NHS Resolution

9 March 2026

8th Floor
10 South Colonnade
Canary Wharf
London
E14 4PU

Tel: 020 3928 2000
Email: nhsr.appeals@nhs.net

REF: SHA/ 26762

APPEAL AGAINST HEREFORDSHIRE AND WORCESTERSHIRE ICB DECISION TO REFUSE AN APPLICATION BY MATRIX PRIMARY HEALTHCARE LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST OFFERING UNFORESEEN BENEFITS UNDER REGULATION 18 AT NEW HEALTH CENTRE, PORTERS MILL CLOSE, LEOMINSTER, HR6 8BL

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 refused.

A copy of this decision is being sent to:
Healthcare Plus Consulting Ltd on behalf of Matrix Primary Healthcare Ltd
PCSE on behalf of Herefordshire and Worcestershire ICB
Pharmacy Sales & Consultancy on behalf of W S & B Rees Chemists & Westfield Walk Pharmacy
Temple Bright LLP on behalf of Turpin Barker Armstrong

NHS Resolution

8th Floor
10 South Colonnade
Canary Wharf
London
E14 4PU

Tel: 020 3928 2000
Email: nhsr.appeals@nhs.net

REF: SHA/ 26762

APPEAL AGAINST HEREFORDSHIRE AND WORCESTERSHIRE ICB DECISION TO REFUSE AN APPLICATION BY MATRIX PRIMARY HEALTHCARE LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST OFFERING UNFORESEEN BENEFITS UNDER REGULATION 18 AT NEW HEALTH CENTRE, PORTERS MILL CLOSE, LEOMINSTER, HR6 8BL

1 The Application

By application dated 14 May 2025, Healthcare Plus Consulting Ltd on behalf of Matrix Primary Healthcare Ltd ("the Applicant") applied to Herefordshire and Worcestershire ICB ("the Commissioner") for inclusion in the pharmaceutical list offering unforeseen benefits under Regulation 18 at New Health Centre, Porters Mill Close, Leominster, HR6 8BL. In support of the application it was stated:

In response to "In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons:" the Applicant stated:

1.1 "N/A. There is no pharmacy trading from or adjacent to the proposed premises, so Regulation 31 does not apply."

In response to "please describe the unforeseen benefit(s) that you are offering to secure and how it will secure improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type in the HWB's area" the Applicant stated:

1.2 "Background

1.3 This application is in respect of opening a new pharmacy to provide better pharmaceutical access and choice for residents of Leominster, particularly for those residing in the North and North West of Leominster.

1.4 Planning permission has been granted for a new Primary Care Centre to be built on the disused ground at Marsh Court, via Porters Mill Close, HR6 8BL. It is anticipated that a pharmacy at this location will significantly improve patients' access to pharmaceutical provision, especially in connection with a visit to the Medical Centre and associated clinical facilities.

1.5 The new Leominster Hub Medical Centre is due to be completed in 2025. It is to house the Marches and Westfield Surgeries which merged in April, 2022 to become the Ryeland Surgery. Since April, 2022, Leominster has been served by only one doctor's surgery; the Ryeland Surgery, which currently has a combined patient list size of 19,261. Per 2021 Census data, Leominster houses approx. 11,959 residents. However, due to the rural nature of the surrounding

areas, the Ryeland Surgery in Leominster also serves patients residing in surrounding areas. Thus, when assessing the population that will utilise pharmaceutical services at the new proposed site in Leominster, it is more prudent to assess the patient list size of the local doctor's surgery. Hence, we can see that there is currently a 19,000+ population reliant on the existing GP Surgery, which we anticipate will utilise pharmaceutical services at the new Medical Centre.

1.6 It is envisaged that the medical centre will form a wider healthcare hub for the residents of Leominster. The Medical Centre will deliver modern primary care services to meet the health and social care needs of Leominster, as well as recruiting additional doctors, nurses and other staff. These professionals will work collaboratively to improve health outcomes for those residing in the local area through a number of dedicated work spaces.

1.7 The Medical Centre will consist of:

1.7.1 22 Consultation/Treatment rooms

1.7.2 A Health Promotion room

1.7.3 Ambulance space

1.7.4 Provision for a pharmacy integrated within medical centre

1.8 In addition to the offerings from the Centre, it is hoped that a Pharmacy will also be integrated within the two storey centre – subject to NHS licensing. It is clear that the new Medical Centre will be quite a significant health hub, which will not only be utilised by local residents, but also by residents all over Leominster and the surrounding areas.

1.9 We submit that such a healthcare hub would directly meet the targets outlined in Section 1.1 of the NHS Long Term Plan; in ensuring that healthcare is fully integrated, and community based.

1.10 We also note, according to the 2019 Index of Multiple Deprivation, Leominster contains some of the most deprived areas in the country. The proposed site is located in the Herefordshire 002B LSOA, which is amongst the most 20% deprived LSOAs in the country. The adjacent Leominster LSOAs 003C and 003D with residents who are likely to access the proposed site are also in the top 20% of most deprived LSOAs. It is evident that the proposed location and the areas surrounding it are highly deprived and can be described as some of the most deprived areas in the country. It is well documented that health needs are greater in deprived areas. When we also consider the pressure that the primary care network currently faces, it is imperative that this application is granted to support the current healthcare network and provide pharmaceutical aid for those in need. It is clear that a pharmacy at the proposed site would significantly increase access, choice and health outcomes for the deprived population residing near the proposed site, and the wider population who will be reliant on the new Health Hub.

1.11 <u>Proposed Location</u>

1.12 The proposed location is situated amongst highly deprived residential areas, within a new community healthcare hub. There will be wide walkways and good disabled access. The Health Centre will have ample parking with 81 spaces, 9 of which will be disability spaces.

1.13 Map above depicts proposed site in relation to wider Leominster area [provided].

1.14 Regulations

1.15 We are required by NHS England to address the overarching question in an Unforeseen Benefits application:

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

1.17 When considering the above question, the provisions of Regulation 18(2)(b) should be noted: [quoted in full]

1.18 We note that points on reasonable choice; protected characteristics; and innovation are desirable, however, they are merely supporting considerations when determining whether in fact the overarching test in regulation 18(2)(b) has been met: an application should be granted should it provide improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type in the HWB’s area.

1.19 We have addressed these regulations overleaf.

1.20 Wider population

1.21 It is important to reiterate that a large population will be reliant on the new Medical Centre. Leominster’s wider population and those residing in local rural areas are likely to access the new healthcare hub services. As previously mentioned, 19,000+ residents will be accessing GP services at the new Healthcare Hub as it will be the only GP Surgery in Leominster.

1.22 When we also consider plans for a huge new housing development within the town, including a minimum of 1,500 homes, we submit that the population in Leominster will continue to grow. Assuming an occupation rate of 2.5 per household, we can see that there will soon be an extra 3,750 additional residents that will be reliant on the healthcare hub, and it is highly likely that they will require access to pharmaceutical provision.

1.23 Once the healthcare hub has been developed, it is likely that a significant number of Leominster’s and its surrounding, rural population will seek to access their healthcare needs at this site. We submit that the absence of a pharmacy at what will ultimately be an important community healthcare hub does not represent reasonable choice nor sufficient access to pharmaceutical provision.

1.24 The new Medical Centre has 81 designated parking spaces, including 9 disabled spaces. This would improve access for the large reliant population because the current location is plagued by difficult access. There is no designated parking spaces outside of the Ryeland Surgery – only street

parking, which may prove difficult especially for the wider population of Leominster travelling by car.

1.25 We note that parking at the Ryeland's Surgery on Westfield Walk has been described as "non-existent", and that "parking problems have been an issue for residents in the area". See these articles below.

1.25.1 https://www.sunshineradio.co.uk/news/local-news/new-health-centre-still-on-in-leominster-despite-set-backs/

1.25.2 https://www.herefordtimes.com/news/19480632.pictures-site-new-herefordshire-gp-surgery-plans-approved/

1.26 Such little parking availability may deter patients from accessing GP and pharmaceutical services. Granting this application would resolve the parking issue for the reliant population, and restore reasonable choice and access to pharmaceutical services.

1.27 Localised population

1.28 In addition to providing reasonable choice to provision as part of a destination healthcare hub, a pharmacy at the proposed site will significantly improve health outcomes for local residents.

1.29 We note that the Proposed Location is situated in the Herefordshire 002B Lower Layer Super Output Area (LSOA), which is amongst the 20% most deprived LSOAs in the country. The proposed pharmacy will also be the local pharmacy for those residing in the Herefordshire 002A LSOA. Taking a look at latest Census population data figures from the 2021 Census, we can see that there are approximately over c. 3000 local residents that would utilise a pharmacy at the proposed site.

1.30 The localised population have limited mobility, with 23.2% of residents in the 002B LSOA and 23.4% of residents in the 002A LSOA having a disability under the 2010 Equality Act. When we compare these figures to the average of 17.3% of residents in England having a disability, we can see that there is a very high number of residents with limited mobility in the proposed site and surrounding LSOA that will most likely access the proposed location.

1.31 Given the local population may struggle when travelling longer distances, this calls into question whether they are accessing Pharmacy First services. The Committee will be aware that GP surgeries can refer patients to Pharmacy First, which requires clear communication between the GP and pharmacy. There may be instances where patients could be referred back to the GP, which would require the patient to embark on multiple journeys back and forth between the GP and pharmacy. Therefore, if a GP surgery and pharmacy are located together, they can work together without the patient with limited ability being required to make additional travel.

1.32 The Committee will also be aware that pharmacies are no longer just dispensers but also provide a number of other services such as blood pressure checks and Pharmacy First. Thus, it is important that pharmacies are sited where patients are likely to access them. We submit that a Pharmacy sited within this healthcare hub will enable patients to access a number of services

together, making them more likely to interact with the whole range of Pharmacy services. From a psychological standpoint, we submit that patients are more likely to interact with pharmaceutical provision when it is part of a wider healthcare hub and associated as part of a wellness setting.

1.33 We submit that these residents do not currently have reasonable choice or access to current pharmaceutical provision. We also submit that the interaction with other healthcare professionals within the hub will encourage patients to use all facets of pharmaceutical provision.

1.34 A Pharmacy at the proposed site will allow healthcare providers across the spectrum to work together in accordance with the vision of the NHS long term plan.

1.35 Patient Journeys

1.36 When considering securing better access, we consider what a typical patient journey would look like. We also consider the reasonable choice within these journeys, alongside how those with protected characteristics find those journeys.

1.37 Using the proposed site, HR6 8BL, Porters Mill Close as an arbitrary marker to represent these residents in the North of Leominster; we can see that the next nearest pharmacy is W.S & B. Rees Chemists, HR6 8LZ, which is 0.5 miles away. It must be noted that distance in itself is also a barrier to access. For residents currently residing near the proposed site, current pharmaceutical services are difficult to access by foot, car, and public transport.

1.38 **By Foot from Proposed Site to current nearest pharmacy (W.S & B. Rees Chemists, HR6 8BL)**

1.39 For those residents accessing the new Leominster Hub Medical Centre, this journey by foot is 0.5 miles or 11-minute walk, equating to a 22-minute round trip. For the less able-bodied this journey may be significantly longer. It is worth highlighting that distance in itself is a barrier to access.

1.40 We do not consider a 1-mile round walk to access pharmaceutical services as sufficient access, nor can we consider this as having a reasonable choice to pharmaceutical services, especially when we consider that patients would first have to travel to the Medical Centre to access GP services. Such a journey may prove difficult for the elderly, disabled, or parents with young children, and may be significantly longer. Groups with protected characteristics do not have sufficient access by foot.

1.41 It should also be noted that residents living to the North of the proposed site in 002B LSOA can experience an ever longer round journey to access pharmaceutical services. Some residents may have to endure a 44-minute journey, a 2-mile round trip to access current pharmaceutical services. Again, this is even less accessible than the journey above. As previously mentioned, such extensive travel could prove especially difficult for the 23.2% of residents in this LSOA who have limited mobility.

1.42 We also note that 30.6% of residents in Herefordshire's 002A LSOA are aged over 65+. When comparing this figure to England's average of 18.3% of

residents over the age of 65+, we can see that there is a very high number of elderly residents near the proposed site. We must consider that the elderly have higher health needs, and may need to make several journeys to access pharmaceutical services and the Doctor's Surgery.

1.43 To access the current nearest pharmacy requires a walk down Bridge Street and Mill Street, which are some of the busiest roads in Leominster with no pedestrian crossing. The elderly, disabled and those who are visually impaired may find it difficult to cross the road safely, and therefore may find it challenging to access pharmaceutical services.

1.44 When we also consider the high deprivation in the area, it is not unreasonable to interpret that walking will be the preferred mode of transport for a lot of residents due to the cost barrier that car travel and public transport may present.

1.45 When we consider that distance in itself is a barrier to access, such a journey length does not represent reasonable choice to pharmaceutical provision. The Health Hub will significantly improve access specifically for residents located in the North and North West of the town. Should this application be granted, it will reduce patients' journey from a 1.4-mile round trip to a 1-mile round trip, not ideal, but now significantly more accessible for those residing in the Herefordshire 002B and 002A LSOAs.

1.46 **By Car from Proposed Site to current nearest pharmacy (W.S & B. Rees Chemists, HR6 8BL)**

1.47 The journey by car to Rees Chemists, HR6 8LZ, is currently a 3-minute drive from the proposed site. However, there is no parking directly outside of the premises, and the nearest parking is a c. 100m walk. This additional walk may prove challenging for groups with protected characteristics such as the elderly, disabled and parents with young children.

1.48 It also must be noted that residents who live near the proposed site do not have the same access to a car as others may do in the surrounding areas. Per the 2021 Census, 25.1% of the households in the Herefordshire 002B LSOA and 22.7% of the households in the Herefordshire 002A LSOA did not have access to a car or van. When we compare these figures to the 14.4% no car or van figure for Herefordshire in 2021, we can see that access to a vehicle is extremely low for these residents.

1.49 As previously mentioned, there are 30.6% of residents aged over 65+ living adjacent to the proposed site. When we consider that many of these patients may not be able to drive, or even may not feel comfortable driving in winter conditions; alongside their inability to walk long distances, it is obvious that current pharmaceutical provision is inadequate and such scenarios stem from a lack of reasonable choice.

1.50 A pharmacy at the proposed site would encourage those within the deprived local communities without access to a car to walk to access pharmaceutical provision, given the more accessible location of the proposed site. We submit that a Pharmacy at the proposed site would encourage residents to interact with services above and beyond dispensing, such as Pharmacy First – ultimately leading to better health outcomes for the population.

1.51 **By Public Transport from Proposed Site to current nearest pharmacy (W.S & B. Rees Chemists, HR6 8BL)**

1.52 The journey to the current nearest pharmacy from the proposed site on Mill Street is not at all served by public transport. There is no direct bus service available when travelling from the proposed site to W.S & B. Rees Chemists. Clearly this does not provide adequate access to pharmaceutical services and presents barriers to access especially to groups who may find travelling on foot difficult such as the elderly, disabled, and parents with young children.

1.53 While a bus service is available in the surrounding areas, they are not frequent, with the 402 and 490 buses arriving every 2 hours at the nearest bus stop, Brook Hall bus stop. This journey requires an additional 3-minute walk to access Rees Chemists. Such poor choice of pharmaceutical access is felt especially by the elderly and disabled. These patients could face having to wait 2 hours for a return bus in the shivering cold on a winter's day. When we consider that these patients may be unable to walk the round trip to access pharmaceutical services and travel back home, it is obvious that pharmaceutical access and choice is inadequate.

1.54 Conclusion

1.55 We conclude that a pharmacy situated within the new community healthcare hub would provide significantly greater access to pharmaceutical provision for the Leominster population, especially in connection with visits to other medical facilities. A pharmacy at the proposed site would directly meet the targets of the NHS long term plan of fully integrated, community-based care. Given the new Leominster Hub Medical Centre will be the only GP Surgery in Leominster, pharmacy provision for the huge reliant population will benefit local residents and wider population significantly.

1.56 Granting this application would also secure better access to pharmaceutical services for the deprived localised population, who would benefit significantly from the more accessible location. The elderly, disabled, and the wider population are also likely to find the proposed pharmacy significantly more accessible than alternative choices.

1.57 We would like to note that granting this application would not cause significant detriment to access of pharmaceutical services, due to the fact that the nearest pharmacy to the proposed site is located 0.5 miles away.

1.58 On the evidence outlined above, we believe that a new pharmacy contract should be granted."

In response to "please explain how you intend to secure the unforeseen benefit(s)" the Applicant stated:

1.59 "An increase in local pharmacy capacity and improved choice to meet the needs of the local population, particularly for accessing service as part of a wider healthcare hub.

1.60 See enclosed Supporting information for further detail [see 1.2 to 1.58 above]."

2 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 3 October 2025 states:

2.1 "Herefordshire & Worcestershire 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 a right of appeal to the Secretary of State against Herefordshire & Worcestershire 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

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

2.4 "**Unforeseen Benefits**

2.5 Matrix Primary Healthcare Limited

2.6 **Best Estimate of the Proposed Site**

2.7 New Health Centre, Porters Mill Close, Leominster, HR6 8BL

2.8 CAS-366644-Q5D5P8

2.9 **Regulations in connection with this application**

2.9.1 Regulation 18

2.9.2 Regulation 19

2.9.3 Regulation 31

2.9.4 Regulation 40 -44

2.9.5 Regulation 66

2.10 **Deliberations**

2.11 The Committee noted that there are a few choices of pharmacies in the area and they are not offering any enhanced services.

2.12 **Decision**

2.13 Committee agreed with the recommendation to REFUSE the application.

2.14 **PSRC Determination**

2.15 Regulation 18 - Unforeseen benefits applications

2.16 18.—(1) If—

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

2.17 The Committee was not satisfied that granting the application, or granting it in respect of no services specified in it, would secure the improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the Herefordshire Health and Wellbeing Board. The applicant has not proposed to increase hours or services outside of what is currently offered by existing pharmacies.

2.18 This Regulation is deemed not to have been met

2.18.1 And

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

2.19 The Committee confirmed that the improvements or better access offered within the application were not included in the Herefordshire and Worcestershire Pharmaceutical Needs Assessment. The 2022-2025 Herefordshire and Worcestershire Pharmaceutical Needs Assessment was published in Autumn 2022. The conclusions of the Executive summary in page 8 of statement one says that there is currently sufficient provision of pharmacies in Herefordshire including Leominster delivering essential pharmaceutical services. Statement two of page 9 says there us good access to services by car. The. The entire population lives within a 20 minute car journey to a pharmacy or GP dispensing services and the only gaps in pharmaceutical services are in rural areas accessed by foot or public transport.

2.20 This Regulation is deemed not to have been met.

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

2.22 (2) Those matters are—

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

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

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

2.23 The Committee were satisfied that should the application be granted, it would cause significant detriment to the proper planning in respect of the provision of pharmaceutical services in the Herefordshire Health and Wellbeing Board area and the arrangements in place for the provision of pharmaceutical services in that area. This is due to the over provision of Essential Services in the area as set out in the Pharmaceutical Needs Assessment. There are 4 pharmacies within a mile of the proposed location.

2.24 This Regulation is deemed to have been not met.

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

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

2.24.3 which were not foreseen when the relevant pharmaceutical needs assessment was published;

2.25 The Committee determined that this regulation was not satisfied as there are 4 pharmacies within a mile of the proposed location. The Committee determined that the applicant has not demonstrated that they would secure improvements or better access, therefore granting the application would not confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;

2.26 This Regulation is deemed not to have been met.

2.26.1 (ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also NHS England's duties under section 13G of the 2006 Act (duty as to reducing inequalities)) and granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;

2.27 The applicant has identified several patient groups who share a protected characteristic. The regulation is not satisfied as there is existence of the community wheels service which covers the area. This service is for people who are unable to use public transport and it is available Monday to Friday 9am to 2pm. The site visit identified that for the period June 2024 to June 2025 the service transported 174 patients to the Rylands Medical Practice for GP and

nurse appointments. The Committee determined that the applicant has not demonstrated that they would secure improvements or better access. Therefore granting the application would not confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;

2.28 This Regulation is deemed not to have been met.

2.28.1 (iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also NHS England's duties under section 13K of the 2006 Act (duty to promote innovation)), and granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;

2.29 The Committee noted that there were no innovative approaches with regard to the delivery of pharmaceutical services detailed within the application and were therefore satisfied that granting the application would not confer significant benefits on persons in the area of Herefordshire Health and Wellbeing Board which were not foreseen when the relevant pharmaceutical needs assessment was published;

2.30 This Regulation is deemed to have not been met.

2.31 (2) (c)-(g) are not relevant to this application, therefore were not considered

2.32 (3) is not relevant to this application, therefore was not considered

2.33 Regulation 19 is not relevant to this application, therefore was not considered

2.34 Regulations 40-44 are not relevant to this application, therefore were not considered

2.35 Regulation 31 – refusal: same or adjacent premises

2.36 Regulation 31 (1) A routine or excepted application, other than a consolidation application, must be refused where paragraph (2) applies.

2.37 Regulation 31(2)(a) (i) (ii) There is no pharmacy providing pharmaceutical services at the same or adjacent premises.

2.38 As Regulation 31(2)(a) does not apply, the Committee is not required to consider Regulation 31(2) (b)

2.39 Therefore, the Committee is not required to refuse the application under the provisions of Regulation 31.

2.40 Regulation 65 - Should the application be approved, a Direction will be issued in relation to core opening hours above and beyond the 40 core hours

2.41 Regulation 66 - Should the application be approved, a Direction will be issued in relation to the NHS England commissioned services identified in the application

2.42 The Committee refused the application.

2.43 The Committee determined that appeal rights are to be granted to the applicant.

2.44 Matrix Primary Healthcare Limited c/o Healthcare Plus Consulting Ltd, Unit 6 Ensign Business Centre, Coventry, CV4 8JA."

3 The Appeal

In a received by NHS Resolution on 29 October 2025, Healthcare Plus Consulting Ltd on behalf of the Applicant appealed against the Commissioner's decision. The grounds of appeal are:

3.1 "Thank you for your letter dated 3rd October 2025. Matrix Primary Healthcare Ltd have instructed us (Healthcare Plus Consulting Ltd) to act on their behalf for this appeal, please find an authorisation letter attached.

3.2 We would like to appeal the decision made in relation to the above unforeseen benefits application.

3.3 We submit that NHS England have failed to properly evaluate Regulation 18; does the application provide 'improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type in the HWB's area.' In their decision, the ICB refused our client's application, and we believe they misdirected themselves in doing so.

3.4 We submit that this application does provide improvements and/or better access to pharmaceutical services, as set out in our client's original application and the comments previously provided by our client. We re-attach this correspondence for re-consideration by NHS Resolution.

3.5 We submit that the ICB did not consider the full range of evidence presented in our client's application, failing to give due weight to the following:

3.5.1 New Health Hub

3.5.2 Local Population Demographics

3.5.3 Current Pharmaceutical Provision

3.5.4 Patient Journeys

3.6 <u>New Health Hub</u>

3.7 In their decision report, the Committee failed to acknowledge the existence of the new Health Hub to the north of Leominster. This is surprising given that the building is nearing completion, and the Ryeland Surgery recently announced that they are expected to relocate within the next few months – early 2026 (Annex 1) [provided].

3.8 *Figure 1: Image depicting new Leominster Health Hub development* [provided]

3.9 As can be seen in the image above, the new Health Hub developments are progressing very quickly. The two-storey hub will comfortably accommodate

not only the c. 70 staff currently at the Ryeland Surgery, but also medical students, student nurses and junior doctors. It is clear that this will be a significant health hub widely utilised by residents in Leominster and the surrounding villages.

3.10 We reiterate that the Ryeland Surgery serves a large reliant population, with a patient list size of c. 19,000. It is also notable that the Surgery is the only GP Practice serving Leominster and the surrounding areas. The next nearest GP is Mortimer Medical Practice, which is over 4 miles away. Thus, we can see that there will be a large number of residents accustomed to accessing the site who would find a pharmacy at the proposed significantly more accessible.

3.11 We also note that those residing in surrounding villages without pharmacies, are highly likely to access GP services from the Ryeland Surgery and thus would also utilise pharmaceutical services at the Hub.

3.12 We must consider that integrated pharmaceutical provision is included within planning permission for the new health centre (Annex 2) [provided]. This directly aligns with the NHS Long Term Plan commitments, as stated in the Herefordshire PNA (2025-2028); "*The 2019 plan sets out an overall aim to focus services in communities rather than hospitals, promoting prevention and integrating care into a whole-system approach*" (Herefordshire PNA 2025-2028, pg. 12).

3.13 We also note that the new NHS Long Term Plan states "*Our aim is to establish a Neighbourhood Health Centre (NHC) in every community. … Once open, NHCs will be a 'one stop shop' for patient care and the place from which multidisciplinary teams operate" and that "Pharmacy will have a vital role in the Neighbourhood Health Service." (Fit for the future: 10 Year Health Plan for England. 2025, pg. 36-7)* It is clear that the new Health Hub is in line with the NHS' long term vision, thus a pharmacy at the proposed site would ensure that Leominster's community has its very own Health Hub.

3.14 When we consider that there is already a pharmacy located adjacent to the current premises of the Ryeland Surgery, we submit that patients are currently accustomed to accessing pharmaceutical provision in direct connection with a visit to the GP. However, since there are no other applications for pharmaceutical provision at the new Health Hub, and no local operator has undertaken to relocate to the new hub, patients will now have to make additional journeys to access pharmacy services.

3.15 We highlight that one of the suggested improvements within the Herefordshire PNA (2025-2028) included better "*communication with GP Practices*" (Herefordshire PNA 2025-2028, pg. 83). While the Herefordshire PNA highlights that the Pharmacy First initiative can refer patients to GPs, we reiterate that the inverse also applies, where GPs can refer patients to Pharmacy First services. Thus, in both instances, an additional 0.5-mile distance to access the services referred to does not represent reasonable choice – especially if these journeys are repeated, which would then equate to a minimum 1-mile round trip. In fact, this exact scenario is reflected in the findings of the Herefordshire PNA, which reveals "*a criticism of incorrect referrals to this service from a GP*" from respondents (Herefordshire PNA 2025-2028, pg. 86).

3.16 We submit that it is unlikely that GP's are incorrectly referring the service but rather evaluation from the Pharmacist has identified that the condition needs further checking from a GP. This scenario ultimately highlights the dysfunction within the Pharmacy First Scheme where GP's and pharmacies are not co-located or located adjacent to one another. Such a scenario is especially pertinent within the context of Leominster when we consider that parking is paid to access the town centre pharmacies, and there is limited parking availability near Westfield Walk Pharmacy. For those reliant on public transport the lack of co-located pharmacy presents a barrier to accessing healthcare services, given the buses frequent every 2 hours. Somebody who presents at a pharmacy and is referred to a GP, and visa versa, could have to wait 2 hours for a bus to see a healthcare professional. This is clearly not representative of reasonable choice or access to pharmaceutical provision and clearly not conducive to a well-functioning integrated care system.

3.17 Clearly, pharmaceutical provision sited at the new Health Hub directly aligns with the NHS Long Term Plan. Not only that, our client's application satisfies the Herefordshire PNA's (2025-2028) Suggested Improvements, allowing for seamless communication between the GP and pharmacy. We reiterate that the question with regard to Regulation 18 is whether the present application would secure improvements or better access to pharmaceutical services. In this case, co-locating a pharmacy with the new Health Hub clearly offers better access for patients accessing pharmacy services in connection with GP visits. The greater coordination and access between services and will also improve the overall quality of pharmacy services offered.

3.18 We submit that the Committee should grant our client's application for the above reasons alone, however, we continue to detail further reasons for granting the application in this appeal.

3.19 <u>Current Pharmaceutical Provision</u>

3.20 We disagree with the Committee's suggestion that a pharmacy at the proposed site would result in the overprovision of pharmacies. We reiterate that current pharmaceutical provision is located 0.5 miles away or further from the proposed site. We note that neither the ICB nor objectors were able to present any details on what detriment would be created from the proposed pharmacy. Nor have they even been able to present a plan or arrangement which would be affected. Indeed given the plans for the new Health Hub specifically include pharmacy provision, we submit that rejecting our clients application would cause detriment to the proper planning of healthcare services, including pharmaceutical services.

3.21 **Jhoots Pharmacy (HR6 8LR)**

3.22 It is of particular note that the Jhoots Pharmacy in the town centre appears to have ceased operations. This becomes evident when looking at the dispensing and nomination data for this pharmacy. Per NHSBSA data, the Jhoots has not dispensed a single item in June – the last month for which we have data – and provided fewer than 20 items per month between March and May 2025. Furthermore, the pharmacy has no EPS nominations. Based on this data, it is clear that pharmaceutical services are not being provided at all.

3.23 This is also supported by a Google Review from a local resident uploaded 4 months ago, which revealed that the pharmacy is "*hardly ever open nowadays due to a lack of pharmacist*", and the "*shop is empty*". This is shown below [provided].

3.24 As the Committee will be aware, the national Jhoots closures have been widely publicized in recent weeks with services at Jhoots Pharmacies described as "*falling well below the mark*" by Health and Social Care Minister Stephen Kinnock.

3.25 This is covered by the BBC article linked here and attached below:

3.26 https://www.bbc.co.uk/news/articles/clyzlreykj5o

3.27 The Committee will also be aware regarding the parliamentary debate concerning the closure of numerous Jhoots stores nationally.

3.28 Given the data presented above as well as the national coverage regarding the closure of Jhoots branches, we submit that it is clear that the Leominster Jhoots branch is closed and it was wrong of the Committee to account for the Jhoots branch when determining this application. In fact, our client poses the question as to whether any reliable evidence can be provided by Jhoots or the ICB as proof that Jhoots are in fact providing pharmaceutical services to the extent that it provides patients with reasonable choice to provision?

3.29 Thus, we submit that it was incorrect for the Committee to determine that there are currently 4 providers of pharmaceutical services within Leominster when there are clearly 3.

3.30 Local Population Demographics

3.31 We also note that the demographics of the local population were not considered at all by the Committee. This includes insights into the localised population according to the 2019 Index of Multiple Deprivation and 2021 Census data.

3.32 **Deprivation**

3.33 The Herefordshire PNA links local intelligence with pharmaceutical need. This is especially pertinent to the context of our client's application, as its proposed site (Herefordshire 002B LSOA) is located within the 20% most deprived areas in the country.

3.34 *Figure 2: Areas of deprivation in Herefordshire by LSOA. Data source: English Indices of Deprivation, 2019. Ministry of Housing, Communities and Local Government* [provided]

3.35 The image above is taken from the Herefordshire PNA (2025-2028), which labels the most deprived LSOAs in Herefordshire in red as NHSCORE20 areas. For Leominster, we reiterate that this includes the Herefordshire 002B LSOA – the LSOA of the proposed site and new Health Hub.

3.36 The Herefordshire PNA (2025-2028) outlines its service specification aims; "*Ensuring advanced services in areas of deprivation – particularly smoking cessation and hypertension case finding*" (Herefordshire PNA 2025-2028, pg.

73). The PNA highlights how only 1 of 6 pharmacies in the North and West localities offer the Smoking Cessation service (Herefordshire PNA 2025-2028, pg. 37). With regard to smoking prevalence, the Herefordshire PNA outlines "it is significantly higher in deprived areas" (Herefordshire PNA 2025-2028, pg.72) Given our client's application would clearly increase the already limited access to Smoking Cessation services within a deprived area, we submit that granting this application would directly meet the PNA's aims.

3.37 It is well documented that high levels of deprivation are linked with poorer health outcomes. We have previously noted the high levels of bad/very bad health in the Herefordshire 002B LSOA. However, we also reiterate that this is the case for the surrounding LSOAs as displayed in the table below.

LSOA Bad/very bad health	**LSOA Bad/very bad health**
Herefordshire 002B 8.2%	Herefordshire 002B 8.2%
Herefordshire 002A 7.4%	Herefordshire 002A 7.4%
Herefordshire 003D 8.2%	Herefordshire 003D 8.2%
Herefordshire 003C 9.7%	Herefordshire 003C 9.7%

3.38 Again, we submit that the national average of residents with bad/very bad health is 5.2%, and Herefordshire Local Authority is virtually the same at 5.3%. Thus, it is obvious that the localised population have greater health needs and are more likely to be reliant on pharmaceutical services.

3.39 We also reiterate that Leominster is home to a high elderly population. There are 30.6% of residents aged 65 and above in the adjacent Herefordshire 002A LSOA. For comparison, this figure is significantly higher than the national average (18.3%) and much higher than the already disproportionate figure for Herefordshire (25.9%). As per the Herefordshire PNA, "*the older age of the population in Herefordshire indicates likely increased pharmacy use*" (Herefordshire PNA 2025-2028, pg. 73).

3.40 Census data is an independent dataset obtained by the Office for National Statistics, which evidences household demographics in an area. Participation in the Census is compulsory for every household, and it is against the law not to participate and participate truthfully to that extent. Latest Census data was taken on 21st March 2021, so whilst not completely up to date it still provides a strong measure of the situation residents find themselves at "ground level" – and thus is highly relevant evidence.

3.41 In light of this, the localised population are therefore more likely to rely on pharmaceutical services as they suffer from high levels bad/very bad health and/or are of an elderly age.

3.42 It must also be noted that residents living in the Herefordshire 002B LSOA are likely to face barriers of cost when travelling to access pharmaceutical provision.

3.43 Patient Journeys

3.44 **By Public Transport**

3.45 When addressing patient journeys to pharmaceutical provision, the Committee did not dispute that the available bus services operate once every 2 hours, and that this does not represent reasonable choice for an urban area.

3.46 Instead, they noted the Community Wheels service, detailing that this is available Monday-Friday from 9am-2pm. When we consider that residents may need to access pharmaceutical services after 2pm, and our client proposes to open from 8:45-13:00/14:00-18:00, we submit that the availability of this service does not provide reasonable choice.

3.47 Further, the Committee omitted to mention that this travel must be paid for and be pre-booked at least 48 hours in advance. In terms of income deprivation, the Herefordshire 002B LSOA ranks within the top 10% according to the 2019 IMD, and is therefore an area experiencing high deprivation relating to low income. We submit that incurring charges on each visit to access pharmaceutical services does not represent reasonable choice for these residents.

3.48 Ultimately, patients cannot always predict when they require access to pharmaceutical services and having to plan a pharmacy visit two days in advance is clearly onerous. Thus, we submit that the Committee's suggestion of the Community Wheels service is impracticable. Consequently, residents who do not drive must wait for a highly infrequent bus service.

3.49 **By Car**

3.50 It is of note that residents living in the Herefordshire 002B LSOA have low car/van ownership (25.1%) – a factor that was not considered by the Committee. For comparison, this is more than 10% higher than the average for Herefordshire Local Authority (14.4%), and above the national average (23.5%), demonstrating very poor vehicular access among the local population.

3.51 For those with vehicular access, we reiterate that there is limited parking and no designated disabled bays at the current Ryeland premises and adjacent pharmacy. This is supported by Dr [CF], a GP at the Ryeland Surgery, who stated that "the current premises is inadequate, the parking is non-existent" (Annex 3) [provided]. Similarly, the W S & B Rees Chemists (HR6 8LZ) has no parking available outside the pharmacy, let alone disabled parking. By contrast, the new health hub will offer 81 parking spaces, 9 of which are disabled bays. It is evident that all residents, especially groups who share protected characteristics, will find a pharmacy at the new Health Hub provides much better access when compared to the current provision. We also note that those seeking to access pharmaceutical services in the town centre are subject to car parking charges, which can be a barrier/ deterrent to accessing pharmaceutical services.

3.52 When we consider the infrequent public transport service and high proportion of residents without access to a car, we submit that a 1-mile round trip, and in some cases, a 2-mile round trip by foot for residents living to the north of the proposed site, does not represent reasonable choice to pharmaceutical

provision. Granting our client's application would reduce this journey to 0.5 miles or less, and therefore provide better access for these residents with poor economic outcomes.

3.53 Conclusion

3.54 We disagree with the Committee's reasoning for refusal, as they failed to consider our client's application in detail.

3.55 In particular, the Committee did not acknowledge the substantial new Health Hub and the explicit goals of the NHS long term plan. With the progression of the development and the relocation of the Ryeland Surgery expected within the next couple of months, the need for a pharmacy located with the new GP premises could not be clearer.

3.56 Regarding the choice of pharmacies in the area, the Committee incorrectly asserted that there were four pharmacies. When we consider that the Jhoots Pharmacy has not been providing pharmaceutical services, we submit that this reduces the number of pharmacies in the area.

3.57 Further, our client commits to providing all Local Enhanced Services (LES). Our client seeks to increase access to the Smoking Cessation service, which is outlined in the new Herefordshire PNA (2025-2028) as a strategic service improvement, especially within deprived areas.

3.58 Evidence of the local population, supported by the 2019 IMD and 2021 Census data, were not considered at all by the Committee. The proposed site is situated within the top 20% most deprived LSOAs in the country, and falls within the top 10% for income deprivation. 2021 Census data reveals that a high proportion of the localised population suffer from bad/very bad health and/or are elderly. As a result, health needs are greater, leading to more frequent use of pharmaceutical services.

3.59 Public transport routes are highly infrequent and therefore do not represent reasonable choice. We submit that car ownership is also low for residents living in the LSOA of the proposed site. For those with vehicular access, we submit that the current premises of the Ryeland Surgery and co-located pharmacy has very poor parking, with town-centre pharmacies requiring paid parking.

3.60 For the reasons outlined above, we do not consider there to be a reasonable choice to pharmaceutical services.

3.61 We therefore maintain that granting this application would secure better access and improvements to pharmaceutical services for local residents. We submit that Regulation 18 has been met, and we invite the Committee to grant our client's application."

3.62 [Enclosures provided]

4 Summary of Representations

In the interests of transparency and fairness, NHS Resolution sought to rely on the discretion afforded in paragraph 7 of Schedule 3 of the Regulations to vary the normal procedures and to circulate the documentation, including a site visit relied on by the

Commissioner, to make its decision, given this had not been seen by parties. This is a summary of representations received.

4.1 Pharmacy Sales & Consultancy on behalf of W S & B Rees Chemists & Westfield Walk Pharmacy

4.1.1 "We act for HG Clewer Limited, t/a Westfield Walk Pharmacy and WS & B Rees Chemists, and have enclosed a letter of authorisation confirming our instructions in this matter.

4.1.2 We have been passed a copy of your letter dated 6th November 2025 informing our client of the above appeal. Our client has instructed us to respond on its behalf.

4.1.3 Background

4.1.4 On behalf of our client, PSC submitted an objection to the original application to NHS England. In order to limit repetition we have included a copy of that response and we ask that the Primary Care Appeals Committee ("The Committee"), takes those comments into account when considering this appeal.

4.1.5 Responses to this application were also submitted by several other parties, and the applicant responded to these in a letter dated 11th August 2025.

4.1.6 As our client had not seen these comments prior to receiving this appeal, we wish to begin by taking the opportunity to respond to those comments. We respond in the same order these comments were raised by the applicant in that letter, which is shown in pages 33 to 37 of the appeal document.

4.1.7 Whilst it is correct to say that the LSOA in which the proposed site is located falls within the top 20% most deprived areas across the country, we dispute the applicant's reference to "and surrounding areas" without it defining exactly which areas it means and providing the data accordingly. For example, LSOA Herefordshire 004F (shown below), which covers the entire area to the north of Leominster is ranked in the 5th decile of the 2025 Index of Multiple Deprivation i.e. it is not deprived in any way [provided].

4.1.8 We ask the Committee to carefully consider broad unsubstantiated statements from the appellant.

4.1.9 It is also disputed that "a high proportion of the localised population are of limited mobility". The appellant fails to describe exactly what it means by the 'localised population' but if we consider data from the LSOA in which the proposed site is located, 11.2% of residents had mobility limited 'a lot' and 12.0% had mobility limited 'a little' at the time of the last census.

4.1.10 If the area is broadened to consider the Middle Layer Super Output Area (MSOA), 9.4% of residents had mobility limited 'a lot' and 12.4% had mobility limited a little.

4.1.11 We submit that use of the phrase “a high proportion” is misleading in this respect as it suggests more people are disabled than not. This is clearly not the case.

4.1.12 In terms of the bus service, we return to this point later.

4.1.13 In respect of provision having been made for a pharmacy in the medical centre, whilst this is not disputed, we submit that this has no relevance in respect of whether the regulatory tests are met or not.

4.1.14 We note the comment made by the applicant that “Boots have not provided any representation”. We would suggest that the reason for this is that Boots do not currently own a pharmacy in Leominster, so this application is of no interest to them.

4.1.15 We respond further to comments in this letter using the same headings as those used by the appellant.

4.1.16 Jhoots

4.1.17 The comments from the appellant focus on the availability of parking at the Ryeland Surgery / Westfield Walk Pharmacy site.

4.1.18 Firstly we note that the image provided by the appellant shows only the spaces in front of the pharmacy. It may be helpful for the committee to note that there are also parking spaces in front of the surgery building and there are also two car parks adjacent to the surgery, one of which is reserved for doctors. These can be seen in the image below, where the surgery building is visible immediately below the pharmacy building [provided].

4.1.19 There is also unrestricted, on-street parking on the road immediately outside the pharmacy and surgery, as can be seen in the image below: [provided]

4.1.20 However, the most obvious flaw with the appellant’s argument is that any parking pressures that may exist from time to time are the result of patients attending the medical centre. Once the medical centre moves away from this site it is very clear that there will be more than enough parking for the pharmacy’s patients.

4.1.21 The image provided by the appellant shows that there is a large forecourt directly in front of the pharmacy and this is clearly large enough to accommodate all patients who may wish to attend the pharmacy by car.

4.1.22 HG Clewer (T/A Westfield Walk Pharmacy and WS & B Rees Pharmacy)

4.1.23 We note the comments made by the appellant regarding the interpretation of the wording in Regulation 18. We do not intend to direct the Committee in respect of how the regulatory tests should be interpreted. Instead we would simply reiterate our position that, in determining whether any application will secure “improvements or

better access" the decision maker is required to have regard to Regulation 18 in its entirety. That being the case it must consider whether patients currently have reasonable choice, not whether the application would provide better choice.

4.1.24 In respect of the catchment area of the surgery, the appellant overlooks the point made within our client's representations that the size of this catchment area is such that the vast majority of patients travel a significant distance to access medical services at present. It follows, therefore, that when considering the accessibility of pharmaceutical services, the Committee will have regard to the fact that patients registered with this surgery who are travelling these long distances are clearly mobile, so there is no reason to believe they currently have any difficulties accessing pharmaceutical services.

4.1.25 The hyperbole referenced in our client's previous comments was not the fact that the specific LSOA referred to was in the top 20% deprived LSOAs in England, it was the statement that [the areas around the application site are] "some of the most deprived areas of the country". Again, our objection is in respect of the use of emotive language rather than evidence when describing the area. According to the 2025 Index of Multiple Deprivation, LSOA Herefordshire 002B is ranked 3,163 where 1 is the most deprived i.e. there are 3,162 LSOAs in England that are more deprived. In respect of the specific measure of Health and Disability, this LSOA is ranked 6,500, again where 1 is the most deprived. As we discussed earlier, surrounding LSOAs are not deprived, so it is important to be clear that the deprivation data referred to relates to a relatively small area.

4.1.26 In respect of data related to levels of bad or very bad health, we come back to the areas listed by the appellant, and the accessibility of pharmaceutical services to these residents later.

4.1.27 We note the comments made about car ownership in the LSOA. We accept that levels of car ownership are very slightly lower than the national average, but we submit that comparison to the Herefordshire average is irrelevant. The proposed site is within the town boundaries, so it is not at all surprising that car ownership is slightly lower than the national average because car ownership is naturally higher in rural areas and lower in urban areas. In fact, the high levels of car ownership across Herefordshire as a whole reinforces the fact that those patients who travel into the town to access medical or pharmaceutical services are very likely to own a car and can therefore easily access the existing pharmacies.

4.1.28 Even in the LSOA concerned, three quarters of households own a car, so the appellant's statement that "residents living to the north of the proposed site……will rely in [sic] travelling by foot or public transport" is not correct.

4.1.29 In respect of residents with mobility difficulties and parking outside Westfield Walk Pharmacy, as we have shown previously, there is ample parking in the forecourt outside the pharmacy.

4.1.30 Furthermore, there is a single yellow line outside the applicant's existing pharmacy on West Street, where blue badge holders can park easily. This is shown in the image below: [provided]

4.1.31 Similarly there is parking within 50m of the former Jhoots Pharmacy in the town centre, including 'blue badge' spaces, with level access from the Corn Square parking spaces to the pharmacy.

4.1.32 The appellant then goes on to discuss the distance patients may travel to visit the new medical centre then to a pharmacy and home afterwards. The appellant takes a very contradictory position when it comes to considering the patients who are likely to use the new medical centre. On the one hand the Committee is being asked to consider that the surgery has a patient list size of 19,000 people who will benefit from the provision of pharmaceutical services and on the other hand it is being asked to consider the very specific and relatively small cohort of people who happen to live at the very northern edge of the town, "a mile away" from existing pharmacies.

4.1.33 Whilst it is not a totally irrelevant consideration that medical services will be provided at the proposed site, it is equally important to consider that the location of existing pharmacies has not changed. The journey people currently face to access pharmaceutical services once the new surgery has opened will be no different to the journey they currently face.

4.1.34 It is also relevant that the residents of the LSOA the appellant focuses on particularly (i.e. around the new surgery site), are already likely to be patients of Ryeland Surgery given that it is the only medical centre in Leominster. Those residents currently travel almost a mile in each direction to access the medical centre, yet the appellant has provided no evidence to suggest they are unable to make this journey.

4.1.35 The appellant then confuses itself further by suggesting that patients attending Ryeland Surgery "are currently not required to make this additional journey to the town centre to access pharmaceutical services". However, this completely ignores those people who it argues live in the most deprived part of the town (near the proposed site) who have to travel through, or near to, the town centre to access the surgery at the moment, then to travel home again. This is shown on the map below [provided], where two routes from the proposed site to the current surgery site are shown, one with a blue dotted line and the other with a pale blue line.

4.1.36 Both of these routes take patients close to, or past, existing pharmacies.

4.1.37 The comment that "no alternative local contractor has even offered to attempt to relocate to the new Health Hub" is rather strange, in that it overlooks the fact that the applicant is one of those existing contractors as well. To our client's knowledge, the appellant has not submitted a relocation application either. Whilst we cannot speak for other contractors, our client's position is that current provision already offers patients reasonable access and choice, so there is no reason for our client to apply to relocate one of its pharmacies.

4.1.38 Reference by the appellant to the 'urban' nature of the town is noteworthy, specifically in relation to LSOA Herefordshire 002B (the location of the proposed pharmacy).

4.1.39 As the map below [provided] clearly shows, whilst the southern part of this LSOA forms part of the town, most of the LSOA comprises open space. That explains why the population density of this LSOA is lower than the others listed by the appellant.

4.1.40 As we have shown in previous representations, the other LSOAs discussed by the appellant incorporate, or are very close to, existing pharmacies.

4.1.41 We note the comments made by the appellant about the interaction between pharmacies and GP surgeries in respect of the Pharmacy First service. The appellant paints a picture of a service where patients are seamlessly and instantaneously cross-referred between the two providers.

4.1.42 The appellant fails to explain why a patient who has visited their GP practice in person and has then been referred to a pharmacy to access the Pharmacy First Service would then be referred back to the GP again. Even if there were very rare occasions where this might happen, the likelihood that a patient could simply turn up at the GP practice again without an appointment and be seen by a doctor is very small.

4.1.43 One of the key reasons that the Pharmacy First service was introduced was to reduce the number of GP appointments where pharmacies were able to deal with minor conditions without the need for GPs to be involved. It is rather fanciful to create a scenario where the service requires multiple trips back and forwards between different primary care clinicians.

4.1.44 In reality, the Pharmacy First service works best when patients are able to access this service conveniently within their communities without needing an appointment at their GP surgery. In Leominster, pharmacies are located in and around the town centre where patients go to access the majority of their daily needs.

4.1.45 <u>The Appeal</u>

4.1.46 The appellant submits that the ICB misdirected themselves in refusing its application, in part because they failed to give due weight to various matters.

4.1.47 The appellant has provided no evidence that supports the assertion that the ICB did not consider, or did not place sufficient weight on these factors. A simpler explanation is that the ICB fully considered these matters and found that the regulatory tests had not been met.

4.1.48 The appellant starts by suggesting that the ICB committee failed to acknowledge the existence of the new Health Hub. This suggestion is made despite the fact the committee report heading is:

4.1.48.1*Matrix Primary Healthcare Limited*

4.1.48.2*Best Estimate of the Proposed Site*

4.1.48.3*New Health Centre, Porters Mill Close, Leominster, HR6 8BL*

4.1.49 In any event, it is crystal clear from the 'Commissioner Documentation' provided by NHS Resolution, that the ICB representative visited the site and was fully aware of the ongoing development there. Photographs were provided within the report that would have been available to the ICB committee when it determined this application.

4.1.50 We do not dispute that the building is under construction or that, in due course, it will house the Ryeland Surgery. We do note, however, from the Commissioner Documentation that reference to a Health Hub is not correct. The ICB are clear that this is a replacement medical centre, rather than a multidisciplinary facility with community or other staff or services. This is relevant when it comes to the appellant's later comments on the NHS 10 Year Plan and Neighbourhood Health Centres, as we discuss below.

4.1.51 The appellant goes on to repeat comments made previously about the large list size served by the medical practice and the fact it is the "only GP Practice serving Leominster and the surrounding areas". We reiterate our previous comment that the vast majority of patients attending the new medical centre, therefore, will not be those people who live within close proximity to it.

4.1.52 Furthermore, when considering that the new site is located towards the northern edge of the town, it is clear that the vast majority of patients who attend this site are likely to live closer to the existing pharmacies in and around the town centre than they do to this site, or they will live in the surrounding rural area and the proposed site will be broadly the same distance from their homes as the existing pharmacies. We do not accept the appellant's assertion that "there will be a large number of residents accustomed to accessing the site who would find a pharmacy at the proposed significantly more accessible".

4.1.53 The appellant then discusses planning permission at the new medical and states that "integrated pharmaceutical provision……aligns with the NHS Long Term Plan commitments as stated in the Herefordshire PNA (2025-2028)".

4.1.54 We do not intend to discuss the NHS Long Term Plan in detail within this response, not least because no changes have been made to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) following the publication of this plan, so the matters that the Committee will consider are unchanged. However, we agree that one of the key commitments of the plan is to move healthcare from hospital to community settings (as discussed in the PNA).

4.1.55 Leominster does not have a general hospital (the nearest being in Hereford), so these aims will be met by the re-provision of some of these hospital services within community settings in the town such as existing

community pharmacies, to avoid the need for residents to travel long distances to receive them. Whilst the plan does discuss the long-term aim (mindful that this is a 10-year plan) to establish a Neighbourhood Health Centre (NHC) in every community, the rollout of these is intended to prioritise areas with lowest life expectancy, and only 50 of these NHCs are planned to open by 2029. No information is provided by the appellant that suggests this Leominster surgery site will be one of those NHCs.

4.1.56 The document provided by the ICB confirms that the proposed site is not an integrated Health Hub, it is simply a replacement GP surgery. The intention of NHCs is to bring together various services, including general practice, outpatient services, dental care, and community and social support services, under one roof. It is clear, therefore, that the proposed site is not a NHC as envisaged in the NHS Long Term Plan.

4.1.57 The appellant goes on to discuss the fact there is currently a pharmacy located adjacent to the current Ryeland Surgery premises. We have addressed that matter already, but would re-iterate the point that the relocation of the medical centre does not automatically mean patients will face an additional journey to access pharmaceutical services given that many will pass through, or near to, the town centre to get to the new surgery site. These residents are accustomed to accessing the town centre as part of their daily lives. It is noteworthy that the ICB commented about the lack of other amenities near the proposed site, so most residents of Leominster and the surrounding villages will have no reason to go there unless they have an appointment at the surgery. Those receiving repeat medication will rarely be required to attend the medical centre in person.

4.1.58 The appellant's comments about better "communication with GP Practices" and the Pharmacy First service are somewhat confusing. The comment highlighted on page 86 of the 2025 PNA (which relates to the whole of Herefordshire, not specifically Leominster), refers to the well-publicised issues that have arisen where GP surgeries have directed patients to the Pharmacy First Services who are ineligible to receive this service, causing confusion and frustration. However, these are not patients who have attended the medical centre in person and who are then inappropriately referred to pharmacies, they are patients who contact the surgery for an appointment, then are referred to a pharmacy instead.

4.1.59 The appellant has provided no evidence to suggest this is a particular problem in Leominster, nor has it explained why this issue can only be addressed by co-locating a pharmacy at the proposed site. Where better communication around this service is required, this can easily be achieved through dialogue between existing community pharmacy providers and GP practices. To open a pharmacy at the proposed site to address occasional incorrect Pharmacy First referrals from GPs (if indeed these exist in Leominster) would be 'using a sledgehammer to crack a nut'.

4.1.60 Furthermore, we dispute the suggestion that co-location of medical and pharmaceutical services is required to ensure "seamless communication between the GP and pharmacy". It is noteworthy that the Regulations do not ask the decision maker to place any special weight on pharmacies that are located at medical centre sites; in fact the exemption from the market entry tests in the 2005 Regulations for pharmacies 'which were in a new one-stop primary care centre' was removed when the 2012/2013 Regulations were drafted.

4.1.61 **Current Pharmaceutical Provision**

4.1.62 We note the comments made by the appellant in respect of the overprovision of pharmacies and the 'detriment test' in the Regulations. The findings in this respect were made by the ICB so they will, no doubt, address these matters in further representations.

4.1.63 However, the appellant's representative's statement that "rejecting our clients [sic] application would cause detriment to the proper planning of healthcare services, including pharmaceutical services" does not align with the regulatory tests. The decision-maker is not asked to consider whether refusing an application would lead to detriment. In any event we dispute the suggestion that any such detriment would arise. As discussed previously, the opening of this new medical centre does not change where patients live or where existing pharmacies are located.

4.1.64 *Jhoots Pharmacy*

4.1.65 We note the comments made by the appellant about the Jhoots Pharmacy in the town centre. It is not disputed that this pharmacy has failed to provide pharmaceutical services for a period of time.

4.1.66 As the committee will be aware, there has been significant publicity around the issues faced by Jhoots nationally, including a lengthy debate within the House of Commons. As a result of these issues there have been some very significant and relevant developments.

4.1.67 The Jhoots Pharmacy in Leominster is owned by SNJ Health Limited, one of a number of companies that operated under the Jhoots brand. On 6th November 2025, this company was placed into administration as a result of the significant financial challenges it faced. At the same time, agreement was reached with the Allied Pharmacy group to take over these pharmacies under a management agreement pending the approval, by NHS England, of the change of ownership of the pharmacy to one of several new companies set up by Allied.

4.1.68 We have contacted the Allied Pharmacy group to discuss their plans for this pharmacy. Thay have confirmed to us that they are currently recruiting new staff for the pharmacy (as the previous team members left following the failure of Jhoots to pay their wages) and it is their intention to re-open the pharmacy before Christmas i.e. it will be providing pharmaceutical services again by the time the Committee makes its determination on this application.

4.1.69 Importantly, we note that this pharmacy remains included in the pharmaceutical list, notwithstanding the 'unplanned closures' that have taken place and any concerns that may be been raised subsequently by the ICB. It is therefore able to re-commence providing pharmaceutical services as soon as the new owners have addressed the operational challenges of re-opening the pharmacy.

4.1.70 Notwithstanding the fact our client's position is that patients already have reasonable choice in Leominster regardless of whether the former Jhoots pharmacy is open or not, we would ask that the Committee is mindful that, whilst it remains on the pharmaceutical list, it cannot be assumed that this pharmacy has closed for the purposes of determining this appeal.

4.1.71 In fact, our client is unaware of any patient complaints that have resulted from the temporary closure of the Jhoots Pharmacy. Our client's pharmacies at Westfield Walk and on High Street have Google Review ratings of 4.5 stars and 4.4 stars out of 5 respectively.

4.1.72 **Local Population Demographics**

4.1.73 The appellant states that it notes "the demographics of the local population were not considered at all by the committee". It has no evidence that this is the case.

4.1.74 We note the information provided by the appellant and we have commented previously on the levels of deprivation within the area. The appellant has provided information in respect of the Index of Multiple Deprivation ("IMD"). This index takes into account many factors that contribute towards deprivation including living environment, levels of employment and crime, none of which are related in any way to healthcare needs. As we discussed previously, when looking specifically at health and disability, the LSOA referred to by the appellant is significantly less deprived than the IMD might suggest.

4.1.75 Looking at the recently released IMD date for 2025, deprivation levels for various domains that make up the combined Index of Multiple Deprivation within LSOA Herefordshire 002B range from 1,105 (for Education Skills and Training) to 15,627 (for Living Environment). The combined IMD for the area is therefore an average of these different domain rankings. We would suggest that the ranking of 6,500 out of 33,755 (i.e. just inside the top 20% - 19.3% to be precise) for Health and Disability is the only domain of relevance when considering health needs.

4.1.76 As we have shown in previous representations, the average age of the population within that LSOA is younger than the national average, and the levels of 'very bad health' are in line with the average. We dispute the suggestion, therefore, that the health needs of this specific area are such that there is a need for a new pharmacy to meet those needs. We also note that the appellant focuses specifically on one LSOA which is the most deprived within the town. The majority of Leominster is unexceptional in respect of its demographic profile.

4.1.77 We note the appellant's comments on the Smoking Cessation service. For the avoidance of doubt, this service is provided by our client's pharmacies, and we note that the appellant's pharmacy on West Street in Leominster is listed as providing the Stop Smoking Voucher service according to its entry on www.nhs.uk, as shown below: [provided]

4.1.78 The Committee may wish to consider why, if the appellant's view is that provision of the full Smoking Cessation Service is inadequate in Leominster, it has chosen not to provide this service from its West Street premises.

4.1.79 The appellant goes on to provide census data for levels of bad / very bad health in other LSOAs, but fails to point out that existing pharmacies are within or closer to LSOAs 002A, 003C and 003D, as shown on maps below, where existing pharmacies are marked with red stars and the proposed site (where visible on the map) with a blue star [provided].

4.1.80 The appellant then goes on to provide census data in respect of residents over the age of 65 in LSOA 002A, despite the fact that the map above for this LSOA shows that existing pharmacies are clearly closer to the vast majority of residents in this LSOA. As can be seen on the map, almost of the residents of this LSOA live south of the river, so their journey to the proposed site will take them past, or close to the existing pharmacies in order to cross the river at Broad Street. As we have already shown, the residents that live within LSOA 002B, where the proposed pharmacy is located, are significantly younger than the national average.

4.1.81 The appellant then refers again to the 'localised population' without specifying precisely who they believe currently has access difficulties in respect of pharmaceutical services. As we have shown, the vast majority of residents in the town live closer to existing pharmacies than they do to the proposed site.

4.1.82 **Patient journeys**

4.1.83 *By public transport*

4.1.84 We note the appellant's comments about the bus service and it is correct to say that the bus that runs through the housing areas does so every 2 hours. This is route 402, and the first bus of the day stops on Ridgemoor Road at 8.35 am.

4.1.85 The image below shows the two bus stops for this service , with the proposed site visible to the bottom right of the image [provided], marked Frank H Dale.

4.1.86 This image also shows that this is a relatively small residential area, and as we have discussed previously it is at the very edge of the town.

4.1.87 This image also confirms the point made by the ICB that there are no other meaningful amenities for residents living in this area.

4.1.88 Given the relatively small population within this area it appears that a 2-hourly service has been deemed to be sufficient for these residents. We disagree with the appellant, therefore, that this "does not represent reasonable choice for an urban area".

4.1.89 It is clear that residents are required to travel out of this area for all of their daily needs. Whilst the proposed new medical centre will bring GP services closer to their homes, there will still be no other amenities for these residents. They are required to travel out of the area for everything else they require including grocery shopping, banks, post office, hairdressers etc, as well as to access schools or places of work.

4.1.90 In this context, and bearing in mind the fact that 75% of homes have at least one car or van, we submit that a 2 hourly bus service is adequate. Any residents who is reliant on public transport to access the amenities they require will plan their time accordingly and will access pharmaceutical services at the same time as accessing all of their other daily requirements. Any patient who requires pharmaceutical services will not suffer any detriment to their health by having to wait a maximum of 2 hours to catch the bus to a pharmacy should they need to.

4.1.91 It is noteworthy that other bus services are more frequent. For example, bus routes 490 and 494 travel through villages to the north of the town, along Bridge Street to the town centre every hour.

4.1.92 In respect of the Community Wheels service we have nothing more to add other than to make the point that any patient who requires regular medication but does not own a car, and for some reason cannot use the bus, will be accustomed to providing the necessary amount of notice to book transport to a pharmacy should they require one.

4.1.93 *By car*

4.1.94 We have commented on the level of car ownership already, so will not repeat those comments. We have also pointed out that there will be plenty of parking outside our client's pharmacy when the medical centre closes.

4.1.95 There are also several locations around the town where patients can park easily, including larger pay and display car parks, such as the Central Car Park (which is 100m from Leominster Pharmacy) or other central parking areas such as Corn Square (within 50m of Jhoots and 100m from WS & B Rees Chemist), where parking is free for 1 hour, contrary to the appellant's assertions. There is also very easy blue badge parking outside Leominster Pharmacy, as we have described earlier.

4.1.96 The appellant then goes on to discuss 'people who may have a 2-mile round trip on foot to access pharmaceutical services, but this claim does not stand up to scrutiny. The map below [provided] shows that the walking distance from the furthermost part of the residential area at the north-eastern edge of the town to the nearest pharmacy (WS & B Rees Chemist) is 0.8 miles.

4.1.97 Of course, only a handful of people would face this a journey of this length on foot, almost everyone in that residential area will live closer.

4.1.98 So, it is simply not correct to suggest that there are any patients living in this area, never mind a meaningful number, who live a mile's walk away from a pharmacy and face a 2-mile return trip.

4.1.99 Conclusion

4.1.100 Our client's position is that the information provided by the appellant does not constitute evidence that would lead the Primary Care Appeals committee to reach a different conclusion to the ICB.

4.1.101 In our opinion, this application can be refused without the need for an oral hearing. However, should Primary Care Appeals wish to convene an oral hearing to determine this matter, our client would wish to attend."

4.1.102 [Enclosures provided]

Letter to the Commissioner dated 15 July 2025

4.1.103 "We act for HG Clewer Limited, trading as Westfield Walk Pharmacy and WS & B Rees Pharmacy. We have enclosed a letter of authorisation from our client accordingly.

4.1.104 We have been passed a copy of your letter dated 9th June informing our client of the above application. On behalf of our client, I would like to object to this application and make the following comments in response:

4.1.105 Regulatory tests

4.1.106 This application has been submitted pursuant to Regulation 18 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended).

4.1.107 The ICB is required to determine whether granting the application would

4.1.108 secure improvements in, or better access to, pharmaceutical services in the HWB's area which were not included in the relevant pharmaceutical needs assessment.

4.1.109 The ICB must have particular regard to the matters set out in regulation 18(2). It must consider whether it is satisfied, having regard in particular to the desirability of-

4.1.109.1 There being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB;

4.1.109.2 People who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access;

4.1.109.3There being innovative approaches taken with regard to the delivery of pharmaceutical services

4.1.109.4that granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published.

4.1.110To the extent that there is a burden of proof, it is submitted that this rests with the applicant. That is, it is for the applicant to demonstrate to the ICB that the application meets the regulatory test, not for our client to demonstrate that it does not meet the relevant regulatory test.

4.1.111We submit that the information provided by the applicant in this case is not sufficient to satisfy the ICB that the requirements of Regulation 18 have been met.

4.1.112<u>Supporting information provided by the applicant</u>

4.1.113The applicant starts by discussing how the proposed new premises will "provide better pharmaceutical access and choice for residents of Leominster, particularly for those residing in the north and northwest of Leominster".

4.1.114This statement is relevant for two reasons. Firstly the legal tests do not ask the decision maker to consider whether there will be better access and choice. It is clear that every new pharmacy that opens would improve access and choice for somebody but that is not a reason to grant every application submitted. It is for this reason that the regulations ask the decision maker to consider whether patients already have 'reasonable choice'.

4.1.115Secondly we note that the applicant focuses on specific areas of the town despite later referring to the fact it believes the pharmacy will serve more than 19,000 patients. It is clear that the population of the area is highlighted by the applicant is significantly smaller than this number as we discuss later.

4.1.116The applicant goes on to discuss the new Leominster Medical Hub. We note that this facility is not yet open and, like any new-build facility, there can be no certainty about the opening date until the project is complete. It is relevant to this application that the new medical centre is not yet open.

4.1.117The applicant then refers to the patient list size of the medical centre, which it states is 19,621. It goes on to make the statement that all of these people will utilise pharmaceutical services at the new proposed site. This assumption is clearly flawed for a number of reasons.

4.1.118Firstly, the catchment area for this medical centre is shown below [provided]

4.1.119As this map clearly shows, significant areas of the catchment area are closer to towns such as Tenbury Wells and Bromyard, as well as the

city of Hereford. All of these places have existing pharmacies. It is clear that most patients will seek to access pharmaceutical services close to home rather than close to their GP surgery, particularly for those who do not have a reason to access the surgery on a regular basis.

4.1.120 It is also relevant that, in rural areas, patients may be more likely to use online pharmacy providers if they do not have a pharmacy close to home.

4.1.121 It is clear, therefore, that the population that is reliant on pharmaceutical services provision in Leominster is substantially lower than 19,000.

4.1.122 The applicant also ignores the fact that patients who are travelling from outside the town, such as from the surrounding villages, will generally travel by car and will access a range of amenities in the town while they are there. These patients already have access to 4 pharmacies within Leominster, which is more than adequate provision for a town of this size.

4.1.123 The applicant goes on to discuss the facilities that are expected to be provided at the new site. Whilst these sound impressive we remind the ICB that the regulations do not make special provision for pharmacies co-located with GPs. Applications for new pharmacies at medical centres are subject to exactly the same legal tests as any application.

4.1.124 The applicant then goes on to discuss various Lower-Layer Super Output Areas (LSOAs) that it believes are relevant to this application and focusses on the 2019 Index of Multiple Deprivation (IMD).

4.1.125 It focusses initially on LSOA 002B Leominster (more properly Herefordshire 002B), and cites the fact this is within the top 20% most deprived areas in England. Whilst that may be the case, we note that when drilling down into the IMD, this area is ranked 8,431 out of 32,844 areas in England for Health Deprivation i.e.it is not within the top 25% most deprived areas on this measure.

4.1.126 Reference to the area being “some of the most deprived areas of the country” are hyperbolic to say the least.

4.1.127 Furthermore, the applicant fails to explain how this deprivation is relevant when considering the tests set out in Regulation 18. Looking at more relevant demographic data from the 2021 census we note the following:

4.1.127.1 25.1% of households in Leominster 002B have no car or van in the household. This is compared to the national average of 23.5%.

4.1.127.2 1.2% of residents described their health as “very bad”. This is the same as the national average.

4.1.127.3 15.7% of residents were over the age of 65 compared to the national average of 18.4%.

4.1.128 So whilst the applicant claims that “it is imperative that this application is granted to support the current health network and provide pharmaceutical aid for those in need” this is not supported by the available evidence.

4.1.129 Furthermore, in respect of the LSOA data provided, it is noteworthy that the population of LSOA Herefordshire 002B at the time of the last census was 1,603. The boundaries of this LSOA are shown below: [provided]

4.1.130 This area encompasses most of the residential areas to the north of the River Kenwater and the southern boundary is close to the town centre.

4.1.131 The applicant also discusses LSOAs 003C and 003D so we have looked at those areas as well: [provided]

4.1.132 As these maps clearly show, these LSOAs cover the town centre and the area to the east of the town. In both cases there are existing pharmacies closer for these residents than the proposed site.

4.1.133 So, if we consider that there are potentially at most 1,600 people who live closer to the proposed site, and 75% of these people have a car, it is clear that the number of people for whom this pharmacy might improve access is actually very small.

4.1.134 <u>Proposed Location</u>

4.1.135 The map provided by the applicant offers further evidence that the proposed site is at the north-eastern edge of the town, so there is no benefit for the vast majority of residents in respect of improved proximity to a pharmacy.

4.1.136 We note the comment made about disabled parking spaces and would point out that free parking is available immediately outside our client’s Westfield Walk Pharmacy. Furthermore there is a single yellow line immediately outside the applicant’s existing pharmacy (Leominster Pharmacy) where blue badge holders can park without restrictions.

4.1.137 <u>Wider Population</u>

4.1.138 For the reasons we have already provided, we dispute the suggestion that the pharmacy will have a reliant population of more than 19,000 people.

4.1.139 The applicant goes on to mention a “huge new housing development within the town” but provides no information about this development in respect of its location or its current occupation rate. It is for the applicant to provide evidence to support its case, not for objectors to provide evidence that a pharmacy is not needed. Without further information from the applicant the ICB will be unable to place any weight on these proposed future developments.

4.1.140 We note the further comments made by the applicant in respect of parking outside the existing medical centre premises. We remind the

ICB that its consideration will be the accessibility of pharmaceutical services not the accessibility of medical services. Parking arrangements outside GP practices have little or no relevance to this application. All of the existing pharmacies in the town have parking provision either immediately outside or very nearby.

4.1.141 Localised Population

4.1.142 We have commented already on the deprivation information provided by the applicant. The applicant has provided no information to support its assertion that "approximately over [sic] 3,000 Local residents would utilise a pharmacy at the proposed site". We have provided evidence that fewer than 1,600 residents would find the proposed location to be closer to home than the existing pharmacies.

4.1.143 We note the information provided about the level of residents with limited mobility but the applicant fails to provide information in respect of how many of these patients have access to a motor vehicle or are able to access public transport. We would suggest that it is a matter of common sense that those residents who have reduced mobility are those most likely to be amongst the 75% of residents who own a car.

4.1.144 The applicant then goes on to discuss various services that may be provided at the proposed pharmacy, but disregards the fact these are already provided by existing pharmacies in the town.

4.1.145 Patient journeys

4.1.146 The applicant uses its proposed site as an "arbitrary marker" to discuss the journeys people might make to access existing one of the existing pharmacies. However there is no reason to believe that residents of the area would start their journey to access a pharmacy at the proposed location. Given the size of the area the applicant states the pharmacy would serve, local residents would make journeys to the town centre using a wide range of routes. For many the journey will be significantly less than 0.5 miles.

4.1.147 *By Foot from Proposed Site to the Current Nearest Pharmacy (W.S. & B. Rees Chemists, HR6 8BL)*

4.1.148 Setting aside the point made above, that there is no reason patients would start their journey at this location, we note that the journey described by the applicant is a distance of 0.5 miles. We disagree with the applicant this this distance is a barrier to access.

4.1.149 The applicant fails to have any regard to the fact the amenities in the north of the town are extremely limited. Residents throughout Leominster will frequently access the town centre when going about their daily lives. The vast majority of facilities, including the post office, banks, supermarkets and a host of other facilities are clustered around the town centre, where existing pharmacies are located. In fact there is not even so much as a convenience store in the north of the town.

4.1.150 The applicant has not provided any information about how these residents, who supposedly find it difficult to access the town centre, are able to meet any of their daily requirements at present.

4.1.151 We note that the applicant now introduces a new LSOA, Herefordshire 002A, and cites information in respect of residents' ages. As the map shows [provided], most of this area is to the south of the river and adjacent to the town centre. Almost all these residents live closer to the existing pharmacies than the proposed site.

4.1.152 The reference to differing LSOAs appears to be an attempt to 'blind' the ICB with statistics, which clearly do not stand up to scrutiny. We have already provided evidence that the population in the area around the proposed site is younger than average.

4.1.153 The applicant goes on to discuss the journey on foot and makes reference to the

4.1.154 "busiest roads in Leominster". This is a small market town, not a metropolis, so the roads do not form a barrier to accessing pharmaceutical services.

4.1.155 The area is level and pavements are wide and illuminated. We also note condition 6 of the planning approval for the new medical centre (attached) which states:

4.1.156 No development above damp proof course level shall commence until details of the pedestrian crossing have been submitted to and approved by the local planning authority in writing following the completion of the technical approval process by the local highway authority. The details shall be accompanied by a Road Safety Audit. The development shall not be occupied until the scheme has been constructed in accordance with the approved details.

4.1.157 It is clear that a new crossing over Mill Street will be provided as part of the developer's obligations.

4.1.158 Furthermore, contrary to the applicant's assertions, there is a light-controlled crossing over Bridge Street.

4.1.159 *By Car from Proposed Site to current nearest pharmacy (W.S & B. Rees Chemists, HR6 8BL)*

4.1.160 The applicant discusses parking outside "the nearest pharmacy" but does not explain why patients travelling by car would choose to travel to a pharmacy where they cannot park. They will either park using the many parking spaces provided in the town centre, or drive a couple of minutes further to West Walk Pharmacy where there is parking immediately outside.

4.1.161 We have commented on car ownership already and pointed out that this is broadly in line with the national average, a far more relevant measure than the Herefordshire average, given that this is a rural area.

4.1.162 Reference to residents over the age of 65 being reluctant to drive is not backed up with any evidence. There is clearly a significant difference between 65 year olds and 90 year olds in this respect. Furthermore, as we have already shown, these older residents live closer to the existing pharmacies than the proposed site.

4.1.163 *By Public Transport from Proposed Site to current nearest pharmacy (W.S & B. Rees Chemists, HR6 8BL)*

4.1.164 Again the applicant fails to consider that there is no reason residents will be starting their public transport journey at the proposed location. It is not possible to say, therefore, how far they would have to walk from home to a bus stop.

4.1.165 As already highlighted, patients are under no obligation to use W.S & B. Rees Chemists. If they are travelling by bus they will access whichever pharmacy is located most conveniently for them.

4.1.166 In terms of the frequency of service we would suggest that a 2 hourly service is adequate for most people who are accustomed to using public transport in a rural area. The frequency is also likely to be an indication of the limited demand.

4.1.167 In respect of patients "in the shivering cold" it is somewhat farcical to suggest that a patient who knew they would have to wait for a bus in poor weather would choose to stand at a bus stop in the cold. They would be far more likely to use the time to visit the wide range of shops in the town centre during inclement weather and time their return journey accordingly.

4.1.168 Most importantly, none of the submissions made by the applicant are backed up with any evidence whatsoever from people who actually access pharmaceutical services in Leominster.

4.1.169 In conclusion, this application falls a long way short of providing any evidence that might lead the ICB to conclude that granting it would secure improvements or better access to the provision of pharmaceutical services in the area. For that reason, the application should be refused.

4.1.170 Should the ICB decide to hold an oral hearing I can confirm that our client would wish to attend."

4.1.171 [Enclosures provided]

4.2 The Commissioner

4.2.1 "The PSRC have considered the additional information received and they note that the applicant has stated that their application does provide improvements and/or better access to pharmaceutical services, and that the ICB did not consider the full range of evidence presented ie New Health Hub, Local Population Demographics, Current Pharmaceutical Provision and Patient Journeys.

4.2.2 Our findings, which were presented to PSRC are:-

4.2.3 **New Health Hub**

4.2.4 During research it was confirmed that this is not a Health Hub, the lay member who visited the site confirmed with the ICB that the new development is for additional GPs, nurses and associated staff. No Trust, Community or Secondary Health services will be based or provided in the centre and no Junior doctors will be based there.

4.2.5 **Local Population /Current Pharmaceutical Provision and Patient Journeys**

4.2.6 The applicant applied referencing the 2022 PNA for Herefordshire Health and Wellbeing Board. The 2025-28 PNA was not published at the time that PSRC when determining the application and therefore could not be considered. *Herefordshire Pharmaceutical Needs Assessment October 2022* *The 2022-2025 Herefordshire and Worcestershire Pharmaceutical Needs Assessment was published in Autumn 2022, and the conclusions of the Executive summary in page 8 of statement one says that there is currently sufficient provision of pharmacies in Herefordshire including Leominster delivering essential pharmaceutical services.*

4.2.7 This statement is also reflected in the further version *Pharmaceutical Needs Assessment (PNA) 2025* *The final version was published in October 2025.*

4.2.8 ***Statement 1 Summary Findings:*** *The PNA has assessed that there is currently sufficient provision of Pharmacies and Dispensing GP Practices in Herefordshire, delivering essential pharmaceutical and dispensing services. There are 27 Pharmacies and 10 Dispensing GP Practices. This is the same total number as the 2022 PNA but includes one 'bricks and mortar' pharmacy closure and replacement by a DSP. The contractors serve a mixed urban and rural population of 189,900 people (ONS 2023 mid-year estimate) and this equates to one pharmacy per 7,033 people. This figure is above the average in Herefordshire Council Davies, Ryan Davies, Ryan Page 17 of 105 June 2025 OFFICIAL England of one pharmacy per 5,543 people. However, when Dispensing Practices are included, there is parity with the national average, with one contractor per 5,132 people in Herefordshire, compared to one contractor per 5,092 in England*

4.2.9 ***Statement 2 Summary Findings:*** *No gaps were found in provision of necessary services. Travel time analysis indicates good access to services by car. The entire population lives within a 20-minute journey by car to a Pharmacy or GP Dispensing Practice in weekdays up to 1800hrs. On Saturdays the entire population are within a 30-minute journey by car, and this only drops slightly to 97% on Sundays. There is also good access by foot for most of the urban population during weekdays. However, access on foot is poorer out of hours and at weekends. Public Transport is also more limited, particularly in rural areas. 18 of the 27 Pharmacies in the county are open on Saturdays and 6 of the 27 are open on Sundays*

4.2.10 **Patient Journeys** The Lay member report also states that The Community Wheels service transports patients from Leominster's surrounding areas as well as those who live south of the city. There is a high demand for the service which is likely to continue once the health centre is open.

4.2.11 ***Statement 3 Summary Findings Overall****, there is good coverage of Advanced Services. Pharmacy First is offered at nearly all pharmacies (96%). Flu Vaccination Service is offered at 89%, Hypertension Case Finding at 81% and Lateral Flow Devices at 81%. Contraception services are slightly lower, however, and only offered by just over half of pharmacies (59%). The lowest coverage is for smoking cessation services (for patients discharged from hospital), which is only offered by a third of pharmacies (29%). Additionally, geographical variation in these services exists, both by PCN and between more deprived and affluent areas.*

4.2.12 The applicant has also referred to a pharmacy closing and that there are now 3 pharmacies in the area, however all 3 are close together and all provide collection and delivery services.

4.2.13 **TO CONCLUDE:** if the updated PNA was available when determining the application received, the PSRC may have reached a different conclusion, however as the information provided by the applicant is new material and was not available at the time it was determined, their decision remains unless redetermined by NHS Resolution.

4.2.14 The full report which includes the Lay members report is attached."

4.2.15 [Enclosure provided]

4.3 Healthcare Plus Consulting Ltd on behalf of the Applicant

4.3.1 "Thank you for your letter dated 6th November 2025. We would like to provide additional representations now that we have sight of the information from the Commissioner's papers – specifically the details within the ICB's Site Visit report. We respond accordingly here.

4.3.2 <u>ICB Site Visit Report</u>

4.3.3 The ICB first state that Porters Mill Close is "*located outside Leominster town*". When we consider that the nearest pharmacies are within the town centre, we submit that the proposed site is geographically distinct from Leominster's town. We do not consider residents travelling to the town centre on each occasion to access pharmaceutical services as representative of reasonable choice.

4.3.4 We are pleased that the ICB also acknowledge that the Health Centre will "*have a ground and first floor*". As per our client's appeal, we confirm that this is the case, which further evidences that the two-storey building will have enough capacity to accommodate its c. 70 members of staff and serve the large reliant population.

4.3.5 We are pleased that the ICB acknowledges the Ryeland Surgery is the "*only GP surgery in Leominster and (the) surrounding area*", and later notes that it has a "patient catchment area of c. 19,000 patients". It is very clear that a significant number of patients will be accessing the new health centre and are therefore highly likely to access pharmaceutical services in connection with this visit.

4.3.6 We are pleased that the ICB note there will be "*comprehensive parking including disabled parking*". We reiterate that there will be 81 parking spaces, 9 of which will be designated disabled bays – which are notably lacking at the current pharmacies. We also highlight that parking has been confirmed as free for those visiting the health centre.

4.3.7 The provision for a co-located pharmacy is further evidenced by the report, which outlined that "*the site plan includes space for a pharmacy*", even including a photograph of the "*entrance to the pharmacy*".

4.3.8 *Image depicting entrance to the pharmacy from ICB Site Visit Report* [provided]

4.3.9 It is very clear that there are not only plans in place, but a designated physical space for a pharmacy at the health centre. We therefore do not understand why the ICB have refused our client's application. This is even more pertinent when we consider that Dr [CF], a GP from the Ryeland Surgery, stated that "*We are extremely grateful for the tireless commitment of our own team, FH Dale Ltd and NHS Herefordshire and Worcestershire ICB, with whom we have worked very closely for several years to achieve this outcome*." (Annex 1) [provided]. The ICB have clearly been involved in making this health hub a reality and ought to have been aware of the plan for a co-located pharmacy.

4.3.10 In light of this, we also note that Dr [CF] supports pharmacy provision at this location, stating that;

4.3.10.1 *"it is highly desirable that a pharmacy is located within the new health centre. This will be highly advantageous for patients and will promote close co-operative working between the primary care team and the pharmacy team".* (Annex 2) [provided]

4.3.11 The report cites the GP practice newsletter, which states that "Leominster has one of the lowest ratios of GPs to patients". While not directly increasing this ratio, we submit that a co-located pharmacy would increase the number of healthcare professionals at the health hub, and thus granting this application would only be a positive outcome while providing better access to pharmaceutical services. In their Winter Newsletter, the Ryelands Surgery announced they have welcomed a number of medical students (Annex 3) [provided]. It is clear that the surgery is advancing in line with the vision outlined in our client's appeal – creating capacity to accommodate medical students, student nurses and junior doctors (Annex 1) [provided].

4.3.12 We also wish to correct the ICB that the next nearest GP Practice (Mortimer Medical Practice) is over 4 miles away from Leominster – not 3.5 miles away.

4.3.13 When looking at the current location of the Ryelands Surgery, the Lay Member observes that "there is little parking and Westfield Walk is a narrow road." We reiterate that the parking outside Westfield Walk Pharmacy is shared with the surgery patients, and therefore those visiting the pharmacy will also experience difficulties with parking. When we also consider that it was noted; *"The new surgery with 81 parking spaces will remove this problem for the service and patients*", we submit this would indicate that the ICB also recognise that the same improvement will apply to those accessing pharmaceutical services. Thus, granting our client's application would provide better access.

4.3.14 We disagree with the following comments surrounding home ownership and household composition:

4.3.14.1 "*The housing on Porter Mill Close and surrounding streets is owner occupied, semi or detached relatively new properties with private drives for one or more cars. Many of the properties have 2 or more vehicles. There are no tower blocks or council/ housing association or privately rented properties in the area around Porter Mill Close."*

4.3.15 We reiterate that the LSOA of the proposed site is the Herefordshire 002B LSOA, which captures the area surrounding Porter Mill Close. As per 2021 Census data, there is a higher number of residents without a car/van living in the Herefordshire 002B LSOA (25.1%) when compared to local authority (14.4%) and national averages (23.5%).

4.3.16 We also submit that the claims that "*there are no tower blocks or council/housing association or privately rented properties in the area around Porter Mill Close.*" do not align with 2021 Census data, which reveals that:

4.3.16.1 42.8% of residents live in social rented accommodation

4.3.16.2 21.3% of residents live in private rented accommodation/rent free

4.3.17 In fact, we highlight that the majority of residents (64.1%) do live in social rented accommodation or private rented properties. The data clearly contradicts the ICB's assertions, thus we submit that these assertions should not be relied upon and may have misled the ICB.

4.3.18 We disagree with the assertion that "*any patient who has to travel to the current location of Ryelands Surgery will do so by car*". This is general assumption and lacks any material evidence. What is evidenced by 2021 Census data is that there is a disproportionate number of residents without access to a car/van living in the LSOA of the proposed site.

4.3.19 We are pleased that the ICB accept that the "bus number 402 travels every 2 hours within 200 metres of the new health centre". It is of note that they concluded that "those without access to a car will have to walk to the health centre." This clearly shows that the public transport service does not offer reasonable choice for the local population.

4.3.20 However, we highlight that the disproportionate number of residents without a car in the Herefordshire 002B LSOA live to the north of the health centre, and are currently c. 1 mile away from pharmaceutical provision. When we consider that a pharmacy at the proposed site would reduce this journey to 0.5 miles or less, it is evident that granting this application would provide better access to pharmaceutical services.

4.3.21 With regard to the Community Wheels service, we echo the comments in our client's appeal. We are pleased that the ICB acknowledge that the service does not run after 2:30pm. The Committee will be aware that our client proposes to open from 8:45-13:00/14:00-18:00, and thus the availability of this service does not provide reasonable choice to pharmaceutical provision. Again, we highlight that the ICB omitted to detail that this travel must be paid for and pre-booked at least 48 hours in advance. We reiterate that residents cannot always predict when they require access to pharmaceutical services and incurring charges on each visit in an area of high deprivation – especially with regard to income deprivation – does not represent reasonable choice.

4.3.22 It is worth noting that during the site visit, all pharmacies in Leominster were recorded except Jhoots Pharmacy (HR6 8LR). This omission suggests the Committee is aware that this pharmacy is not currently providing pharmaceutical services. We therefore maintain our position that the ICB's claim of four operational pharmacies in Leominster is incorrect.

4.3.23 When visiting WS and B Rees Chemists, we submit that the Lay Member states this pharmacy is 0.3 miles away from the new health centre. This is incorrect, we submit that this pharmacy is 0.5 miles away. At present, we reiterate that patients are accustomed to accessing pharmaceutical services in connection with a visit to the Ryelands Surgery. Thus, when the surgery relocates, we submit that residents will be required to undertake an additional journey to access pharmacy services.

4.3.24 WS and B Rees Chemists is described as "*located in a very narrow road*". Further, it is noted that "*There is no parking as the photograph of the pharmacy shows. Parking is 100 metres away is pay and display*." When we consider that parking at the health centre will be free, it is also likely that most patients who are travelling by car will access pharmaceutical provision at a location where they can park for free instead of incurring parking charges at the town centre or struggling to find a space. This clearly satisfies the regulatory requirement that there will be better access to pharmaceutical provision if this application is granted.

4.3.25 We also wish to correct the ICB that Westfield Walk Pharmacy (HR6 8EP) is 0.8 miles away from the new health centre – not 0.5 miles away.

4.3.26 Despite the Committee stating that "*the largest concentration of health deprivation is in South Hereford the north of Hereford town centre and in pockets of Leominster*", we submit that the ICB failed to consider that our client's proposed site falls within one of these pockets. In fact,

according to the most recent Indices of Deprivation (2025), the Herefordshire 002B LSOA falls within the top 10% most deprived areas in the country. This shows an increase in deprivation since the 2019 IMD. We highlight that this is not only the most deprived area in Leominster, but one of the most deprived areas in Herefordshire (only 1% of neighbourhoods in Herefordshire are more deprived). We reiterate that health needs are greater in deprived areas, and thus these residents require better access to pharmaceutical services.

4.3.27 The ICB also stated that; "*The new building is a replacement for the existing GP surgery and not a healthcare hub as the applicant states. The building will accommodate 19 GP, associated clinical and nursing staff. There will be no community or other staff or services."*

4.3.28 First, we direct the Committee to the planning application in Annex 4 [provided], which outlined a "planning application for the erection of a two storey health hub (Use Class E) including an integrated pharmacy" (emphasis added). The new building is clearly intended to function as a health hub, integrating pharmaceutical services; therefore, we reject this claim.

4.3.29 Secondly, we are unsure why it has been concluded that there will be no other staff or services when the Lay Member photographed the entrance to the pharmacy in the report. It is very obvious that pharmaceutical services are intended to be provided at this hub.

4.3.30 Conclusion

4.3.31 To conclude, we maintain that our client's application should be granted.

4.3.32 We submit that the ICB's Site Visit report includes many details which support our client's application – especially when we consider that provision for a pharmacy is not just within the planning documents, but there is a designated physical space for a pharmacy at the health centre.

4.3.33 On the evidence outlined above and our client's previous correspondence, we believe that this application should be granted."

4.3.34 [Enclosures provided]

5 Observations

The following observations were received by NHS Resolution in response to the representations received on appeal.

5.1 Healthcare Plus Consulting Ltd on behalf of the Applicant

5.1.1 "Thank you for your letter dated 10th December 2025. We note the responses made by interested parties and respond accordingly below.

5.1.2 Preliminary Matter

5.1.3 We understand that SNJ Health Ltd is the body corporate associated with the former Jhoots Pharmacy. However, we highlight that in Jhoots' previous correspondence, they were represented by [SJ], and the relevant document is titled 'Jhoots Healthcare Ltd'. It is of note that SNJ Health Ltd were not mentioned as being represented in that correspondence, and Companies House records confirm no direct association between [SJ] and SNJ Health Ltd. Therefore, we believe that SNJ Health Ltd have not been represented before, and question whether they have appeal rights or right to make representations as an interested party, we trust that the Committee will consider such matters. Nevertheless, we respond to comments from SNJ Health Ltd's representative below.

5.1.4 Patient Survey

5.1.5 We note that prior correspondence from parties requested 'evidence' be provided as to the problems faced by residents in Leominster. We highlight that there is not a need to present 'evidence' as such but rather a reasonable interpretation be made of the facts in line with the Regulations.

5.1.6 However, our client has conducted a patient survey among those who visit Leominster Pharmacy and via Facebook Community Groups, receiving 102 responses. To provide the Committee with context regarding the methodology for this data collection, the survey was available to anyone who saw it online or chose to fill it in after visiting the pharmacy. QR codes directing patients to the survey were displayed on posters in the pharmacy and put in prescription bags. The number of prescription bags that the QR code was placed within is not known and dependant on staff remembering to do so. The survey data was gathered over an 11-day period between the 4th and 15th December 2025. At least one response was received every day within this period from those reliant on pharmaceutical services in Leominster. Please find link to the survey:

5.1.6.1 https://docs.google.com/forms/d/15vVEwip3mi8PxIpxcVliotnRMEdidBia5Sn82NCdXXA/edit.

5.1.7 Again, whilst not a requirement of the Regulations, we note this was conducted in order to gain a better understanding regarding current access to pharmaceutical services, and whether the present application will provide better access to pharmaceutical provision in Leominster.

5.1.8 The initial findings are as follows:

5.1.8.1 95% agreed that a pharmacy is needed at the new Health Centre

5.1.8.2 93% agree that a new pharmacy co-located with the Ryeland Surgery creates better access to pharmaceutical services

5.1.8.3 91% would use a pharmacy at the proposed site

5.1.9 Regulation 18(1)(a) requires decision-makers to specifically consider whether granting an application "*would secure improvements, or better access, to pharmaceutical services*". We therefore urge the Committee to place weight on the fact that 93% of those surveyed agree that our client's application would secure better access to pharmaceutical services. We emphasise that residents are generally able to determine for themselves what is and is not to their benefit.

5.1.10 We also trust that the Committee will place weight on the evidence sought from the patient survey which supports our previous correspondence.

5.1.11 Integrated Care Board (ICB)

5.1.12 We highlight that the ICB Site Visit Report confirmed that a designated space for the pharmacy has indeed been built as part of the new surgery premises. This is undisputed by all parties.

5.1.13 Representations from the ICB concluded that; "*if the updated PNA was available when determining the application received, the PSRC may have reached a different conclusion*". This implies that they had not properly determined the application due to the new Herefordshire PNA (2025-2028) being published after they held their meeting.

5.1.14 We highlight that an Unforeseen Benefits application is in its very nature, unforeseen, offering improvements or better access to pharmaceutical services not captured within the PNA. It is of particular note that the Herefordshire 2025-2028 PNA did not consider the new health hub nor did it recognise the fact that the Jhoots Pharmacy has failed to provide pharmaceutical services. Notably, its Appendices referred to the pharmacy on Corn Street as Boots, owned by Boots UK Ltd (Annex 2, Herefordshire PNA 2025 Appendices, pg. 7).

5.1.15 Regardless, the ICB's conclusion is very clear in its position that the PSRC may not have refused our client's application, and therefore, may have granted it. We urge NHS Resolution to place weight on the ICB's conclusion and consider all matters of the case before it.

5.1.16 Notably, the ICB does not dispute the following:

5.1.16.1 That the Jhoots Pharmacy has closed

5.1.16.2 That there are now three pharmacies in the area

5.1.17 We highlight that the above are now undisputable facts, as on 10th November 2025, the property of the Jhoots Pharmacy was taken back by the landlord – please see Notice of Forfeiture attached (Annex 3) [provided].

5.1.18 Although we present evidence later proving that the Jhoots Pharmacy has not been fully operational since taking over the Boots, we trust that the Committee will, at the very least, accept that the Jhoots is now closed.

5.1.19 Regarding the building itself, we direct the Committee to the planning application, which outlined "*the erection of a two storey health hub (Use Class E) including an integrated pharmacy*" (emphasis added). (Annex 4) [provided].

5.1.20 The ICB also cite Statement 2 of the Herefordshire PNA (2025-2028), which includes that *'Public Transport is also more limited, particularly in rural areas*'. We reiterate that Leominster is an urban area, and thus a bus service which operates every 2 hours is limited. This limited access is also reflected in the survey findings. When asked to describe the availability of public transport services in Leominster, we highlight that 57 respondents (56% of those surveyed) provided negative feedback. Many of these responses stated it is "*poor*", as well as "*limited*", "*irregular*" and "*unreliable*" (Annex 1) [provided].

5.1.21 The ICB do not comment on the fact that the Community Wheels service is not available after 2:30pm, and requires booking at least 48 hours in advance. Again, we echo the comments from our client's appeal and submit that patients cannot predict when they require access to pharmaceutical services, and therefore removing reliance on this service provides better access.

5.1.22 We also note that the lay member recognizes that "*there is a high demand for the service which is likely to continue once the health centre is open*". We submit that the high demand for the Community Wheels service is symptomatic of the poor availability of public transport within Leominster.

5.1.23 Therefore, we submit that by allowing local residents walk to a pharmacy or park at the pharmacy, and thus avoid usage of a highly infrequent bus, the present application offers significantly better access.

5.1.24 <u>SNJ Health Ltd (Represented by Temple Bright LLP)</u>

5.1.25 Given the Notice of Forfeiture dated 10th November 2025, we do not understand why the representative asserts that NHS Resolution should have regard to the Jhoots in its letter dated 4th December 2025. It is evident that there are no longer four operational pharmacies in Leominster.

5.1.26 We also note that there is no evidence provided that signals any realistic prospects of the Jhoots reopening, and therefore such claims cannot be relied upon. In one instance, they state that "*my client is able to confirm that the Jhoots Pharmacy will reopen next month"* with certainty, and the next instance they state *"Allied Pharmacies…anticipates that it will reopen in January 2026" (emphasis added).* We submit that this is unclear, and therefore unhelpful in providing assurance to the Committee that the pharmacy will even reopen at all, let alone next month.

5.1.27 When we consider timescales, we note that there is even more ambiguity regarding the supposed reopening of the pharmacy. The representations provided by HG Clewer Ltd (represented by PSC) state that *"We have contacted the Allied Pharmacy group to discuss their*

plans for this pharmacy…and it is their intention to re-open the pharmacy before Christmas". The discrepancies with the information before the Committee regarding the supposed reopening of the pharmacy is confusing to say the least, and thus the Committee cannot be assured that the pharmacy will reopen from the representations provided, especially when we consider that the property has been taken back by the landlord.

5.1.28 We submit that the Committee cannot be assured by the above assertions, as they lack certainty, consistency, and any real evidence to support such claims.

5.1.29 We also note that the Jhoots Pharmacy (ODS codes FNK42, FWY02) are not recorded as dispensing a single item. The Boots code ceased on 31st May 2025 per NHS ODS. Even if the Jhoots attempts to open by January 2026, the pharmacy would still mandatorily be removed from the pharmacy list as a consequence of Regulation 74(3).

5.1.30 When respondents were asked if they were aware of any recent pharmacy closures in Leominster, we highlight that more than half of those surveyed answered *'Yes' (58%).* When asked to add further details, we highlight 55 respondents mentioned the Jhoots/Boots Pharmacy, and include some of these comments below:

5.1.30.1"*Jhoots has been closed for almost 12 months*" – Survey 2

5.1.30.2 "*Jhoots pharmacy is never open*" – Survey 5

5.1.30.3"*Jhoots Pharmacy which was the old boots one is always closed and now has a closure sign on it*." – Survey 7

5.1.30.4"*The old boots stores, which is now Jhoots has gone under and been barely functioning for a year now. It's finally been closed down.*" – Survey 8

5.1.30.5"*Jhoots pharmacy never open*" – Survey 10

5.1.30.6"*Jhoots has been closed for quite a few months*" – Survey 29

5.1.30.7"*Boots and subsequently Jhoots*" – Survey 31

5.1.30.8"*Jhoots is closing so we'll need another one to take over from that.*" – Survey 32

5.1.30.9"*Jhoots have not been open for 12 months*" – Survey 33

5.1.30.10"*Boots pharmacy closed, then company who took over closed as well*" – Survey 52

5.1.30.11"*Boots Jhoots both cloaed* [sic]" – Survey 60

5.1.30.12"*Boots. Then jhoots who took over shut down*" – Survey 68

5.1.30.13"*Boots pharmacy that then changed ownership and now they are no longer operating*" –Survey 76

5.1.30.14"*There are very few options for pharmaceuticals in Leominster, boots has closed leaving just 2 options that are difficult to access if you have limited mobility*" – Survey 78

5.1.30.15"*Boots now Jhoots*" – Survey 80

5.1.31 We also refer the Committee to the other responses received below this question in Annex 1. When we consider these local insights, it is clearly common knowledge that the Jhoots Pharmacy has not been providing pharmaceutical services for an extensive period of time. We also note that many responses still refer to Boots, indicating that they may not even be aware that Jhoots had taken over. We therefore reassert that this pharmacy cannot be considered as a means of access to or a choice of pharmaceutical provision for residents. Therefore, there are just three pharmacies serving Leominster. The Committee therefore cannot rely on the Map & Key documentation which includes the now closed pharmacy.

5.1.32 We note that the completion date of the Health Hub is indeed March 2026 due to delays. We also note that after a grant, the Regulations allow for an applicant to have 6 months to notify a premises and 12 months to open. Therefore, in our view, the present application is well-timed to open around the same time as the Health Hub. In fact, granting the application at this stage would allow our client to begin taking the necessary steps to ensure pharmaceutical services are provided in the designated space at the site as soon as possible.

5.1.33 While we understand that there is a branch surgery of the Ryeland Practice, we note that the c. 15,000 figure provided by SNJ Health Ltd remains a significant proportion of the population who will access medical services, and therefore pharmaceutical services, at the proposed site. We also highlight that, as per our client's supporting information, there are new housing developments underway in Leominster, and planning applications of up to 1,650 new homes have recently been submitted. Assuming an occupation rate of 2.5 per household, we submit that this will bring an additional 4,125 residents to Leominster, and therefore the town's population is likely to exceed 19,000 upon completion of these homes. Concerns surrounding these new developments are also found within a survey response; "Very convenient and avoiding further travel into town centre. In addition planning permission for a further 1600 houses about to be granted which alone merits a new pharmacy." (Survey 15). For clarity, we note that these additional homes are not necessary for the present application to provide better access and improved services, but it is merely a further relevant consideration.

5.1.34 We also highlight that those who travel to the GP from outlying areas would also benefit from better access by being able to access a pharmacy directly after their GP appointment, rather than having to

make an additional journey to a pharmacy. This is reflected in the survey findings:

5.1.34.1 *"As a rural patient's easier to get description on site rather than travel into Leominster. It's already taken a 5 mile drive to access it."* – Survey 96

5.1.34.2 *"It just makes sense, I dont thinkni* [sic] *have ever been to a doctor's where there hasn't been a pharmacy in close proximity"* – Survey 48

5.1.34.3 "*Common senseâ€¦.. model similar to Hereford health centre on Station Road â€¦ GP and dispensing chemist on same premises* [sic]"– Survey 46

5.1.35 SNJ Health Ltd also appear to accept that no existing pharmacy has proposed to relocate to the health hub. Our client does have a pharmacy in Leominster town centre but does not believe a relocation is possible or desirable as the two sites have significantly different access and serve differing populations, hence, an unforeseen benefits application was deemed necessary.

5.1.36 While not all residents of highlighted LSOAs are likely to access the proposed pharmacy from their homes, the data from these LSOAs remains relevant. A closer look at Leominster's local population as per 2021 Census data reveals that there are high levels of bad/very bad health. As a result, it is likely that these residents will be more reliant on healthcare services, and thus a pharmacy co-located with the medical centre will provide better access in an area which would particularly benefit from greater health care services.

5.1.37 SNJ Health Ltd do not appear to understand the relevance of deprivation despite the extensive correspondence previously provided. The Committee will be aware that those living in deprived areas, specifically with income deprivation, are likely to have less disposable income and may be deterred from accessing pharmaceutical services due to additional costs involved.

5.1.38 Regarding parking charges, we submit that incurring expenses when accessing pharmaceutical services leads to significantly worse access – particularly for the highly income deprived Herefordshire 002B LSOA (proposed site).

5.1.39 Per the survey, we highlight that out of those who answered 'Yes' to incurring parking charges, 29 respondents (28%) agreed that these charges affect the frequency with which they visit Leominster Pharmacy. We submit this is not an insignificant figure, and therefore evidences that the cost of parking is indeed a barrier to access for a large minority within Leominster. In fact, we also highlight that a resident adds "Can do as I have limited income due to health" (Survey 76). It is therefore evident that the avoidance of these parking charges allows for significantly better access for residents.

5.1.40 When asked why they think a pharmacy is needed at the new Health Hub, we draw attention to the comments below:

5.1.40.1"*It's important to be able to access medications in the same area, if I had to go else were, where I would have to pay for parking, I just wouldn't get my medications, as it would be to stressful for myself."* – Survey 65

5.1.40.2"*As it's out of town and means driving and parking in town which would incur a charge*" –Survey 85

5.1.40.3"*Wont have to waist money for transport*" – Survey 79

5.1.40.4"*Can do everything at same time and don't have to pay to drive elsewhere*" – Survey 25

5.1.40.5"*If when poorly as most are if going to the doctor. You struggles to get to the surgery the last thing you need is to then battle the traffic and pay parking to go elsewhere to get your prescription*" – Survey 44

5.1.40.6"*Convenience and no need to pay for parking to collect medication*" – Survey 60

5.1.40.7"*So much easier...saves waisting* [sic] *time as i work full time..especially* [sic] *if you are not well you don't want to be messing about having either to walk or drive & pay to collect a prescription."* – Survey 75

5.1.40.8"*Geographic location ie proximity to the surgery as the surgery will be more accessible than the current site. Most people will be arriving by vehicle given the location on the edge of town and won't want to them pay to park elsewhere in town to access another pharmacy*." –Survey 95

5.1.40.9"*Having to drive into Leominster and pay for parking to have a prescription filled*" – Survey 101

5.1.41 When we consider the patient in Survey response 65, who stated that "*if I had to go else were, where I would have to pay for parking, I just wouldn't get my medications, as it would be to stressful for myself*", we highlight that travelling elsewhere to access pharmaceutical services after a visit to the surgery would in fact deter patients from accessing these services at all. This scenario is concerning, however would be resolved by granting the present application.

5.1.42 It seems clear that some residents are concerned with the barriers to pharmaceutical access parking charges can present in Leominster which they feel are necessitated by the current distribution of pharmacy services. Therefore, it is obvious that our client's application will provide better access to pharmaceutical services, particularly those who struggle with parking charges.

5.1.43 SNJ Health Ltd also refer to the 402 bus service without acknowledging, or disputing, the fact that this is a 2 hourly service and therefore highly infrequent for an urban area. It is clear that removing reliance on such an infrequent bus which requires a person to plan their day around a trip to the pharmacy provides residents with much better access to provision.

5.1.44 HG Clewer Ltd (Represented by PSC)

5.1.45 With regard to deprivation, we note that PSC fail to consider the high levels of income deprivation previously highlighted in our client's appeal. We have provided a breakdown of deprivation in the Herefordshire 002B LSOA according to the 2025 English IMD which may assist the Committee. While Health & Disability levels are not as deprived, we can see that they sit much closer on the scale of most deprived than less deprived.

5.1.46 Figure 1: Deprivation in Herefordshire 002B LSOA, English Indices of Deprivation 2025 [provided]

5.1.47 We can also see from the figure above that income deprivation particularly impacts those aged over 60, who are likely users of pharmaceutical provision.

5.1.48 Additionally, whether day-do-day activities are limited 'a lot' or 'a little', we note that these residents are still considered disabled under the Equality Act 2010. Thus, from the breakdown of figures provided by PSC, we note that 23.2% of residents in the Herefordshire 002B LSOA were considered disabled under the Equality Act 2010, which is higher than the national average (17.3%) and Herefordshire Local Authority average (18.6%). Again, even when broadened to the MSOA, 21.8% of residents are disabled under the Equality Act 2010 – above the national and local authority averages.

5.1.49 PSC does not dispute that provision has been made for a pharmacy in the medical centre.

5.1.50 PSC highlight that there are two car parks adjacent to the surgery, with one of these being reserved for doctors. There is clearly only one parking area available for patients. We dispute that there is a "large forecourt" directly outside the pharmacy, as even representations from SNJ Health Ltd refer to the available parking area as "small". It is also not clear that after the surgery relocates, users of the pharmacy will be able to use the surgery parking lot by the new occupiers of the site. We note that HG Clewer have not provided any evidence in this regard, and thus can only assume that relevant parking permissions have not in fact been obtained.

5.1.51 From the survey conducted, it is of particular note that when asked if patients struggle in any way to access the Ryeland Surgery, 70 respondents answered 'Yes'. This represents 69% of those surveyed. Given that the current location of the Ryeland Surgery is co-located with Westfield Walk Pharmacy, it would be reasonable to infer that patients also experience these difficulties when accessing pharmaceutical

services. When asked to elaborate on what kinds of difficulties they face when accessing the surgery, we highlight that the main issues were a lack of parking, poor public transport and navigating a steep hill:

5.1.51.1"*Parking is very difficult at this site*" – Survey 2

5.1.51.2"*Yes poor public transport makes it hard to get to*." – Survey 7

5.1.51.3"*Yes the public transport is awful and when I've had a lift for a family members the parking is awful."* – Survey 8

5.1.51.4"*Public transport not good*" – Survey 10

5.1.51.5"*Not enough disabled spaces*" – Survey 14

5.1.51.6"*Yes parking is abismal* [sic] *and frequently impossible*" – Survey 15

5.1.51.7"*Parking there is difficult*" – Survey 18

5.1.51.8"*Walking from the car park in Dishley Street can sometimes be difficult due to Arthritis*." –Survey 42

5.1.51.9"*No onsite parking so park up the road in residential neighbourhood*" – Survey 46

5.1.51.10"*Yes every time. It's just awful. I have no way of parking or being able to get my mother in law into the surgery safely*" – Survey 50

5.1.51.11"*Parking and transport*" – Survey 55

5.1.51.12"*Yes there is no were to park, which makes getting to my appointments hard and makes me late. I have to use a crutch and a lot of the time I have to park far away and have to come down a hill*." – Survey 65

5.1.51.13"*Parking majorly*" – Survey 74

5.1.51.14"*Parking is awful*" – Survey 82

5.1.51.15"*Walking down the walkway to the surgery is difficult due to how steep it is, more so if its wet*." – Survey 83

5.1.51.16"*Parking is difficult*" – Survey 85

5.1.51.17"*Improved parking needed. After having surgery it was difficult to access surgery especially after knee surgery. Steep pathway to the surgery*." – Survey 90

5.1.51.18"*It's not very accessible in its current location for the disabled*" – Survey 91

5.1.51.19"*Public transport & Parking*" – Survey 98

5.1.52 This clearly shows patients face difficulties in relation to parking and the site is not accessible for disabled residents. Given that the new premises will have a large parking area with 81 spaces, including 9 disabled spaces, we submit that the proposed site clearly provides much better access in this regard.

5.1.53 We also note that 91% of respondents answered 'Yes' when asked if they would use a pharmacy at the proposed location. When asked to elaborate, the responses reveal the significant benefit that a co-located pharmacy would provide.

5.1.53.1"*New pharmacy is vital to make the new surgery work successfully*" – Survey 11

5.1.53.2"*Able to collect new medication quickly, and more accessible*" – Survey 13

5.1.53.3"*It would be helpful to get everything in one place and do as other pharmacies in town are not overwhelmed*." – Survey 32

5.1.53.4"*More accessible*" – Survey 38

5.1.53.5"*I am a health practitioner and many of my clients are elderly and I would refer them to a pharmacy attached to their surgery to they dont need to go to two venues*." – Survey 40

5.1.53.6"*Makes complete senseâ€¦.* [sic] *GP Appointment followed by pharmacy on same premise. Plus easier access/parking*" – Survey 46

5.1.53.7*"Parking is very handy, proximity from the sugery* [sic] *to a pharmacy is a great bonus save having to make a further journey with a potential sick child"* – Survey 48

5.1.53.8"*Better facilities for parking and access to a new surgery. Just need a pharmacy to go with it*." Survey 56

5.1.53.9"*If I have visited the surgery and had a prescription I have always used the pharmacy attached and would like to have this option at the new location to save an additional journey."* – Survey 57

5.1.53.10"*There will be more parking to use the pharmacy there will be easier* ." – Survey 61

5.1.53.11"*A pharmacy Is definitely required at the new Doctors as you would be required to walkbor* [sic] *drive to a pharmacy in the town centre or Westfield walk to collect your medication & if you feel poorly that is The last thing you want to do !!"* – Survey 72

5.1.53.12"*If your going to the Dr's and you are given a prescription to get it from the surgery is a no brainer*" – Survey 77

5.1.53.13“*All the money and planning going into the new health centre and no on-site pharmacy is ludicrous. Itâ€™s* [sic] *supposed to support all aspects of health and a pharmacy is essential as part of that, after all, we are encouraged to speak to a pharmacist first before taking a GP appointment*” – Survey 80

5.1.53.14“*Because I am regularly in need of my medication and visits to the doctor to discuss issues and changes. I don't have a choice but to use the services wherever they are closest*.” – Survey 83

5.1.54 When considering those who are already feeling unwell, which reflects those visiting the surgery in the first place, Survey 72 states that *“you would be required to walkbor drive to a pharmacy in the town center or Westfield walk to collect your medication & if you feel poorly that is The last thing you want to do !!* [sic]”.

5.1.55 We also highlight the response in Survey 58 from a resident who answered ‘*Yes*’ to regularly caring for someone else, and appears to be a carer for residents, particularly elderly.

5.1.55.1"*I would like to highlight several important reasons why a chemist should be located directly next to the surgery:*

Improved Access to Medication for Elderly Patients

Many of my clients are elderly and rely on regular prescriptions for chronic conditions. Walking between multiple locations, or relying on transport to reach a separate chemist, creates unnecessary difficulty and risks missed doses.

Enhanced Safety and Convenience

Having a chemist on-site or immediately adjacent ensures patients can collect medications immediately after consultations. This reduces the risk of medication errors or delays, which can be particularly dangerous for those with complex medication regimens.

Support for Vulnerable Populations

Individuals with mobility issues, chronic illnesses, or cognitive impairments benefit greatly from integrated healthcare services. Co-locating a chemist and doctors surgery promotes independence and reduces the need for additional travel or reliance on carers.

Encouraging Compliance with Treatment

Easier access to prescriptions encourages patients to adhere to their medication schedules. A conveniently located chemist increases the likelihood that patients will promptly fill prescriptions and maintain their health.

Community and Healthcare Integration

Many successful modern surgeries operate alongside chemists, providing a one-stop healthcare hub. This integration supports preventative care, better patient outcomes, and a more efficient use of healthcare resources."

5.1.56 We reiterate that the ultimate question relevant to Regulation 18 is "improvements or better access" to pharmaceutical services. 'Significant benefits' are relevant to this question, and 'reasonable choice' is relevant to significant benefits. However, 'reasonable choice' is not the exclusive or even primary consideration. It is merely one relevant consideration. We also highlight that the inclusion of reasonable choice in the Regulations is not intended to resurrect the adequacy test which has been abolished. Rather, the inclusion of reasonable choice is intended to remind the Committee that competition is of significant benefit even where one or more pharmacies may be accessible for some relevant populations.

5.1.57 We submit that the 'better access' that a pharmacy at the proposed site would provide cannot be understated. This is especially important when we consider that patients already have access to a co-located pharmacy and are therefore not accustomed to additional journeys. It is also worth noting that HG Clewer have explicitly stated that they will not be attempting to relocate to the Health Hub site.

5.1.58 We also disagree with the notion raised that the journey people currently face when accessing pharmaceutical services will be no different to the journey that they will face once the surgery has relocated. We note that patients accessing the Ryeland Surgery at its current location are able to access pharmaceutical services in connection with this visit at Westfield Walk Pharmacy. This is reflected within the survey:

5.1.58.1 "*Because the current doctors surgery has one and it is very convenient to pick up after doctors appointment*". – Survey 93

5.1.58.2 "*Yes – it's why there is a pharmacy at the current site*!" – Survey 95

5.1.59 We reiterate that they are not required to make an additional journey to the town centre unless they wish to do so. If this application is not granted, all patients of the surgery will be required to make an additional journey of at least 0.5 miles to the town centre which results in the loss of access that is currently available, in addition to the journey to the hub itself. The present application therefore offers better access by restoring this lost access.

5.1.60 Contrary to both defendant's views we submit that these additional journeys are significant and avoidance of these journeys provides better access, especially for the above-average number of residents who are disabled under the Equality Act 2010, those aged 65 and above, and those who are economically deprived. We note some of the responses from the survey below:

5.1.60.1“*It needs a pharmacy at the new premises to avoid a pointless trip into town*” – Survey 16

5.1.60.2“*It would solve two issues in one go and also help someone like me who struggles to get into town*.” – Survey 8

5.1.60.3“*So that I can pick up my prescription without using bus to go back into town*” – Survey 26

5.1.60.4“*There is no pharmacy near to the new health centre”* – Survey 22

5.1.60.5“*It removes the need to go into Leominster centre - too far to walk for older people*” – Survey 33

5.1.60.6“*It is quite a walk from new health centre to anywhere in town, particularly if you struggle with mobility*.” – Survey 39

5.1.60.7“*It’s essential that a pharmacy is provided given the distance from town centre, especially for the elderly or those with impaired mobility*” – Survey 84

5.1.60.8“*With the new surgery, being at the other end of town it will prove difficult to get scripts. Parking is not always possible or not accessible for some to come to town. Putting extra pressure on the current pharmacy's*.” – Survey 59

5.1.60.9“*Convenient. When I’m unwell due to long term health condition I find it hard to move and have to limit to prevent it deteriorating this.”* – Survey 76

5.1.60.10*“If you get a prescription you want to be able to get it fulfilled at the same location, not have to travel to a pharmacy in the middle of the town*” – Survey 69

5.1.60.11“*Avoid a trip into town*” – Survey 16

5.1.60.12“*Saves having to go into the centre of town*” – Survey 30

5.1.60.13“*More accessible than in town*” – Survey 37

5.1.60.14“*Not everyone can access town pharmacies easily*” – Survey 42

5.1.60.15“*It is needed for people who are walking to Dr's surgery, the other pharmacies are in the town center or at Westfield Walk*” – Survey 72

5.1.60.16“*Absolutely. Lots of elderly people won't bother going to the other side of town for a prescription*” – Survey 74

5.1.60.17“*Because not all people can walk into town after*” – Survey 89

5.1.60.18"*Needed for elderly and children so they don't have to walk so far to collect prescriptions. If there is no pharmacy at the new surgery it will be inconvenient to many people especially if they feel unwell*" – Survey 90

5.1.60.19"*Not everyone can walk into town. For the elderly. makes sense having it all in one placr* [sic]" –Survey 92

5.1.61 We note that a number of commenters specifically highlight the length of walk between the Health Hub and the town centre as potentially proving difficult. Commenters again can be seen keen to avoid the town centre, with some citing the parking charges and difficulty with public transport. As a whole, when we look at the views of these respondents, a sentiment of facing difficulties which could be avoided by the present application is clear. We also note that most patients clearly do not believe that they can visit existing pharmacies in connection with journeys to the new health hub. This is evident as one describes the journey as "pointless", and another says it will "prove difficult to get scripts". In particular, we highlight a respondent reveals they experience "struggles" when trying to access the town.

5.1.62 We note that PSC does accept that Leominster is urban.

5.1.63 PSC fails to appreciate that referrals by GPs to Pharmacy First directly reduces the burden on GPs and ensures greater utilisation of pharmacy services. PSC is correct to state:

5.1.63.1"*The appellant paints a picture of a service where patients are seamlessly and instantaneously cross-referred between the two providers."*

5.1.64 We do not believe that this is a fanciful or unattainable goal. For Pharmacy First to be successful and pressure be taken away from primary care, the NHS is relying on expansion and greater utilisation of the service. Therefore, any reduction in the friction involved in using Pharmacy First offers a clear benefit to residents in making pharmacy services more accessible.

5.1.65 We reiterate that as per the planning documentation, the building of a "*health hub*" was clearly outlined.

5.1.66 We note that PSC agree that one of the key commitments of the NHS 10 Year Plan is to move healthcare from hospital to community settings, and that Leominster does not have a hospital. We believe that fulfilling the vision of the new health hub will help achieve the goal of moving health into the community. We note that the proposed hub will feature GPs, nurses and – if this application is granted – a pharmacy. The hub is therefore meeting the vision of the long term plan by integrating care and health in the community.

5.1.67 PSC reference the ICB's Site Visit report but fail to acknowledge that there is a designated space for a pharmacy.

5.1.68 We are pleased that PSC do not dispute that the Jhoots Pharmacy has failed to provide pharmaceutical services. We reiterate the comments above in the response to SNJ Health Ltd that there is clearly confusion regarding when, where, and even whether the pharmacy will reopen.

5.1.69 We note that the Smoking Cessation service is distinct from the Stop Smoking Voucher service and is offered by only 1 of 6 pharmacies in the North and West localities (Herefordshire PNA, 2025-2028, pg. 37).

5.1.70 The fact that the Ryeland Surgery will relocate to, as described by PSC, the "very edge of town" implies that it is far away from the town centre, and thus even further from existing provision. This highlights the need for a pharmacy at the Hub.

5.1.71 Conclusion

5.1.72 We remind the Committee that the present application is one to secure benefits in the form of improvements or better access. We submit that our client's application satisfies this regulatory test in securing better access to pharmaceutical services for Leominster's population and the surrounding areas.

5.1.73 We must consider that, as part of the ICB's Site Visit report, a pharmacy has indeed been built as envisioned by the initial planning documentation. It is clear that this vision is now a reality, and our client's application is well-timed to provide pharmaceutical services for those visiting the Ryeland Surgery.

5.1.74 In order to evidence that a pharmacy at the proposed site would indeed secure better access to pharmaceutical services, our client has gone above that expected of the Regulations and conducted a patient survey among those reliant on pharmaceutical services in Leominster. We reiterate that the findings from the survey reveal that:

5.1.74.1 95% agreed that a pharmacy is needed at the new Health Centre

5.1.74.2 93% agree that a new pharmacy co-located with the Ryeland Surgery creates better access to pharmaceutical services

5.1.74.3 Jhoots has not been providing pharmaceutical services for 12 months

5.1.74.4 There are parking difficulties at Westfield Walk

5.1.74.5 Public Transport is limited, unreliable and described as "limited"

5.1.74.6 There are difficulties travelling to the town centre/elsewhere after visiting the new GP premises

5.1.75 We submit that the above findings evidence the statements included as part of our client's previous correspondence. We therefore trust that the Committee will consider the robust body of evidence before it, and grant the application based on the facts of the case.

5.1.76 Regardless, we also highlight the ICB's admission that they may not have refused our client's application.

5.1.77 There is no evidence provided from SNJ Health Ltd regarding where or even whether the Jhoots Pharmacy will reopen, let alone the confusion surrounding its opening date from both defendant's representations. We submit that the lack of pharmaceutical services being provided from this pharmacy against the backdrop of the growing population clearly highlights the necessity for enhanced pharmaceutical provision in Leominster.

5.1.78 On the evidence outlined above, we believe that a new pharmacy contract should be granted."

5.1.79 [Enclosures provided]

6 Further comments

In the interests of transparency and fairness, NHS Resolution sought to rely on the discretion afforded in paragraph 7 of Schedule 3 of the Regulations to vary the normal procedures and seek observations on the information submitted by Healthcare Plus Consulting Ltd on behalf of the Applicant.

6.1 Pharmacy Sales & Consultancy on behalf of W S & B Rees Chemists & Westfield Walk Pharmacy

6.1.1 "We continue to act for HG Clewer Limited, t/a Westfield Walk Pharmacy and WS & B Rees Chemists.

6.1.2 Thank your letter of 6th January 2026 with further enclosures. We wish to make the following final comments on behalf of our client accordingly.

6.1.3 <u>Procedural matter</u>

6.1.4 Our client has asked us to express her concerns that the appellant has submitted substantial new evidence so late in the process. Whilst she is grateful that we have been afforded the opportunity to comment on this new evidence, she is mindful that your letter to all parties, including the appellant, dated 10th December stated:

6.1.4.1 *If you have any final observations you would like to make then you should ensure that they are sent to us within 10 days from the date of this letter. You should restrict yourself to rebuttal of the information already provided;* ***no new matters should be raised at this stage.***

6.1.5 We ask the Primary Care Appeals committee ("the Committee") to be mindful that the appellant failed to have any regard to these instructions. Its survey was carried out between 4th and 15th December, so included the period when your letter of 10th December was issued. Furthermore the appellant is represented by an experienced advisor who is well-aware of the appeal process.

6.1.6 The initial application was submitted in June 2025, so the applicant had plenty of time to carry out a survey but elected not to do so. It would appear, therefore, that the information was submitted late in the process in the hope, on the appellant's part, that other parties would not have the opportunity to comment.

6.1.7 Whilst we do not believe this new information changes the position in respect of the fact there is already adequate provision of pharmaceutical services in the town, we ask the Committee to place little weight on this new evidence due to the appellant's disregard for proper process.

6.1.8 We respond to the appellant's other points using the same headings.

6.1.9 Preliminary Matter

6.1.10 We will leave Temple Bright, acting for SNJ Health Limited, to respond to the point about their right to comment.

6.1.11 Patient Survey

6.1.12 We note that some information has been provided about the methodology of this survey.

6.1.13 Looking at this methodology, it is clear that the survey was almost exclusively targeted at patients currently attending the appellant's pharmacy. It is stated by the appellant that "QR codes directing patients to the survey were displayed on posters in the pharmacy and put in prescription bags" and also that one of the questions on the survey is "How do you travel to Leominster Pharmacy?".

6.1.14 It is not clear how any patients who do not currently use Leominster Pharmacy would have known about this survey and, if they did, they would assume it was not intended for them given that it specifically asks how they travel to Leominster pharmacy. As far as we can see, only one respondent to the survey stated that they do not currently use Leominster Pharmacy.

6.1.15 This is a very significant flaw in the survey because it ignores the majority of residents of the town, who currently attend other pharmacies, and whose experiences may be very different. Contrary to the appellant's assertion it is not representative of "those reliant on pharmaceutical services in Leominster".

6.1.16 For example, there is no parking outside Leominster Pharmacy (except for blue badge holders), whereas there is unrestricted parking outside Westfield Walk Pharmacy. This will, therefore, have influenced responses from patients of Leominster Pharmacy who would benefit from the proposed parking at the new surgery site, whereas those patients already have access to parking available at Westfield Walk Pharmacy if they choose to use it. We discuss parking further later.

6.1.17 In discussing the general findings of the survey, the appellant states:

6.1.17.1 *"Regulation 18(1)(a) requires decision-makers to specifically consider whether granting an application would secure improvements, or better access, to pharmaceutical services". We therefore urge the Committee to place weight on the fact that 93% of those surveyed agree that our client's application would secure better access to pharmaceutical services."*

6.1.18 Whilst it is correct that 'improvements or better access' form part of the regulatory tests, in considering 18(1) the decision maker is also required to have regard to the matters set out in paragraph 2. These include whether there is reasonable choice amongst other things.

6.1.19 It is stating the obvious that every new pharmacy that opens will result in better access to pharmaceutical services because there will be more pharmacies, so some patients will find they now have a pharmacy closer to home. It is not surprising, therefore, that survey respondents have reached this conclusion. However, the decision maker is required to consider the regulatory tests in full, and it cannot be expected that members of the public responding to a survey would have any understanding of these tests. In that context it clearly does not follow that, because 93% of respondents stated that granting the application would provide better access, these tests have been met.

6.1.20 Integrated Care Board (ICB)

6.1.21 We have addressed most of the points raised by the appellant in previous representations, so do not intend to repeat those in this letter.

6.1.22 In respect of the closure of the Jhoots pharmacy and the letter from the landlord regarding forfeiture, again we will leave SNJ Health Limited to respond on that point.

6.1.23 Our understanding is that, whilst the pharmacy has not yet re-opened at the time of writing this letter, it will do so over the coming weeks as part of the programme underway by the Allied Pharmacy group following the acquisition of all Jhoots pharmacies.

6.1.24 The appellant then refers to comments made by survey respondents in respect of public transport availability. What the appellant fails to explain is how patients who are reliant on public transport, but who find it to be inadequate, currently travel to Leominster Pharmacy, which is within to the town centre. It also fails to explain how this will become worse when the new surgery opens.

6.1.25 It is clear from the survey that the vast majority of patients drive to the pharmacy and we submit that these patients can park easily elsewhere. Those who use public transport clearly find it to be sufficiently good for them to get to the appellant's pharmacy. There is no reason they will not be able to continue accessing this pharmacy once the new medical centre opens.

6.1.26 SNJ Health Ltd (Represented by Temple Bright LLP)

6.1.27 In respect of the planning permission referred to by the appellant and the projected growth to the town population, we ask the committee to place little weight on these given there is no certainty in respect of the timescales for these houses to be built. It is highly speculative to assume that existing pharmaceutical services provision will not be adequate to meet the needs of the town's growing population in the future.

6.1.28 In respect of patients who travel from outside the town to access the new medical centre, it is clear that these patients are able to travel to Leominster, so there is no reason why they would have any difficulties travelling to one of the existing pharmacies in the town. Indeed, by virtue of the fact they have responded to the survey, they already do so. The comments they make refer to matters of convenience rather than need.

6.1.29 Discussing the fact it has chosen not to apply to relocate to the new site, it is noteworthy that the appellant states "the two sites have significantly different access and serve differing populations". This completely contradicts comments made previously by the appellant that the proposed new site will be accessible to all patients of the town and the surrounding areas.

6.1.30 In respect of car parking charges, whilst some residents may choose to park in pay & display car parks, presumably because it is convenient for them to do so, there is free and unrestricted parking available outside Westfield Walk pharmacy both on the forecourt and on the road. There is also free parking for up to an hour at several locations in the town centre, as shown in the screenshot below from the council's website https://www.leominstertowncouncil.gov.uk/visiting-leominster/parking/

6.1.31 **Free On Street Car Parking**

Free on street parking (up to one hour):

Broad Street, Leominster HR6 8BT

Corn Square, Leominster HR6 8LR

Rainbow Street, Leominster HR6 8DQ

6.1.32 No patient is obliged to pay parking charges.

6.1.33 These areas of free parking are highlighted in green on the map below: [provided]

6.1.34 Given that the survey is limited to patients of Leominster Pharmacy, which does not have its own dedicated parking spaces, it is clear that these patients are more likely to use one of the town centre car parks, some of which are pay & display.

6.1.35 The appellant specifically highlights survey response 65 where it is suggested that a patient who had to pay for parking would rather go

without their medication. This is a confusing comment considering that Leominster Pharmacy does not currently benefit from any free parking outside, so this patient presumably finds some way at present of collecting their medication despite this. The presence of a new medical centre does not, in any way, change the parking arrangements for existing pharmacies.

6.1.36 HG Clewer Ltd (Represented by PSC)

6.1.37 We have commented previously on the demographics of LSOA Herefordshire 002B and the fact this is at the far edge of the town and largely comprises green space. We have also commented that relatively few people live within this LSOA.

6.1.38 In respect of car parking, the appellant misunderstands our point. Whilst parking is provided outside the medical centre, and we do not know what the future of that building will be, there is also parking provided in the forecourt immediately outside our client's pharmacy on Westfield Walk as shown in the image provided within on previous response and below. There are 6 customer parking spaces provided and these are included within our client's demise.

6.1.39 The only pressure on parking outside our client's pharmacy comes from patients attending the medical centre who choose to park outside the pharmacy. Once the medical centre closes there will be no pressure whatsoever on the parking spaces outside this pharmacy. Furthermore, as we have discussed previously, parking is available on the road within a few metres of the pharmacy.

6.1.40 The image below shows the spaces outside the pharmacy [provided].

6.1.41 We note the comments provided by the appellant in respect of survey responses and these appear to largely relate to either parking pressures, which we have addressed already, or public transport concerns. Those patients who find they are not able to access Westfield Walk Pharmacy by public transport can presumably continue to use Leominster Pharmacy, which is clearly the pharmacy they choose to access at present.

6.1.42 Comments are then provided from the survey that provide reasons why respondents would find it easier to access a pharmacy at the new surgery site. The appellant fails to explain why, other than the relatively small number of people who live at the northern edge of the town, the vast majority of residents will find the new surgery site easier for them to access than the town centre.

6.1.43 We would suggest that by far and away the biggest driver for these responses has been the difficult parking for patients attending the medical centre at its current site. It is not a surprise that they will find the new site easier to access for medical services because they will be able to park more easily. However, many patients who cannot use public transport or do not own a car are likely to find that the new surgery site is not particularly convenient for them as it is not centrally located in the town. We remind the Committee that it is not being asked to

consider whether access to medical services will be improved when the new surgery opens.

6.1.44 Existing pharmacies are located within or near to the town centre where the vast majority of the town's amenities are provided. It simply does not reflect reality that residents of the town and the surrounding areas find access to the town centre to be difficult.

6.1.45 With respect to the comments made about patients being required to make an additional journey to a pharmacy following a visit to the new medical centre (in contrast to the current position where our client's pharmacy is co-located with the surgery), there is no evidence whatsoever that this journey would be 'additional'.

6.1.46 Nobody will live at the new medical centre site and relatively few people live nearby. Due to the location of the site the vast majority of residents of the town would pass through or near to the town centre on their way to the new medical centre. That being the case they would pass near to one of the existing pharmacies on their way home. Any 'additional' journey is unlikely to be significant for the vast majority of patients.

6.1.47 We have addressed the further comments made by the appellant previously so will not do so again in the interests of avoiding repetition, but we direct the Committee to the comments made previously by our client at both the application and appeals stage."

6.2 The Commissioner

6.2.1 "**We have reviewed the further information provided and below are our comments to note in response to the survey/ further information provided by the applicant for NHSR to consider.**

6.2.2 Ryland Practice has a list size of over 19,000 patients.

6.2.3 The survey of 102 patients is 0.005% of the patient population.

6.2.4 Of the102 respondents :-

6.2.4.1 64 visit a pharmacy by car

6.2.4.2 25 walk/cycle

6.2.4.3 11 use [sic] public transport

6.2.4.4 1 wheelchair user.

6.2.5 PSRC did not have access to the postcodes of the respondents. The GP practice covers Leominster town centre and surrounding countryside up to 2.5 miles away from the town.

6.2.6 The applicant has misrepresented the purpose of Community Wheels which provides a service specifically for people who cannot use public transport and/or have no access to private transport.

6.2.7 The Deprivation data provided is for all of Herefordshire and there is no data for Leominster. Hereford City is the largest population in the county with many areas with Lower Super Output areas. The applicant has linked deprivation to income deprivation and benefit uptake and the impact on accessing pharmaceutical services. Neither the 2022-2025 or 2025-2028 Pharmaceutical Needs Assessment made this link. The applicant has provided no Leominster specific evidence to support these statements.

6.2.8 Herefordshire Pharmaceutical Needs Assessment 2025-2028 statement 2 page 17 summary findings states that there are no gaps in the provision of necessary pharmaceutical services. Neither Leominster or Rylands practice are mentioned in the PNA as requiring a pharmacy

6.2.9 In relation to the SNJ Health Ltd comments, SNJ Health Ltd remains included on the Pharmaceutical List at 18 Corn Square, Leominster, HR6 8LR. It is noted that the company has entered Administration. The Administrators are actively working to reopen the pharmacy. The Administrators are meeting regularly with the NHS England National Team and are providing ongoing updates on progress, therefore, the Integrated Care Board accepts that the pharmacy is not currently trading; however, there is a genuine and realistic prospect that pharmaceutical services will resume in the near future."

7 Unsolicited Comments

Unsolicited comments were received from Healthcare Plus Consulting Ltd on behalf of the Applicant. These were circulated to parties for information.

7.1 "Thank you for your letter dated 21st January 2026. We note the responses made by interested parties and respond accordingly below.

7.2 Preliminary Matter

7.3 As a preliminary matter, it has come to our attention that the Jhoots Pharmacy (HR6 8LR) will withdraw from the pharmaceutical list shortly. While it is our client's position that the Jhoots branch did not provide a reasonable choice of pharmaceutical provider due to its consistent lack of opening, we submit that Jhoots' withdrawal from the pharmaceutical list clearly creates an unforeseen gap in service provision in Leominster. Granting this application would therefore restore a much-needed service while providing better access to pharmaceutical services at the new Health Centre.

7.4 Primary Care Appeals

7.5 By letter dated 6th January 2026, Primary Care Appeals stated that they were exercising their discretion pursuant to Schedule 3, Part 3, paragraph 7 to invite comments from the parties on the new information included in our client's observations. We trust that the Committee exercised that discretion fairly, affording all parties a reasonable opportunity to respond to the additional material. We note that parties have taken up this opportunity to make comments on the new evidence.

7.6 SNJ Health Ltd (represented by Temple Bright LLP)

7.7 While the submissions made by Temple Bright LLP on behalf of SNJ Health Ltd will be withdrawn, we have responded to these below for completeness.

7.8 The patient survey was conducted and submitted at this point in the appeal process to ensure that the Committee is presented with recent data when determining the outcome of this application.

7.9 The methodology for survey data collection has been detailed to the best of our client's knowledge in the observations. While the proportion of responses that originated from Facebook groups is not known, we submit that the circulation of the survey within a community group sought to ensure that patients who do not exclusively utilise Leominster Pharmacy were given the opportunity to respond.

7.10 We note that a number of respondents who access Leominster Pharmacy via public transport did comment on the difficulties posed by its availability. This has been analysed in detail in our client's previous correspondence. However, by way of example, the respondent in Survey 7 revealed that they travel to Leominster Pharmacy by public transport, describing the availability of the service as "*very poor*", also adding that "*we have a lack of pharmacies in Leominste*r".

7.11 Regardless of the existing level of pharmaceutical provision in Leominster, Jhoots' continued inability to provide pharmaceutical services is felt amongst those surveyed. Thus, confirmation of the permanent loss of this pharmacy further reinforces the need to increase pharmaceutical provision in Leominster.

7.12 We address access difficulties at Westfield Walk in our response to PSC further below.

7.13 We dispute the assertion that there is no evidence of those who share a protected characteristic, and require access to pharmaceutical services, would find access difficult when the new GP surgery opens. This has been analysed in detail in our client's previous correspondence. However, by way of example, in survey response 83, this resident revealed "*I'm disabled physically and struggle with chronic pain, chronic migraines, muscle spasms and severe back/hip pain. I'm on multiple pain medications to help me manage day to day life*." When asked to elaborate why they would use a pharmacy at the proposed location, they stated; "*Because I am regularly in need of my medication and visits to the doctor to discuss issues and changes. I don't have a choice but to use the services wherever they are closest*", "*It will make life a lot easier for those who have to travel further to visit the surgery, especially those on regular meds and regular visits. Having to go to multiple locations could make pain worse, fatigue even harder to manage, and some may not be able to do both trips in one day which would delay their needed medications*" and "*I believe it will give a better experience for everyone using the surgery, not just those who literally need the easier access to manage their health*." It is clear that a pharmacy at the new Health Centre will offer improvements and better access to pharmacy services to all patient groups, including those with protected characteristics.

7.14 Our previous correspondence cited the ICB's conclusion that "*the PSRC may have reached a different conclusion*". When we consider that the conclusion reached was to refuse the application, it is reasonable to infer that the only "*different conclusion*" that could have been reached was to grant the application. Thus, it is fair to say that the PSRC may have not refused our client's application.

7.15 The suggestion that a pharmacy being 'more accessible' does not comply with the regulatory test shows a lack of understanding of regulations and statute. We reiterate that the central question is whether the proposed pharmacy secures improvements or better access to pharmacy services. Other matters, such as reasonable choice – that is competition – and protected characteristics are merely considerations in this respect. To misunderstand this matter is a major error of law.

7.16 We reiterate that a higher-than-average number of residents living in the Herefordshire 002B LSOA (the LSOA of the proposed site) do not have access to a car/van (25.1%). Thus, we dispute the assertion that the bus service in Leominster is of no material importance to our client's application.

7.17 It is incorrect to say that patients living in Leominster will not need to incur additional costs to access a pharmacy due to the walking distance between the proposed site and existing pharmaceutical provision. Such an assertion dismisses the views of local residents within the survey as detailed in our client's observations. Using the words of local residents from the survey, we reiterate that this walk is not considered as close as the representative asserts; "*it is quite a walk from new health centre to anywhere in town, particularly if you struggle with mobility*" (survey response 39), "*too far to walk for older people*" (survey response 33), "because not all people can walk into town after" (survey response 89), "*not everyone can walk into town*" (survey response 92).

7.18 Thus, it is clear that the distance between the new GP premises and Leominster's town centre can be difficult for particular patient groups. Those who find walking difficult would indeed be reliant on other modes of transport which require additional costs, such as parking (including fuel expenses), public transport, and the Community Wheels service.

7.19 We reiterate that the planning application for 1,650 new homes is a relevant consideration, especially when we consider that there is only one GP Surgery in Leominster, so new residents are also likely to utilise the proposed pharmacy in connection with the GP.

7.20 The representative appears to dispute that residents will be required to make additional journeys to access pharmaceutical services after visiting the GP Surgery. We are pleased that they considered the views of the survey respondents in their comments, and quoted the individual who stated a co-located pharmacy would "avoid a trip into town". This sentiment is evidenced in further detail in our client's observations, but we wish to remind the Committee that this journey is indeed perceived among local residents as additional; "*pointless trip*" (survey response 16), "*saves having to go into the centre of town*" (survey response 30) and "*so that I can pick up my prescription without using bus to go back into town*" (survey response 26).

7.21 While the Regulations do not place specific emphasis on co-located pharmacies, it is undisputed by all parties that a physical premises intended for a pharmacy exists at the new Health Centre, as evidenced by the ICB's Site Visit Report. It is also apparently undisputed that the proposed pharmacy provides better access to those using the pharmacy in connection with using the new Health Centre. Moreover, we wish to highlight that our client has recently been informed by the developers of the new Health Centre that its completion is scheduled for this April, and is therefore imminent.

7.22 H.G. Clewer Ltd (represented by PSC)

7.23 First, to avoid the use of repetition, we have responded to some of the points raised by PSC in our response to Temple Bright above.

7.24 We reiterate that the survey was distributed via a community Facebook group, which is not limited to residents who obtain pharmaceutical services solely from Leominster Pharmacy.

7.25 Parking difficulties at Westfield Walk has not only been raised per the findings from the patient survey, but the ICB's Site Visit Report also observed that there is "*little parking and Westfield Walk is a narrow road. At the time of the visit there was parking on the road and no parking spaces in the GP surgery*." The representative does not dispute the ICB's observation but appears to dispute the comments in our client's correspondence. We believe it is relatively clear that by opening a pharmacy with significant parking will offer better access to those who struggle to access a pharmacy due to parking.

7.26 The representative asserts that it cannot be expected that members of the public responding to a survey would have any understanding of the regulatory tests. While this may be true, we reiterate that members of the public are able to determine themselves what is and is not to their benefit or what offers better access or improvements. Residents were also asked if they think a pharmacy is needed, if they would support the opening of a pharmacy, and if they would use a pharmacy at this location. Given that the vast majority of answers to these questions were 'Yes', it stands that there is strong public support for this application and that the public believe a pharmacy is needed at this location.

7.27 ICB

7.28 The ICB state that the 102 patients surveyed represent 0.005% of the patient population registered with the Ryeland Surgery. This is incorrect by a factor of 100.

7.29 We wish to clarify that we understand the purpose of the Community Wheels service. Our client's previous correspondence simply highlighted that the process of booking 48 hours in advance and its limited weekday-only availability means it cannot be considered as offering good access to pharmaceutical services, and a pharmacy which is accessible without this service is clearly significantly more accessible.

7.30 It is simply incorrect to say that our client's previous correspondence provided no deprivation data for Leominster. The link between deprivation and uptake of pharmaceutical services is widely acknowledged. The impact of deprivation

and accessing pharmaceutical services has been detailed in our client's previous correspondence.

7.31 The claim that no Leominster-specific evidence has been provided is also untrue. We highlight one respondent in particular who, when asked if parking charges affect the frequency with which they visit Leominster Pharmacy, stated "*can do as I have limited income due to health*" (survey response 76).

7.32 Conclusion

7.33 We have provided extensive evidence demonstrating the need for pharmaceutical provision at the new Health Centre which is to be completed this April. This is notwithstanding the fact that a space for a pharmacy has also been built.

7.34 We reiterate that the unforeseen closure of the Jhoots has created a significant gap in service provision. We also reiterate that our client's application is timely and aligned with the opening of the new Health Centre."

8 Further Comments

NHS Resolution received an email from Temple Bright LLP advising that the administrators of SNJ Health Ltd intended to withdraw from the Pharmaceutical List in respect of the Jhoots Pharmacy premises in Leominster. In the interests of transparency and fairness, NHS Resolution sought to rely on the discretion afforded in paragraph 7 of Schedule 3 of the Regulations to vary the normal procedures and seek observations on this information. This is a summary of the comments received.

8.1 Pharmacy Sales & Consultancy on behalf of W S & B Rees Chemists & Westfield Walk Pharmacy

8.1.1 "We continue to act for HG Clewer Limited, t/a Westfield Walk Pharmacy and WS & B Rees Chemists.

8.1.2 Thank your letter of 4th February 2026 with a further enclosure. We wish to make the following brief final comments on behalf of our client accordingly.

8.1.3 We note that Mr Wardle, on behalf of SNJ Health Limited, states that it is his client's intention to withdraw from the pharmaceutical list "shortly" but that this is subject to approval by the administrators.

8.1.4 As it is not clear when, or even if, such approval will be granted, the Committee may have some difficultly placing any weight on this statement. Unless and until such withdrawal takes place, SNJ remains on the pharmaceutical list.

8.1.5 In any event, for the reasons we have set out previously, the provision of pharmaceutical services in Leominster remains good regardless of whether or not the pharmacy formerly trading as Jhoots opens again. This pharmacy has been closed for a significant time yet patients attending our client's pharmacies remain very satisfied with the pharmaceutical services they receive, as evidenced by the Google ratings provided.

8.1.6 Furthermore, as we have discussed previously, our client's pharmacy on High Street (trading as W.S. & B Rees Chemists) is closer to the applicant's site than the closed Jhoots Pharmacy. Patients attending the new surgery site would therefore pass our client's pharmacy on the way to Jhoots even if Jhoots was open. If this pharmacy closes permanently there will be no material reduction in geographical access in the town, and given the fact is has been closed for many months anyway, there will be no additional pressure on existing providers.

8.1.7 We have no further comments to make at this time and look forward to hearing the outcome of this matter in due course."

8.2 The Commissioner

8.2.1 "We acknowledge the withdrawal of the comments from SNJ Health Ltd with the added information regarding their current inclusion status on the pharmaceutical list

8.2.2 The withdrawal of representations from SNJ Health Ltd is accepted. Notwithstanding this, it is noted that SNJ Health Ltd remains included on the Pharmaceutical List of Hereford Health and Wellbeing Board at 18 Corn Square, Leominster, HR6 8LR, until such time as the requisite due process has been completed to affect their removal from that Pharmaceutical List."

8.3 Healthcare Plus Consulting Ltd on behalf of the Applicant

8.3.1 "In response to the attached letter, we note that Temple Bright confirms the Jhoots Pharmacy in Leominster will be voluntarily removed from the pharmaceutical list.

8.3.2 The Committee will be aware that where a pharmacy voluntarily leaves the pharmaceutical list under Regulation 67, they have no right of return.

8.3.3 Notwithstanding previous representations, we submit that it is now clear that Jhoots' withdrawal from the pharmaceutical list clearly creates an unforeseen gap in pharmacy provision in Leominster. Granting our client's application would therefore restore a much-needed service while providing better access to pharmaceutical services at the new Health Centre."

9 Consideration

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

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

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

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

9.5 As a preliminary matter, NHS Resolution received an email from Temple Bright LLP on 21 January 2026 advising that its client (Turpin Barker Armstrong, as the administrators of SNJ Health Ltd) wished to withdraw its submissions made in respect of the Matrix Primary Healthcare Ltd application and appeal. As such, the Committee did not have regard to these submissions.

9.6 In a separate matter, the Committee noted the Applicant's comment "*We understand that SNJ Health Ltd is the body corporate associated with the former Jhoots Pharmacy. However, we highlight that in Jhoots' previous correspondence, they were represented by [SJ], and the relevant document is titled 'Jhoots Healthcare Ltd'. It is of note that SNJ Health Ltd were not mentioned as being represented in that correspondence, and Companies House records confirm no direct association between [SJ] and SNJ Health Ltd. Therefore, we believe that SNJ Health Ltd have not been represented before, and question whether they have appeal rights or right to make representations as an interested party, we trust that the Committee will consider such matters".* The Committee noted that the Commissioner's interested party list shows "SNJ" as the organisation name for 18 Corn Square, Leominster, Herefordshire HR6 8LR i.e. the former Jhoots Pharmacy in Leominster. Whilst the Committee noted that PCSE, on behalf of the Commissioner had named the representations "Jhoots Healthcare Ltd", the Committee noted that the representations were made by "*Jhoots Pharmacy, as an interested party".* Jhoots Pharmacy is the trading name of SNJ Health Limited and, as such, the Committee were satisfied that SNJ Health Limited were an interested party for the purposes of the appeal in accordance with the Regulations.

Regulation 31

9.7 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).

9.8 The Committee noted that in response to the question on the application form on this point, the Applicant had stated "*N/A. There is no pharmacy trading from*

or adjacent to the proposed premises, so Regulation 31 does not apply". The Commissioner in its decision letter stated that "*the Committee is not required to refuse the application under the provisions of Regulation 31".* The Committee noted that this finding had not been disputed.

9.9 The Committee was therefore not required to refuse the application under the provisions of Regulation 31.

9.10 The Committee noted that, if the application were granted, the successful applicant would - in due course - have to notify the Commissioner of the precise location of its premises (in accordance with paragraph 31 of Schedule 2). Such a notification would be invalid (and the applicant would not be able to commence provision of services) if the location then provided would (had it been known now) have led to the application being refused under Regulation 31.

Regulation 18

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

"(1) If—

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

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

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

(2) Those matters are—

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

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

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

(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs

assessment, it is satisfied that, having regard in particular to the desirability of—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.15 The Committee considered the PNA prepared by Herefordshire Council, conscious that the document provides an analysis of the situation as it was assessed at the date of publication. The Committee bears in mind that, under Regulation 6(2), the body responsible for the PNA must make a revised assessment as soon as reasonably practicable unless to do so appears to be a disproportionate response to those changes. Where it appears disproportionate, the responsible body may, but is not obliged to, issue a supplementary statement under Regulation 6(3). Such a statement then forms part of the PNA. The Committee noted that the PNA was dated 2025 and that no supplementary statements had been issued.

9.16 Regulation 22 of the Regulations states that the relevant PNA for the purpose of determining a pharmacy application is the PNA that is current at the time the Committee makes the determination unless the only way to determine the application justly is with regard to an earlier PNA. Regulations 5 and 6 envisage there will be a revised PNA published by each HWB regularly. The Committee noted that the original decision of the Commissioner in this matter was taken in relation to an earlier PNA and therefore invited comments on this matter when the appeal was circulated.

9.17 The Committee considered that the starting point as set out in Regulation 22 was that the relevant PNA is the PNA of the relevant HWB that is current at the time that the decision is taken. There is no dispute that the 2025 PNA is the current PNA. The Committee proceeded to consider the 2025 PNA.

9.18 The Committee noted that under part 1 “Regulatory Statements”, it states:

> *“**Regulatory Statement 1: Current provision of necessary services***
>
> *The PNA has assessed that there is currently sufficient provision of Pharmacies and Dispensing GP Practices in Herefordshire, delivering essential pharmaceutical and dispensing services…*
>
> *…**Statement 2: Gaps in provision of necessary services***
>
> *No gaps were found in provision of necessary services…*
>
> *…**Statement 3: Current provision of other relevant services***
>
> *Overall, there is good coverage of Advanced Services. Pharmacy First is offered at nearly all pharmacies (96%). Flu Vaccination Service is offered at 89%, Hypertension Case Finding at 81% and Lateral Flow Devices at 81%. Contraception services are slightly lower, however, and only offered by just over half of pharmacies (59%). The lowest coverage is for smoking cessation services (for patients discharged from hospital), which is only offered by a third of pharmacies (29%)…*
>
> *…**Statement 4: Improvements and better access, gaps in provision***
>
> *Weekday evening provision after 1900hrs is now reliant on a single pharmacy in Hereford City. Therefore, the consideration of commissioning of a rota is included in the recommendations (see below). Additionally, increasing smoking cessation services is an area that would secure future improvements (see statements 3, 4 and main recommendations)…*
>
> *…**Statement 5: Other NHS services***
>
> *Herefordshire Council currently commissions the following services from local designated pharmacies:*
>
> - *Emergency Hormonal Contraception via Solutions 4 Health (Sexual Health Herefordshire)*
> - *Needle Exchanged and Supervised Consumption via Turning Point*
>
> *Additionally, the recommissioning of Smoking Cessation services via Stop Smoking Herefordshire is currently ongoing. However, at the time of writing uptake of the tender offer by pharmacies has been poor. Given the lower provision also identified as an advanced service (see statement 4 above), this remains a key priority amongst the recommendations from this PNA (see recommendations).”*

9.19 The Committee had regard to the conclusions and recommendations under the relevant headings at part 6.

9.20 The Committee noted that the Applicant seeks to provide unforeseen benefits to the patients of Leominster. The Committee noted that the improvements or

better access that the Applicant was claiming would be secured by its application were not included in the relevant PNA in accordance with paragraph 4 of Schedule 1.

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

Regulation 18(2)(a)(i)

9.22 The Committee had regard to

> *"(a) whether it is satisfied that granting the application would cause significant detriment to—*
>
> *(i) proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB"*

9.23 The Committee noted the Commissioner's finding on this point, that "*The Committee were satisfied that should the application be granted, it would cause significant detriment to the proper planning in respect of the provision of pharmaceutical services in the Herefordshire Health and Wellbeing Board area…This is due to the over provision of Essential Services in the area as set out in the Pharmaceutical Needs Assessment. There are 4 pharmacies within a mile of the proposed location. This Regulation is deemed to have been not met".*

9.24 The Committee had regard to the comments made by parties in relation to this point.

9.25 In its appeal, the Applicant disputes the Commissioner's finding by stating that "*We disagree with the Committee's suggestion that a pharmacy at the proposed site would result in the overprovision of pharmacies. We reiterate that current pharmaceutical provision is located 0.5 miles away or further from the proposed site. We note that neither the ICB nor objectors were able to present any details on what detriment would be created from the proposed pharmacy. Nor have they even been able to present a plan or arrangement which would be affected. Indeed given the plans for the new Health Hub specifically include pharmacy provision, we submit that rejecting our clients application would cause detriment to the proper planning of healthcare services, including pharmaceutical services".*

9.26 In response to the Applicant's comments, Pharmacy Sales & Consultancy state that "*The findings in this respect were made by the ICB so they will, no doubt, address these matters in further representations. However, the appellant's representative's statement that "rejecting our clients [sic] application would cause detriment to the proper planning of healthcare services, including pharmaceutical services" does not align with the regulatory tests. The decision-maker is not asked to consider whether refusing an application would lead to detriment. In any event we dispute the suggestion that any such detriment would arise. As discussed previously, the opening of this new medical centre does not change where patients live or where existing pharmacies are located".*

9.27 The Committee agreed with the comment from Pharmacy Sales & Consultancy that the Applicant's comment does not align with the Regulations. The Committee considered that Regulation 18(2)(a)(i) relates to proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB if the application is granted. The reference to "proper planning in respect of the provision of pharmaceutical services" is very broad in scope.

9.28 The Committee therefore concluded that a finding that granting an application would cause significant detriment to proper planning in respect of the provision of pharmaceutical services can only be achieved after a consideration of all the consequences of granting an application, both positive and negative, benefits and detriment, provided that these consequences were all linked to the broad concept of proper planning in respect of the provision of pharmaceutical services.

9.29 The Committee noted that the Commissioner had gone on to consider Regulation 18(2)(b) and refuse the application. As the Commissioner concluded that the application did not meet the requirements of Regulation 18, there were no significant benefits with which to mitigate the significant detriment. Having come to that conclusion the Commissioner therefore affirmed its initial assessment of significant detriment.

9.30 However, bearing in mind that 18(2)(a)(i) relates to planning, the Committee was not persuaded by the simple statement "*This is due to the over provision of Essential Services in the area as set out in the Pharmaceutical Needs Assessment*" without any reference to information regarding existing plans which would suffer significant detriment as a result of any grant.

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

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

Regulation 18(2)(a)(ii)

9.33 The Committee had regard to

> *"(a) whether it is satisfied that granting the application would cause significant detriment to— …*
>
> *(ii) the arrangements NHS England has in place for the provision of pharmaceutical services in that area"*

9.34 The Committee noted the Commissioner's finding on this point, that "*The Committee were satisfied that should the application be granted, it would cause significant detriment to…the arrangements in place for the provision of pharmaceutical services in that area* [Herefordshire Health and Wellbeing Board area]…*This is due to the over provision of Essential Services in the area as set out in the Pharmaceutical Needs Assessment. There are 4 pharmacies*

within a mile of the proposed location. This Regulation is deemed to have been not met".

9.35 The Committee had regard to the comments made by parties in relation to this point.

9.36 In its appeal, the Applicant disputes the Commissioner's finding by stating that "*We disagree with the Committee's suggestion that a pharmacy at the proposed site would result in the overprovision of pharmacies. We reiterate that current pharmaceutical provision is located 0.5 miles away or further from the proposed site. We note that neither the ICB nor objectors were able to present any details on what detriment would be created from the proposed pharmacy. Nor have they even been able to present a plan or arrangement which would be affected. Indeed given the plans for the new Health Hub specifically include pharmacy provision, we submit that rejecting our clients application would cause detriment to the proper planning of healthcare services, including pharmaceutical services".*

9.37 In response to the Applicant's comments, Pharmacy Sales & Consultancy state that "*The findings in this respect were made by the ICB so they will, no doubt, address these matters in further representations. However, the appellant's representative's statement that "rejecting our clients [sic] application would cause detriment to the proper planning of healthcare services, including pharmaceutical services" does not align with the regulatory tests. The decision-maker is not asked to consider whether refusing an application would lead to detriment. In any event we dispute the suggestion that any such detriment would arise. As discussed previously, the opening of this new medical centre does not change where patients live or where existing pharmacies are located".*

9.38 The Committee considered that Regulation 18(2)(a)(ii) relates to significant detriment to arrangements in place for the provision of pharmaceutical services if an application is granted. The reference to "arrangements in place for provision of pharmaceutical services" is very broad in scope. It is not limited to detriment to a particular person, class of person, patient, patient group or provider of pharmaceutical services whether this is a dispensing practice or community pharmacy.

9.39 The Committee therefore concluded that a finding that granting an application would cause significant detriment to arrangements in place for the provision of pharmaceutical services can only be achieved after a consideration of all the consequences of granting the application, both positive and negative, benefits and detriment, provided that these consequences were all linked to the broad concept of arrangements in place for the provision of pharmaceutical services.

9.40 The Committee noted that the Commissioner had gone on to consider Regulation 18(2)(b) and refuse the application. As the Commissioner concluded that the application did not meet the requirements of Regulation 18, there were no significant benefits with which to mitigate the significant detriment. Having come to that conclusion the Commissioner therefore affirmed its initial assessment of significant detriment.

9.41 However, the Committee was not persuaded that the simple statement "*This is due to the over provision of Essential Services in the area as set out in the*

Pharmaceutical Needs Assessment" was a sufficient, detailed examination of the impact of any grant and how this would affect the arrangements in place.

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

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

Regulation 18(2)(b)

9.44 The Committee had regard to

> *"(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—*
>
> *(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also NHS England's duties under sections 13I and 13P of the 2006 Act (duty as to patient choice and duty as respects variation in provision of health services)),*
>
> *(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also NHS England's duties under section 13G of the 2006 Act (duty as to reducing inequalities)), or*
>
> *(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also NHS England's duties under section 13K of the 2006 Act (duty to promote innovation)),*
>
> *granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published"*

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

9.45 The Committee noted the proposed pharmacy is to be located at the new health centre in Leominster which is currently under construction. The Applicant states that "*it is hoped that a Pharmacy will…be integrated within the two storey centre – subject to NHS licensing*". The "*two storey centre*" being the new health centre. The Committee had regard to the map provided by the Commissioner showing the location of the proposed site, together with the locations of existing pharmacies and the GP surgery in the local area. The Applicant states that Jhoots Pharmacy should be discarded from the map for reasons which the Committee will consider later in its consideration. The Committee noted that the map is not disputed by any other party.

9.46 In its application, the Applicant states that "*The Medical Centre will consist of 22 Consultation/Treatment rooms, a Health Promotion room, an ambulance space and provision for a pharmacy integrated within medical centre…We must consider that integrated pharmaceutical provision is included within planning permission for the new health centre...This directly aligns with the NHS Long Term Plan commitments…".* The Committee also noted that throughout the application and appeal, the Applicant contends that the new health centre will be a new health hub. However, this is disputed by the Commissioner who states that "*During research it was confirmed that this is not a Health Hub, the lay member who visited the site confirmed with the ICB that the new development is for additional GPs, nurses and associated staff. No Trust, Community or Secondary Health services will be based or provided in the centre and no Junior doctors will be based there".* The Committee did not consider the difference to be a material point, as regardless of whether it is a health hub or not, it must have regard to whether the application will secure improvements or better access to pharmaceutical services.

9.47 The Applicant goes on to state that [the new centre will] "*house the Marches and Westfield Surgeries which merged in April, 2022 to become the Ryeland Surgery".* The Applicant calculates that "*there is currently a 19,000+ population reliant on the existing GP Surgery* [Ryeland Surgery]*, which we anticipate will utilise pharmaceutical services at the new Medical Centre".* However, this figure is disputed by Pharmacy Sales & Consultancy who contend that the patient list size is lower due to the catchment area of the surgery. Regardless of the patient list size, the Committee was mindful that a pharmacy being located in close proximity of a GP surgery is not as significant as it once was, in particular following the introduction of electronic prescribing.

9.48 The Committee noted from the Commissioner's site visit which took place in June 2024, that the development had a completion date of November/December 2025 however it noted from the comments from parties that this has been delayed to March 2026. The Committee had regard to the latest image of the development site, supplied by the Applicant in October 2025 but was mindful that building works have likely progressed since then. From the Applicant's unsolicited comments, the Committee noted that the Applicant states completion is scheduled for "*this April*".

9.49 The Committee noted the figure taken from the 2021 census in the Commissioner's site visit report that the whole of Leominster has a population of 11,959. The Applicant states that with "*plans for a huge new housing development within the town, including a minimum of 1,500 homes, we submit that the population in Leominster will continue to grow… and it is highly likely that they will require access to pharmaceutical provision".* The Committee considered this to be the same housing development identified in the Leominster Neighbourhood Plan which is referred to in the Commissioner's site visit report and "*identifies 1500 new houses to be built between 2011 and 2031*". The Committee noted the comment that an "*initial 54 houses are to be built in the next 18 months or so*" [i.e. June 2024 – January 2026]. However, the Committee noted that the Applicant had not provided an update in relation to this but the comment in its observations dated December 2025 suggested that development works had not yet commenced nor had the planning application been granted "*as per our client's supporting information, there are new housing developments underway in Leominster, and planning applications*

of up to 1,650 new homes have recently been submitted". As such, the Committee placed limited weight on the "potential" development given that there is no guarantee it will come to fruition or when. It was also of the view that even if there is an increase in population, this does not automatically lead to the requirement to grant an application.

9.50 In its appeal, the Applicant states that the "*proposed site (Herefordshire 002B LSOA) is located within the 20% most deprived areas in the country"* and relied on findings in the 2025 PNA to support this comment. In its representations, the Applicant states that "*according to the most recent Indices of Deprivation (2025), the Herefordshire 002B LSOA falls within the top 10% most deprived areas in the country".* Pharmacy Sales & Consultancy argue that the area is not deprived in anyway. The Commissioner states that "*The Deprivation data provided is for all of Herefordshire and there is no data for Leominster*", however the Committee noted from the ward boundary maps provided by Pharmacy Sales & Consultancy that 002B LSOA includes the location of the proposed pharmacy. The Applicant states that "*We reiterate that health needs are greater in deprived areas, and thus these residents require better access to pharmaceutical services".* The Committee also had regard to the deprivation scales provided by the Applicant in its observations and to the data provided by the Applicant in its appeal on health. The Committee noted it states that 8.2% have bad/very bad health in the 002B LSOA, which is made up of 1.2% having very bad health and 7% having bad health, with the national average being 1.2% and 4% respectively. The data allowed the Committee to have an insight into the area of Leominster and would bear this in mind when it considered access to the existing pharmacies.

9.51 The Committee noted that the Applicant had conducted a survey and provided a copy of the responses with its observations. It states that "*our client has conducted a patient survey among those who visit Leominster Pharmacy and via Facebook Community Groups, receiving 102 responses. To provide the Committee with context regarding the methodology for this data collection, the survey was available to anyone who saw it online or chose to fill it in after visiting the pharmacy. QR codes directing patients to the survey were displayed on posters in the pharmacy and put in prescription bags. The number of prescription bags that the QR code was placed within is not known and dependant on staff remembering to do so. The survey data was gathered over an 11-day period between the 4th and 15th December 2025. At least one response was received every day within this period from those reliant on pharmaceutical services in Leominster".* Pharmacy Sales & Consultancy contend that limited weight should be placed on the survey due to the nature of how it was conducted, the time period it was open and when it was subsequently provided to NHS Resolution. The Committee appreciated the concerns raised by parties in relation to the stage in the appeal process in which this information was provided.

9.52 In unsolicited comments, the Applicant states that "*The patient survey was conducted and submitted at this point in the appeal process to ensure that the Committee is presented with recent data when determining the outcome of this application".* In the Committee's view if patient experience is of importance to the Applicant and its application, then it was unclear why a survey had not been undertaken prior to the application being submitted. Having been presented with the survey, the Committee considered that it would consider it, applying

whatever weight it deemed necessary. The Committee considered the limited information provided in relation to how it was advertised on Facebook and in what "Community Groups". This, coupled with the fact that it was focussed predominantly on the users of one pharmacy within Leominster (Leominster Pharmacy) and the problems faced accessing Ryeland Surgery, led the Committee to the view that the survey only presented a partial picture of access to pharmacies. The Committee proceeded to consider the existing pharmaceutical provision.

9.53 There is no dispute that the nearest pharmacy to the proposed site is W S & B Rees Chemists. The Applicant disputes that it is 0.3 miles away from the proposed site, as outlined in the Commissioner's site visit report, and contends that it is 0.5 miles away. The Committee noted this had not been disputed by parties however it considered the Commissioner's reference to 0.3 miles to be an error given that the walking distance of 11 minutes was consistent with the Applicant's and other parties' views. The Applicant states that "*We do not consider a 1-mile round walk to access pharmaceutical services as sufficient access…To access the current nearest pharmacy requires a walk down Bridge Street and Mill Street, which are some of the busiest roads in Leominster with no pedestrian crossing.*". However, the site visit report notes that "*A person with or without protected characteristics would walk on reasonably well paved roads on the busy A44…The road to the town centre has wider pavements. There are traffic lights and pedestrian crossings at the roundabout and just before the town centre"* and Pharmacy Sales & Consultancy state that "*The area is level and pavements are wide and illuminated…contrary to the applicant's assertions, there is a light-controlled crossing over Bridge Street",* which is not disputed by the Applicant. Furthermore, the Committee had regard to condition 6 of the planning approval, as highlighted by Pharmacy Sales & Consultancy. Whilst it did not agree with the certainty of the comment "*It is clear that a new crossing over Mill Street will be provided as part of the developer's obligations"*, it was clear that pedestrian crossings would be reviewed as part of the development.

9.54 From the Commissioner's map, the next nearest pharmacy is the former Jhoots Pharmacy. Whilst the distance and walking route to this pharmacy has not been outlined by the Applicant, from the location on the map and based on the information before it, the Committee considered it to be located slightly further away than W S & B Rees Chemists, with similar access routes on foot.

9.55 Leominster Pharmacy is the next nearest pharmacy. In light of the map, the Committee considered the Commissioner's reference to 0.4 miles in its site visit to be an error, given that it appeared to be located further away than W S & B Rees Chemists. The Committee noted the image provided by Pharmacy Sales & Consultancy of outside Leominster Pharmacy which depicts the wide, flat pavements and noted it has not been disputed by the Applicant.

9.56 Westfield Walk Pharmacy is the next nearest pharmacy to the proposed site. Again, in light of the map, the Committee considered the Commissioner's reference to 0.5 miles in its site visit to be an error and noted the Applicant's comment "*We also wish to correct the ICB that Westfield Walk Pharmacy (HR6 8EP) is 0.8 miles away from the new health centre – not 0.5 miles away*". For completeness, and based on the information above, the Committee considered the table in the Commissioner's site visit report outlining the distances to all the

existing pharmacies as 0.2 miles to be an error. The image provided by Pharmacy Sales & Consultancy shows the wide, flat pavements surrounding Westfield Walk Pharmacy. Following its survey results, the Applicant states that "*Given that the current location of the Ryeland Surgery is co-located with Westfield Walk Pharmacy, it would be reasonable to infer that patients also experience these difficulties when accessing pharmaceutical services…When asked to elaborate on what kinds of difficulties they face when accessing the surgery, we highlight that the main issues were…navigating a steep hill".* The Committee found no reference to a "*steep hill,*" instead the Committee noted the following three comments:

9.56.1 "*Walking down the walkway to the surgery is difficult due to how steep it is".*

9.56.2 *"…Steep pathway to the surgery".*

9.56.3 *"…come down a hill".*

9.57 Due to the terminology used, the Committee considered it reasonable to infer that these were the comments the Applicant was referring to. However, the Committee did not draw the same conclusion as the Applicant. In the Committee's view, the comments indicated difficulties in accessing the surgery via the surgery's walkway, not the walk to access Westfield Walk Pharmacy. Therefore, based on the information before it, the Committee did not consider there to be any barriers for patients to access the existing pharmacies on foot in particular for those that are fit and able. For those that are less able, the Committee considered access by public transport.

9.58 The Applicant states that "*For those reliant on public transport the lack of co-located pharmacy presents a barrier to accessing healthcare services, given the buses frequent every 2 hours. Somebody who presents at a pharmacy and is referred to a GP, and visa versa, could have to wait 2 hours for a bus to see a healthcare professional".* The Committee was mindful that it had already addressed the matter of co-location above at 9.49 and proceeded to consider the information before it.

9.59 In relation to W S & B Rees Chemists, the Applicant states that "*There is no direct bus service available when travelling from the proposed site…While a bus service is available in the surrounding areas, they are not frequent, with the 402 and 490 buses arriving every 2 hours at the nearest bus stop, Brook Hall bus stop. This journey requires an additional 3-minute walk to access Rees Chemists".* The Committee noted this is consistent with the Commissioner's site visit report where it states that "*There is no direct bus route from Leominster town centre to the new health Centre. Bus number 402 travels every 2 hours within 200 metres of the new health centre*" and also noted that the site visit confirms that the bus stop nearest to W S & B Rees Chemists is 200m away. Pharmacy Sales & Consultancy state that "*bus routes 490 and 494 travel through villages to the north of the town, along Bridge Street to the town centre every hour",* which is not disputed by the Applicant.

9.60 The Committee considered that due to the location of the former Jhoots Pharmacy, Leominster Pharmacy and Westfield Walk Pharmacy in comparison to W S & B Rees Chemists, the same bus service provision would apply.

9.61 The Applicant states that the "*limited access* [by bus] *is also reflected in the survey findings. When asked to describe the availability of public transport services in Leominster, we highlight that 57 respondents (56% of those surveyed) provided negative feedback. Many of these responses stated it is "poor", as well as "limited", "irregular" and "unreliable"".* In response, Pharmacy Sales & Consultancy comment as to the reasons why they are of the view that this "*2 hourly bus service is adequate*" for the Leominster area. In its appeal, the Applicant states that residents surrounding the proposed site are "*likely to face barriers of cost when travelling to access pharmaceutical provision".* The Committee had regard to the comments in the survey and whilst accepting that the service does not operate regularly, it demonstrated that patients had been able to access the existing pharmacies by bus and no comments were made in relation to the actual cost of the bus fares and if they were prohibitive. It was also mindful that if the application was granted, patients would use the same bus service to access the proposed pharmacy and whilst noting the Applicant's comment "*we submit that by allowing local residents walk to a pharmacy…and thus avoid usage of a highly infrequent bus, the present application offers significantly better access",* it considered that this would be dependent on where patients lived and was also mindful of its consideration above for access to the existing pharmacies by foot.

9.62 The Commissioner's site visit report notes that "*Leominster has Community Wheels a community car scheme for people in Central and North Herefordshire including Leominster. The service is for people who are unable to use public transport and have no access to private transport. There are 55 cars driven by volunteers, and the service is Monday to Friday 9.00 to 2.30pm. There is a charge similar to a bus fare…For the period June 2024 to June 2025 the service transported 174 patients per month to the Ryelands GP practice for GP and nurse appointments",* which is reflected upon by the Commissioner in its representations. In response, the Applicant states that "*we echo the comments in our client's appeal. We are pleased that the ICB acknowledge that the service does not run after 2:30pm. The Committee will be aware that our client proposes to open from 8:45-13:00/14:00-18:00, and thus the availability of this service does not provide reasonable choice to pharmaceutical provision. Again, we highlight that the ICB omitted to detail that this travel must be paid for and pre-booked at least 48 hours in advance. We reiterate that residents cannot always predict when they require access to pharmaceutical services and incurring charges on each visit in an area of high deprivation – especially with regard to income deprivation – does not represent reasonable choice"* and in its observations states that "*We submit that the high demand for the Community Wheels service is symptomatic of the poor availability of public transport within Leominster."* However, the Committee considered that the high demand of use reflected that this service is affordable and well utilised by those members of the public who are unable to use public transport, and they will factor in the service schedule when accessing pharmaceutical provision.

9.63 In relation to car ownership, the Committee had regard to the information provided by parties and noted that all agree that 25.1% of households surrounding the proposed site (LSOA 002B) have no car or van in the household, which compares to the national average of 23.5%.

9.64 To access W S & B Rees Chemists, the Applicant states that it is "*a 3-minute drive from the proposed site. However, there is no parking directly outside of*

the premises, and the nearest parking is a c. 100m walk". The Committee noted the information provided by parties in relation to the car parking provision in Leominster, including free car parking located in close proximity to the existing pharmacies. Pharmacy Sales & Consultancy state that "*There are…several locations around the town where patients can park easily, including larger pay and display car parks, such as the Central Car Park (which is 100m from Leominster Pharmacy) or other central parking areas such as Corn Square (within 50m of Jhoots and 100m from WS & B Rees Chemist), where parking is free for 1 hour, contrary to the appellant's assertions. There is also very easy blue badge parking outside Leominster Pharmacy."*

9.65 In relation to Westfield Walk Pharmacy, the Committee noted that Pharmacy Sales & Consultancy state that there is "*free parking is available immediately outside*". However, the Applicant contends that this is limited and highlights that the car park is shared with those using Ryeland Surgery. The Applicant has provided an image in support of its view and states that "*Ryeland Surgery has been reported as "non-existent" and "an issue for residents in the area". It is clear that if residents are struggling to access parking adequately when seeking medical services, then it would not be unreasonable to assume that they are also having the same issues with parking when accessing pharmaceutical services at the adjacent pharmacy*". The Committee also had regard to the two media articles provided with the application that report on parking at Ryeland Surgery. Pharmacy Sales & Consultancy provide an aerial view to show that "*there are also parking spaces in front of the surgery building and there are also two car parks adjacent to the surgery, one of which is reserved for doctors"* and go on to state that "*There is also unrestricted, on-street parking on the road immediately outside the pharmacy and surgery".* The Committee noted that the car park outside the pharmacy was nearly full, but there was space for at least five cars and ample unrestricted street parking on Westfield Walk. Although it did note the comment from the Commissioner's site visit report "*Westfield Walk is a narrow road"*, the report also notes that there was parking on the road available. The Committee was also aware that Ryeland Surgery is re-locating to the location of the proposed site so was mindful that any parking pressures will reduce when this occurs, as commented on by Pharmacy Sales & Consultancy. Other than the comments in relation to Ryeland Surgery, the Committee noted no other comments in relation to difficulties in accessing the existing pharmacies by car whether as a result of the route involved or parking. The Committee did note that 28% answered "yes" to "*If you incur parking charges; does this effect the frequency with which you visit Leominster Pharmacy?*" however this was in relation to Leominster Pharmacy only and was mindful that patients could park for free in certain car parks within the town centre or at Westfield Walk Pharmacy. Therefore, based on the information before it, the Committee did not see any barriers to accessing the existing pharmacies by car.

9.66 In its representations to the Commissioner, Pharmacy Sales & Consultancy state that "*The applicant fails to have any regard to the fact the amenities in the north of the town are extremely limited. Residents throughout Leominster will frequently access the town centre when going about their daily lives. The vast majority of facilities, including the post office, banks, supermarkets and a host of other facilities are clustered around the town centre, where existing pharmacies are located. In fact there is not even so much as a convenience store in the north of the town".* Similarly, the Commissioner's site visit report

states that "*There are no shops or amenities in the immediate area. Residents have to travel to Leominster Town Centre where there is the full range of financial, legal, commercial and retail services".* The Committee noted that both comments had not been disputed by the Applicant and was mindful that residents would need to travel to the town centre, which is where the existing pharmacies are located, to access amenities and services as part of their daily needs.

9.67 Returning to the comments in relation to the Jhoots Pharmacy, the Committee noted that there is no dispute that this pharmacy experienced temporary closures throughout 2025 and as of 6 November 2025, the company that owned this pharmacy was placed into administration and the premises were sold to Allied Pharmacies. The Committee noted that a closure of premises notification was submitted to the Commissioner on 13 February 2026 in respect of the Jhoots Pharmacy premises. The Committee noted the comments from the Applicant in relation to the remaining pharmaceutical provision however the Committee considered that irrespective of the withdrawal from the pharmaceutical list, the remaining three pharmacies still provide reasonable choice and access for the residents of Leominster.

9.68 Based on the information before it, the Committee was of the view that there is already reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB, such that it was not satisfied that, having regard to the desirability of there being a reasonable choice with regard to obtaining services, granting the application would confer significant benefits on persons.

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

9.70 The Applicant states that the journey to the existing pharmacies "*may prove difficult for the elderly, disabled, or parents with young children, and may be significantly longer. Groups with protected characteristics do not have sufficient access by foot*". It goes on to state that "*30.6% of residents in Herefordshire's 002A LSOA are aged over 65+. When comparing this figure to England's average of 18.3% of residents over the age of 65+, we can see that there is a very high number of elderly residents near the proposed site…The localised population have limited mobility, with 23.2% of residents in the 002B LSOA and 23.4% of residents in the 002A LSOA having a disability under the 2010 Equality Act. When we compare these figures to the average of 17.3% of residents in England having a disability, we can see that there is a very high number of residents with limited mobility in the proposed site and surrounding LSOA that will most likely access the proposed location".*

9.71 In response, Pharmacy Sales & Consultancy state that "*The appellant fails to describe exactly what it means by the 'localised population' but if we consider data from the LSOA in which the proposed site is located, 11.2% of residents had mobility limited 'a lot' and 12.0% had mobility limited 'a little' at the time of the last census. If the area is broadened to consider the Middle Layer Super*

Output Area (MSOA), 9.4% of residents had mobility limited 'a lot' and 12.4% had mobility limited a little".

9.72 In its unsolicited comments, the Applicant states that "*We dispute the assertion that there is no evidence of those who share a protected characteristic, and require access to pharmaceutical services, would find access difficult when the new GP surgery opens".* The Committee also noted that the Applicant relies on some of the comments from its survey in relation to disabled parking and states that "*This clearly shows patients face difficulties in relation to parking and the site is not accessible for disabled residents. Given that the new premises will have a large parking area with 81 spaces, including 9 disabled spaces, we submit that the proposed site clearly provides much better access in this regard".* However, the Committee was mindful that this was in relation to parking at Ryeland Surgery, which it had previously addressed and considered that the information regarding those who share a protected characteristic and the pharmaceutical services they needed was limited. The Committee was of the view that there was little or no evidence of specific pharmaceutical needs. The issue of access and choice as might apply to these persons was dealt with in the assessment of reasonable access discussed above and the Committee was mindful that there are always people in an area who share a protected characteristic.

9.73 The Committee was therefore not satisfied that, having regard to the desirability of people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that are difficult for them to access, granting the application would confer significant benefits on persons.

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

9.75 The Committee noted that no information had been provided to suggest that any innovative approaches would be taken with regard to the delivery of pharmaceutical services. The Committee was therefore not satisfied that, having regard to the desirability of there being innovative approaches taken with regard to the deliverability of pharmaceutical services, granting the application would confer significant benefits on persons.

Regulation 18(2)(b) generally

9.76 The Committee noted the Applicant's proposed core hours which are 8.45am to 1pm and 2pm to 6pm Monday to Friday, totalling 41.25 hours, along with supplementary hours from 8.30am to 8.45am, 1pm to 2pm and 6pm to 6.30pm Monday to Friday and 9am to 1pm on Saturday, totalling 54 hours.

9.77 In its decision report, the Commissioner states that "*The applicant has not proposed to increase hours or services outside of what is currently offered by existing pharmacies"*. The Committee noted that this is not disputed by the Applicant and is consistent with "appendix 4" to the 2025 PNA, as provided by the Applicant in its observations.

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

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

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

Other considerations

9.81 Having determined that Regulation 18(2)(b) had not been satisfied, the Committee did not need to have regard to Regulation 18(2)(c) to (e).

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

9.83 The Committee had regard to Regulation 18(2)(g) and found no reason that required it to refuse the application under this regulation.

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

9.85 The Committee was not satisfied that the information provided demonstrates that there is difficulty in accessing current pharmaceutical services such that a pharmacy at the proposed site would provide better access to pharmaceutical services.

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

9.86.1 confirm the Commissioner's decision;

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

9.86.3 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.

9.87 Given that the Committee had considered the 2025-28 PNA, it determined that the decision of the Commissioner must be quashed.

9.88 The Committee went on to consider 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 remit the matter to the Commissioner) or whether it was preferable for the Committee to redetermine the application.

9.89 The Committee noted that representations on Regulation 18 had been sought from parties by the Commissioner and representations had already been made by parties to the Commissioner in response. 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 18.

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

10 DECISION

10.1 The Pharmacy Appeals Committee ("Committee"), appointed by NHS Resolution, quashes the decision of the Commissioner, for the reasons given above, and redetermines the application.

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

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

10.4 The Committee determined that the application should be refused on the following basis:

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

10.4.1.1 there is already a reasonable choice with regard to obtaining pharmaceutical services;

10.4.1.2 there is no evidence of people sharing a protected characteristic having difficulty in accessing pharmaceutical services; and

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

10.4.2 Having taken these matters into account, the Committee is not satisfied that granting the application would confer significant benefits as outlined above that would secure improvements or better access to pharmaceutical services.

Case Manager
Primary Care Appeals