ask for details such as existing medical conditions, height, weight and also lifestyle questions such as whether a patient is a smoker and how much exercise they normally have on a weekly basis.*

***Passive patients** are those where the identification happens as part of another interaction with the patient, but where the patient does not appear to be actively seeking additional assistance. For example, the*

dispensing of a prescription which identifies the patient as having high blood pressure / diabetes etc.

***As part of repeat dispensing process (or during any other interaction with a patient)** staff should record the information provided by patients on the PMR system. Where a patient provides information that indicates that they would benefit from promotion of healthy lifestyles they should be recorded as a 'target patient' and the appropriate information that is relevant to them should be provided.*

Leaflets will be delivered to patients with their medication. Those identified as having medical conditions such as diabetes, coronary heart disease, COPD, Asthma, high blood pressure, smokers, overweight individuals, etc. or being at risk from them or other conditions will also receive targeted campaigns. The website, app and email newsletters will also be used to promote healthy lifestyles via the health promotion zone." [emphasis provided in the SOP]

5.90 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 17 of Schedule 4.

Health Campaigns

5.91 The Committee considered whether the Applicant had explained or otherwise demonstrated how it will safely and effectively participate in health campaigns, if and to the extent required by the Commissioner.

5.92 The Committee noted that SOP 28 'Promotion of Healthy Living, Lifestyle & Health Campaigns' under the heading 'Health Campaigns & Community Engagement Exercise', states:

5.92.1 *"The Pharmacy will take part in national health campaigns to promote public health messages to patients across England. This will be achieved by sending out leaflets with prescriptions during specific targeted campaign periods and providing additional advice and learning resources via the website on the health promotion zone.*

The pharmacy will also take part in at least one approved community engagement exercise in relation to the promotion of health living each financial year.

Patients will be directed to the learning resources via email, text and other non face-to-face communication so that they are aware of the campaign.

…

We will also offer help and support on our website and direct patients to appropriate links for the health campaigns. This will ensure that patients across the UK are able to easily access information about health campaigns at all times.

The Pharmacy will use the opportunity when dispensing prescriptions for patients who have conditions such as diabetes, heart disease, obesity and high blood pressure, to offer health advice over the phone or provide them with leaflets about their conditions. Patients will also be able to speak to the pharmacist regarding information about the campaigns. Advice and help will be available to patients during opening hours of the pharmacy and patients can access information on our pharmacy website at all times. This ensures the uninterrupted provision of the service to patients across England."

5.93 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 18 of Schedule 4.

Signposting

5.94 The Committee considered whether the Applicant had explained or otherwise demonstrated how it will provide information to users of its pharmacy about other health and social care providers and support organisations.

5.95 The Committee noted that SOP 27 'Support for Self-care, Signposting and Health Promotion' states under the heading 'Patient Identification':

5.95.1 *"Identification can take place during any interaction that the patient has with the pharmacy staff. In particular, staff should consider the results from the identification of patients for the promotion of healthy lifestyles and those who have filled in the Lifestyle Questionnaire on the website.*

Staff should always consider that in order to minimise inappropriate use of health and social care services and of support services and person who:

requires advice, treatment or support that we cannot provide; but

we are aware of another provider of health services who is likely to be able to provide that advice, treatment or support.

We must provide the patient with contact details of that provider and, where appropriate, refer the person to the provider. At least two providers should be identified if this is possible."

5.96 The Committee further noted that SOP 27 states under the heading 'Other Provider Organisations and Support Details':

5.96.1 *"Details of local health and social care providers to whom patients can be referred as well as contact details for local patient and support groups can should be provided to patients via written mailshots, flyers sent with prescription deliveries, our website and by telephone or email."*

5.97 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 19 – 20 of Schedule 4.

Support for Self-Care

5.98 The Committee considered whether the Applicant had explained or otherwise demonstrated how it will provide advice and support for people caring for their families.

5.99 The Committee noted that in SOP 27 'Support for Self-Care, Signposting and Health Promotion', under the heading 'Service Outline', it states:

5.99.1 *"Upon receipt of a request for help with the Support for Self-Care, including treatment of minor illness and long-term conditions, pharmacy staff should consider available resources and provide general information and advice on how to manage illness.*

If appropriate, access the patient's Summary Care Record / National Care Records Service to see if it assists in delivery of the service.

…

The pharmacist should provide advice on the appropriate use of non-prescription medicines which can be used in the self-care of the relevant minor illness and / or long-term conditions."

5.100 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 21 – 22 of Schedule 4.

Discharge Medicines Service

5.101 The Committee considered whether the Applicant had now explained how it will provide advice, assistance and support to and in respect of a health service patient – (a) recently discharged from hospital who is referred to P for advice, assistance and support in respect of the patient's medication regimen by the staff of the hospital in which the patient stayed; or (b) who is otherwise referred to P for advice, assistance and support in respect of the patient's medication regiment by the staff of an NHS trust and NHS foundation trust as part of arrangements linked to the transfer of care between different providers of NHS services.

5.102 Further, the Committee considered whether the Applicant had explained what procedures it has in place for checking referrals for the discharge medicines service.

5.103 The Committee noted SOP 29 'Discharge Medicines Service ("DMS")' states under the heading 'Process':

5.103.1 *"Every day the RP must check the pharmacy's NHS mail system, PharmOutcomes and Refer to Pharmacy for referrals to the DMS. Pharmacy contractors must consider any communication in the*

following form and manner as constituting a referral: "Any written patient information received by a community pharmacy via secure electronic message from an NHS trust or other provider of NHS services concerning a patient's discharge to usual primary care services and their medicines regimen"."

5.104 The same SOP, under the heading 'DMS Stages', goes on to state:

5.104.1 *"It is expected that all patients referred to the pharmacy will receive all three stages of the service. Note that stages 1, 2 and 3 of the service may occur in parallel and first contact with the patient (as defined in the NHS Discharge Medicines Service toolkit) could happen at any stage in the process."*

5.105 The Committee noted that, under the heading 'Additional advice, assistance and support', SOP 29 states:

5.105.1 *"When the pharmacy either receives a prescription (in whatever form) or has been made aware via a referral to the DMS that a prescription is the first prescription for a medicine that has been made following the patient's discharge from hospital, or where the patient's care has been transferred from another NHS service provider, the following steps must be followed:*

Summary Care Record / National Care Records Service Access - If appropriate, access the patient's Summary Care Record / National Care Records Service to see if it assists in providing the service.

Arrange a live video call or audio call with the patient (or where appropriate and bearing in mind the duty of confidentiality their carer to; [sic]

Assess the patient / carer understanding of the medicines that the patient should be taking.

The patient should have received a copy of the prescribed medication from the hospital which lists the medication you are taking. This must match the discharge prescription when written.

If changes have been made to the patient's medication regimen, clearly explain the changes.

Offer such advice, assistance and support as is appropriate in your clinical judgement in respect of the medicines being taken and the medication regimen overall.

Think about high risk medicines or those where the treatment is more complex and where extra advice and support should be provided – e.g. anticoagulants.

Discuss common or expected side effects.

Discuss the use of medication apps which can be downloaded and may help the patient stick to their treatment plan.

If injectables have been prescribed and the patient is considered to be able to self-administer these, then have they received appropriate training from their GP practice nurse or hospital?

Inform the patient / carer about

The disposal service offered in respect of unwanted drugs (see separate SOP). This is particularly relevant to medicines which may still be in the patient's home but may no longer be prescribed.

Any other pharmaceutical services that the patient or their carer may benefit from following their stay in hospital and / or the transfer of care from another NHS pharmacy.

Follow up

Where you identify any areas of concern then to the extent it is appropriate to do so in your clinical judgement, contact the patient's GP to discuss the concerns and consider any appropriate action plan to deal with the concerns.

In every case it is important to keep and maintain records of the above discussions, concerns and actions taken as part of providing this service and these will also assist in service evaluation processes."

5.106 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 22B and 22C of Schedule 4.

Websites and health promotion zones

5.107 The Committee considered whether the Applicant had explained how it will ensure that it has a website for use by the public for the purpose of accessing pharmaceutical services from those premises, on which there is an interactive page, clearly promoted to any user of the website when they first access it, which provides public access to a reasonable range of up to date materials that promote healthy lifestyles by addressing a reasonable range of health issues.

5.108 The Committee noted that SOP 27 'Support for Self-care, signposting & Health Promotion' states under the heading 'Health Promotion Zone on our website':

5.108.1 *"The website allows patients to access pharmaceutical services via our interactive page.*

Explaining the Interactive Page to Patients

The interactive page is promoted on the website so that when a patient first visits the website they are signposted to a range of up to date materials that promote healthy lifestyles.

The Superintendent Pharmacist is responsible for ensuring that a reasonable range of materials are accessible via the interactive page and that they address a reasonable range of health issues.

The health promotion zone may also includes [sic] *details of current health campaigns and other information to promote healthy lifestyle choices as well as providing access to the Lifestyle Questionnaire that is used to target health information to patients."*

5.109 Further, the Committee noted that SOP 28 'Promotion of Healthy Living, Lifestyle & Health Campaigns', under the heading 'Identification of patients for promotion of healthy lifestyles', states:

5.109.1 *"…The website, app and email newsletters will also be used to promote healthy lifestyles via the health promotion zone".*

5.110 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 28C of Schedule 4.

Summary

5.111 On the information before it, the Committee could be satisfied that there are procedures likely to secure safe and effective provision of pharmaceutical services as required by Regulation 25(2)(b).

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

5.112.1 confirm the Commissioner's decision;

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

5.112.3 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.

5.113 As the Committee has reached a different decision to the Commissioner, the Committee determined that the decision of the Commissioner must be quashed.

5.114 The Committee considered whether there should be a further notification to the parties detailed at paragraph 19 of Schedule 2 of the Regulations to allow them to make representations if they so wished (in which case it would be appropriate to quash the original decision and remit the matter to the Commissioner) or whether it was preferable for the Committee to reconsider the application.

5.115 The Committee noted that representations on Regulation 25 had already been made by parties to the Commissioner, and these had been circulated and seen by all parties as part of the processing of the application by the Commissioner. The Committee further noted that when the appeal was circulated representations had been sought from parties on Regulation 25.

5.116 The Committee concluded that further notification under paragraph 19 of Schedule 2 would not be helpful in this case.

6 Decision

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

6.2 The Committee:

6.2.1 quashes the decision of the Commissioner; and

6.2.2 redetermines the application as follows -

6.2.2.1 the Committee was satisfied that the premises of the Applicant are not on the same site or in the same building as the premises of a provider of primary medical services with a patient list;

6.2.2.2 the Committee was satisfied that all essential services were likely to be secured without interruption during the opening hours;

6.2.2.3 the Committee was satisfied that all essential services were likely to be secured for persons anywhere in England;

6.2.2.4 the Committee was satisfied that pharmaceutical services were likely to be secured in a safe and effective manner; and

6.2.2.5 the Committee was satisfied that pharmaceutical services were likely to be secured without face to face contact.

6.2.3 The application is granted.

Case Manager
Primary Care Appeals