NHS Resolution

3 March 2026

REF: SHA/26791

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APPEAL AGAINST LANCASHIRE AND SOUTH CUMBRIA ICB DECISION TO REFUSE AN APPLICATION BY BLUECO HEALTHCARE LIMITED FOR INCLUSION IN THE PHARMACEUTICAL LIST AT 468 RANGLET ROAD, WALTON SUMMIT CENTRE, BAMBER BRIDGE, PRESTON, PR5 8AR UNDER REGULATION 25

1 Outcome

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

1.2 The Committee determined that the application should be refused.

A copy of this decision is being sent to:

Healthcare Plus Consulting, on behalf of Blueco Healthcare Ltd
PCSE, On behalf of Lancashire and South Cumbria ICB
Community Pharmacy Lancashire and South Cumbria

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1 The Application

By application dated 13 June 2025, Blueco Healthcare Ltd ("the Applicant") applied to Lancashire and South Cumbria ICB ("the Commissioner") for inclusion in the pharmaceutical list at 468 Ranglet Road, Walton Summit Centre, Bamber Bridge, Preston, PR5 8AR under Regulation 25. In support of the application it was stated:

1.1 In response to "If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write 'none' if it is intended that the pharmacy will not provide appliances)" the Applicant stated: "Drug Tariff Part IX* (*except items that require measuring or fitting)".

1.2 In response to why the application should not be refused pursuant to Regulation 31 the Applicant stated: "N/A no other pharmacy in the same or adjacent premises or buildings".

1.3 In response to why the application should not be refused pursuant to Regulation 25(2)(a) the Applicant stated: "N/A".

Pharmacy procedures

1.4 Please explain how the pharmacy procedures used within the premises will secure:

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

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

1.5 Please describe the procedure that will be followed where a patient attends the premises and asks for one or more of the essential services.

1.6 If you are undertaking to provide advanced services at the premises please describe how you will do so without providing any element of essential services.

1.7 You must ensure that you provide sufficient information within this application form to satisfy NHS England or the relevant delegated integrated care board on the above points. You are not required to submit your standard operating procedures for the premises but if you do they will be circulated to interested parties unless NHS England or the relevant delegated integrated care board is satisfied that the full disclosure principle does not apply.

1.8 "**Supporting Information**

1.9 This application seeks to open a Distance Selling Premises (DSP) under Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The Regulations require the Committee to be satisfied that Essential Services will be provided across England on an uninterrupted basis, in a safe and effective manner and without face-to-face contact. We have provided information throughout this document to demonstrate how the pharmacy procedures used within the premises will satisfy the requirements under Regulation 25, paragraph 2(b):

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

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

1.10 **NHS Essential Services for persons anywhere in England**

1.11 We will ensure that all patients across England can request NHS Essential Services via remote means throughout the proposed opening hours without direct face-to-face contact. This will be clearly stated on the website. It will also be stated in the Practice leaflet, subject to contractual changes.

1.12 All NHS Essential Services will be provided during the pharmacy's opening hours, without interruption and without face-to-face interaction between the patient (or their representative) and the pharmacy staff.

1.13 **Premises**

1.14 The premises will be registered with the GPhC before entering the pharmaceutical list, ensuring compliance with GPhC requirements for pharmacy premises.

1.15 **Responsible Pharmacist**

1.16 A Responsible Pharmacist (RP) will be on the premises during the pharmacy's opening hours ensuring compliance with GPhC requirements.

1.17 **Essential Services – Systems and Procedures**

1.18 All Essential Services delivered by the pharmacy will be in accordance with the following:

1.18.1 NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (2013)

1.18.2 GPhC – Professional Standards and Guidance on Distance Selling Pharmacies

1.18.3 Standard Operating Procedures

1.18.4 Risk assessments

1.18.5 The Medicines Act

1.18.6 The Misuse of Drugs Act

1.18.7 The Responsible Pharmacist Regulations

1.18.8 NHS Act (2006)

1.18.9 Human Medicines Regulations (2012)

1.18.10 Data Protection Laws

1.19 The Essential Services will be provided without face-to-face contact between the patients, their representatives, and the pharmacy staff.

1.20 **Provision of NHS Essential Services**

1.21 We will provide all the Essential Services as outlined in the NHS contractual framework. These are as follows:

1.21.1 Dispensing Medicines

1.21.2 Repeat Dispensing & eRD

1.21.3 Discharge Medicine Service

1.21.4 Disposal of Unwanted Medicines

1.21.5 Promotion of Healthy Lifestyles

1.21.6 Healthy Living Pharmacies

1.21.7 Support for self-care

1.21.8 Signposting

1.22 In accordance with the NHS Act (2006), we will deliver all NHS Essential Services free of charge using the following methods (not a comprehensive list):

1.22.1 Telephone

1.22.2 Text message

1.22.3 EPS

1.22.4 Website

1.22.5 Email

1.22.6 Video Link Service(s)

1.22.7 Royal Mail Postal Service

1.22.8 Courier Service(s)

1.22.9 Specialist Waste Management Service(s)

1.22.10 Specialist Cold Chain Courier Service(s)

1.22.11 Staff Driver(s)

1.23 All communications with patients, seeking or receiving essential services will be remote. Any phrasing apparently implying essential services will be provided via face-to-face contact on site should be understood to mean via remote means.

1.24 Patients can request support or advice from the pharmacist and trained staff via remote means during the pharmacy's opening hours.

1.25 **Dispensing Medicines**

1.26 The pharmacy can receive prescriptions from patients anywhere in England, via post or electronically, free of charge. Prescriptions will not be accepted if delivered to the unit by the patient themselves, or any third party acting on behalf of a patient Dispensed prescriptions will be delivered by staff driver or courier. Appropriate procedures exist for cold-chain items and controlled drugs.

1.27 **Repeat Dispensing**

1.28 Repeat prescriptions, after the first time, will only be given if it's confirmed remotely that:

1.28.1 The patient is taking the drug or appliance correctly and is likely to continue doing so,

1.28.2 The patient is not experiencing side effects that would require reviewing the patients treatment,

1.28.3 The patient has not had any changes to health that would suggest a review is needed,

1.28.4 The medicine regimen has not changed

1.29 They will also be advised not to order unwanted medication.

1.30 Patients with stable, long-term health conditions who require regular medication will receive remote advice about the benefits of repeat dispensing, encouraging them to discuss repeat dispensing with their GP surgery.

1.31 **Discharge Medicine Service**

1.32 DMS referrals will be regularly checked. Advice, assistance and support will be provided to all referred patients. Throughout the DMS, the pharmacist will use clinical judgement to consider recommendations or actions. Consultations will be carried out privately to ensure confidentiality when providing this service remotely.

1.33 **Disposal of Unwanted Medicines**

1.34 Patients can return unused medication to the pharmacy using a courier service or staff driver, which will be provided and funded by the pharmacy Packaging materials will be sent to patients, and instructions to obtain a free courier label will be available and clearly displayed on the pharmacy website. The return of medicines is to be handled exclusively through remote means; patients will not be able to physically bring them to the pharmacy. Once returned, the unwanted medicines will be sorted and placed in disposal units for collection by a specialist waste management company. Appropriate procedures exist for the disposal of controlled drugs.

1.35 Patients will be remotely advised not to order prescriptions that they do not need.

1.36 **Urgent Supply without a Prescription**

1.37 We understand that Urgent Supply/Emergency Supply is less likely to occur given the distance selling nature of the pharmacy. However, we ensure that all staff will be appropriately trained and informed of the procedures to follow should this event occur. We shall have appropriate mechanisms for the receipt verification and processing of requests for urgent supply. The pharmacy will prioritise urgent medication deliveries at no extra cost to the patient.

1.38 **Attempts to use the pharmacy face to face**

1.39 In the event that a patient requests to access Essential Services at the premises, they will be informed that these services cannot be provided onsite by the pharmacy. They will be subsequently directed to our website or provided with additional instructions on how to contact us for information regarding access to NHS Essential Services or given the details of alternative care providers.

1.40 **Suitable Containers for Posted Items**

1.41 The packaging choice will depend on the nature of the items being delivered, and the appropriate level of protection will be used to ensure the items can withstand the delivery process.

1.42 **Refusal to provide drugs or appliances ordered**

1.43 The pharmacy retains the right to decline dispensing a drug or appliance under a Patient Treatment Plan (PTP) in accordance with all laws, regulations and professional guidelines in effect at that time. Additionally, the pharmacy is required to refuse supply if the responsible pharmacist determines that the order does not properly align with the PTP. All refusals must be documented in the patient and/or pharmacy records.

1.44 **Verification of Prescription Exemption Declarations and NHS Charges**

1.45 Evidence for exemptions or remissions from NHS charges will be sought and verified prior to dispensing of any prescription. Evidence will be assessed; if not certain, the 'Evidence not Seen' box will be marked or appropriate information will be entered into the EPS. The PMR will hold verified patient data and be updated with the verification date and next check.

1.46 NHS charges will be collected electronically via remote means. No cash or card transactions will be allowed on the premises.

1.47 **Promotion of Healthy Lifestyles**

1.48 All patients, and particularly patients identified as at risk, shall be provided with advice with the aim of increasing their knowledge and understanding of the health issues which are relevant to their personal circumstances.

1.49 General information about healthy living will also be available on the website for public access. Individuals can also access healthy living information via other remote means.

1.50 **Public Health Campaigns**

1.51 The pharmacy website will feature a dedicated section on healthy lifestyles, public health campaigns, FAQs and self-care.

1.52 The pharmacy will engage in national health campaigns to promote public health messages.

1.53 **Signposting**

1.54 Patients will be signposted to appropriate health, social care, or support services as required. Should a patient require support that the pharmacy cannot provide, we will provide them with contact details of the appropriate provider and can refer them.

1.55 **Support for Self-Care**

1.56 If the pharmacist assesses that a person using the pharmacy would benefit from advice or support managing their condition, or the condition of someone in their care, then the appropriate advice will be provided via remote means of communication. People seeking advice on self-care will be provided advice by remote means.

1.57 **Appliances requiring fitting and measuring**

1.58 As specified in the application form, appliances requiring fitting and measuring will not be provided. Patients seeking such appliances will be referred to an appropriate provider or provided the details of appropriate providers.

1.59 **Website**

1.60 The pharmacy will have a website for use by the public for the purpose of accessing pharmaceutical services from the premises, on which there is an interactive page, clearly promoted to any user of the website when they first access it, which provides public access to a reasonable range of up to date materials that promote healthy lifestyles by addressing a reasonable range of health issues."

2 **Comments' to the Commissioner**

On reviewing the paperwork provided by PCSE, it was noted that the comments made by the Applicant in response to the representations on the application, had not been circulated or seen by parties.

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 circulate these comments to parties for them to make observations on them if they so wished.

2.1 "Thank you for your letter dated 18th August 2025. We welcome comments from all local parties and respond accordingly below.

2.2 **Boots**

2.3 We note that Boots suggest that our client's application is deficient for the purposes of regulations 25 and 64. We do not believe this is the case, however, attach our client's Standard Operating Procedures (SOPs) to assuage any concerns the Committee may have in this regard.

2.4 We also highlight to the Committee that any other applications made by Blueco Healthcare Ltd are irrelevant to the present application.

2.5 **Community Pharmacy Lancashire and South Cumbria**

2.6 We would like the Committee to note that the LPC represents the interests of current pharmaceutical contractors. Thus, the LPC are inherently obliged to contest new market entry applications, in order to fulfil their responsibilities to current contractors. Hence, comments by the LPC are biased and should be read in such context.

2.7 The LPC raises concerns over the fact that our client proposes to share a superintendent with MDS Healthcare Ltd, we highlight that restrictions on pharmacists only being superintendents of one company have been abolished.

2.8 We reiterate that our client has applied to open at 468 Ranglet Road, Walton Summit Centre, Preston, England, PR5 8AR, which is not adjacent to any pharmacy. This includes the current DSP at 464 Ranglet Road owned by MDS

Healthcare Ltd, t/a Pharmalogic Chemists, which is not adjacent to the proposed premises.

2.9 The LPC also highlight that our client's application is in breach of Regulation 25 and/or Regulation 64, however, have not provided any explanation as to how this is the case. For clarity, we submit that the application submitted by our client complies with both regulations.

2.10 We also note that the LPC takes issue with the idea of two DSPs being located near to each other and suggests that supply would be focussed locally. Such an observation is in fact counterintuitive. We submit that the existence of nearby DSPs indicates how our client is very much focused on national distribution. If our client was focused on local distribution, as the LPC insinuate, then it would not make commercial sense to site a DSP near to a current DSP due to the proximity disadvantage that this would cause. Of course, this is not the case, and thus comments by the LPC are without basis. The choice of location reflects the logistical utility of the area. Given its situation to the M61, M65, and M6 motorways, we can see that the location naturally lends itself to national distribution.

2.11 We would also like to emphasise that, as a DSP, the Pharmalogic Chemist have no patients who attend the present site and so there are no patients are [sic] accustomed to receiving pharmaceutical services in the vicinity of the proposed site.

2.12 As noted, any other applications made by our client are irrelevant to the present application and are not remarkable. The LPC seems to suggest that there is a conspiracy to open DSPs in the area to only "serve a local population". There is no reason to believe that there is such a scheme. If the applications were attempting to target only the local population, surely opening in the same region would cannibalise each other's commercial interests. In fact, both applications are for national DSPs which aim to serve the whole country.

2.13 With regard to DSP applications, the number of existing pharmacies or DSPs in the region is not relevant.

2.14 The LPC also reference SHA/26555, however this is not analogous to this case. Several essential services were omitted in the SHA/26555 case, however we have addressed all essential services, and have expanded on this with the attached SOPs.

2.15 The LPC also question the safety of our clients proposed site. We confirm that the DSP will comply with GPhC standards for both clinical soundness and safety. The LPC have not presented any legitimate reason to doubt that this DSP will be safe and comply with all GPHC requirements. We also remind the Committee, that suitability of premises is the responsibility of the GPHC opposed to that of the NHS.

2.16 The LPC also present a report concerning non-compliance in existing DSPs. We do not believe that the actions of other DSPs can be held against the present application. The report presented is produced by a trade group representing established pharmacy chains - its foundations are therefore biased. We also note that the report never proves a single pharmacy is in

breach of contract, rather the report relies on dispensing statistics and does not consider any other possible interpretations.

2.17 **Standard Operating Procedures**

2.18 Though not strictly required, in response to the concerns expressed, we wish to provide the ICB with our client's proposed standard operating procedures to provide additional comfort that our client's application is compliant with the regulations.

2.19 We wish to remind the committee that the SOPs must be read as a whole and that they are to be used by pharmacy staff and implemented alongside training. The SOPs are also an evolving document which must improve over time through regular review and amendment.

2.20 **Confidentiality**

2.21 **Freedom of Information**

2.22 We wish to inform NHS England that we believe that the release our client's SOPs under Freedom of Information legislation would likely lead to prejudice to the commercial interests of our client and/or The Digital Health Assurance Company Ltd as they are commercially sensitive. Release of the SOPs could provide competitors with unfair access to procedures that have been bought by our client under confidentiality. It would also prevent The Digital Health Assurance Company Ltd from profiting from distribution of the SOPs which they have developed.

2.23 **Information to be given to notified parties**

2.24 We wish to notify NHS England that our client considers these SOPs to be confidential and does not consent to these SOPs being disclosed to notified parties as set out in schedule 2 paragraph 21(4) of the regulations.

2.25 We believe that it is fair and proper that the information be withheld from notified parties as, being pharmacies, they are particularly likely to damage our client's commercial interest by having access to our client's SOPs, as they are well placed to unfairly benefit from the developed procedures.

2.26 We respectfully request that the ICB informs us of any decision they reach in regard to what information is to be shared with notified parties."

3 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 22 October 2025 states:

3.1 "Lancashire and South Cumbria 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."

Determination – Pharmaceutical Services Group

3.2 “The application is for distance-selling with no patient access to essential services face-to-face and gives assurances that:

3.2.1 the premises listed in the application are not on the same site or in the same building as a GP practice

3.2.2 the applicant is not seeking to restrict the provision of essential services in any way

3.2.3 there will be uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services

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

3.3 Using the NHS website, there are 4 other pharmacy contractors within 1 mile of the proposed premises. There is 1 GP practice currently listed within 1 mile of the proposed premises.

3.4 Using googlemaps, the proposed premises appears to be part of a commercial building on a road which leads to the main road towards the town centre. Access to the proposed premises is at street level.

3.5 It is not on the same site or in the same building as a provider of primary medical services with a patient list.

3.6 In representations, concerns raised included about the layout and security of the premises, cold chain and waste procedures and face-to-face interactions.

3.7 The Applicant has provided evidence to maintain that granting of the application will support the provision of services and that they will be provided and accessible to patients. The Applicant supported this by providing the information regarding how it intends to carry on the provision of services.

3.8 All representations were considered, including from the Applicant.

3.9 Within the 45-days consultation period, representations were received from:

3.9.1 Boots

3.9.2 Community Pharmacy Lancashire and South Cumbria (CPLSC)

3.10 Outline of Representations

3.11 **Boots** trusts that the determining committee will consider all aspects of the relevant Regulations and its opinion is that this application should be refused.

3.12 **Boots** believes that there is limited information included within the application to satisfy the committee that the regulation will be met. It also notes that the same applicant has submitted a further distance selling application,

approximately 8 miles away from this application site, and questions, should they be granted, as to why they would need to operate two contracts in close proximity to each other when a contract must offer services to anyone throughout the UK.

3.13 **CPLSC** opposes the application, questioning whether the services will be carried out in a professional way (e.g., dispensary layout and access/security) according to the 'generic' set of procedures submitted and whether there is a benefit of another pharmacy in the area, particularly when not opening on weekends.

3.14 **CPLSC** notes that:

3.14.1 The named Superintendent is also Superintendent of an existing DSP provider based close by to the proposed premises. *(ICB noted that Regulations allow for this)*

3.14.2 Contractor has submitted another DSP application at a site 8 miles from this site.

3.14.3 The consultation room is not yet fully established, with only minimal mapping provided. This absence of a clearly defined and operational consultation space as well as the points raised above undermines confidence in the applicant's preparedness to deliver services safely and effectively from the outset. Crucially, the application does not sufficiently explain how essential services will be delivered in a manner that meets the requirements of Regulation 25(2)(b), particularly the obligation to avoid face-to-face contact at the pharmacy premises.

3.14.4 Given these deficiencies, CPLSC believes the application does not meet the regulatory standards and should therefore be refused.

3.14.5 Provides a summary of a report from 2023 regarding DSPs and contractual obligations.

3.15 In summary, **CPLSC** can see no benefit for patients and this application would be detrimental to current pharmaceutical care provision at a time when the system is under major financial constraints. The application lacks sufficient detail on how essential services will be delivered uninterruptedly and safely without face-to-face contact, as required under Regulation 25(2)(b).

3.16 In response to the representations from interested parties, the **Applicant** refutes the comments and asserts that it has provided evidence that shows that the legal tests will be met in full and counters the 'local' provision claim. Additionally, SOPs for the future provision of services have been provided.

3.17 **ICB Professional Advisor** – following assessment of the Application, the Professional Advisor has noted:

3.17.1 The ICB does not approve or authorise SOPs for any contractor.

3.17.2 It is observed that the SOPs provided are 'generic'.

3.17.3 SOPs appear to cover cold chain, waste, DSP-ready interactions

3.17.4 Suggests specialist courier, but none specified other than Royal Mail - acceptable.

3.17.5 Unable to identify where the policies specifically handle patient-facing services. Concern that this is not clear.

3.17.6 In any contractual or controlled drugs visit undertaken by the ICB, we will consider the observed pharmaceutical practices in line with the prevailing or most current SOPs available.

3.17.7 Overall, advise that the specific assertions are not adequate to assure the Group fully.

3.18 Regulation 31

3.19 The Group noted that Regulation 31 does not apply, as the applicant is not undertaking to provide pharmaceutical services from the same or adjacent premises to existing services they provide.

3.20 The Group therefore considered the application under Regulation 25, set out below, and took into account all information provided by the applicant and interested parties. The Group determined the following:

3.21 *"Distance selling premises applications*

25.— (1) Section 129(2A) of the 2006 Act(c) (regulations as to pharmaceutical services) does not apply to an application—

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

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

3.22 The application has been checked, and all relevant information is provided and meets the criteria of the Regulations, including Fitness to Practise. From the evidence provided in the application it is felt that the ICB can confirm that the applicant meets this element of the regulations.

3.23 *(2) The NHSCB must refuse an application to which paragraph*

(1) applies—

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

3.24 The premises listed in the application are not on the same site or in the same building as a provider of primary medical services with a patient list. From the evidence provided in the application it is felt that the ICB can confirm that the applicant meets this element of the regulations.

3.25 *(b) unless the NHSCB is satisfied that the pharmacy procedures for the pharmacy premises are likely to secure—*

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

3.26 The applicant has stated the services and hours that will be provided at the new site, supported by procedures to maintain uninterrupted provision of services. From the evidence provided in the application it is felt that the ICB can confirm that the applicant meets this element of the regulations.

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

3.28 Specific assertions/procedures are not adequate to assure the Group fully that safe and effective provision of essential services will be maintained, e.g., security of premises, cold chain, waste. From the evidence provided in the application it is felt that the ICB cannot confirm that the applicant meets this element of the regulations.

3.29 **Decision – REFUSED.**

3.30 Appeal Rights to the Applicant."

4 The Appeal

In a letter dated 20 November 2025, the Applicant, through its representative Healthcare Plus Consulting Ltd, appealed against the Commissioner's decision. The grounds of appeal are:

4.1 "Thank you for your letter dated 22nd October [sic]. Blueco Healthcare Limited have instructed us (Healthcare Plus Consulting Ltd) to act on their behalf for this appeal, please find an authorisation letter attached.

4.2 We would like to appeal the decision made in relation to the above DSP application.

4.3 We believe that the ICB failed to consider the whole of the application as presented.

4.4 We have attached updated SOPs to this appeal. They are not significantly different to those presented to the ICB

4.5 **Reasons for rejection:**

4.6 We have identified only two objections relied upon by the ICB to reject the application.

4.7 1. Patient-facing services

4.8 The ICB Professional Advisor noted:

4.8.1 *"Unable to identify where the policies specifically handle patient-facing services. Concern that this is not clear."*

4.9 We are unsure what was meant by this note.

4.10 If 'patient-facing services' was meant as face-to-face services provided at the premises, then we note that this would be contrary to Regulation 25 and Regulation 64. We reiterate that no NHS or non- NHS services will be provided face-to-face at or in the vicinity of the DSP and that members of the public will not have access to the site.

4.11 If the meaning was services provided to patients, we note that the supporting information and SOPs we have provided previously and attached included details of the full range of essential services to be provided to patients. This includes a website, dispensing and advice as required by the terms of services.

4.12 In either case, therefore, there is no substance to this objection.

4.13 2. Essential Services

4.14 The ICB stated:

4.14.1 *"Specific assertions/procedures are not adequate to assure the Group fully that safe and effective provision of essential services will be maintained, e.g., security of premises, cold chain, waste. From the evidence provided in the application it is felt that the ICB cannot confirm that the applicant meets this element of the regulations."*

4.15 We note that the ICB appears to accept that our client has committed to provide all essential services safely and effectively and provided procedures to demonstrate how they will do this. We note that the SOPs previously provided and attached below included details on cold chain (page 38ff), waste (page 78ff, 57ff) and security (page 54ff).

4.16 We also note that prior to operation our client's DSP will be subject to GPhC accreditation of premises and procedures. During operation the DSP will be subject to continuing monitoring by the GPhC and ICB. We also confirm that a suitable consult room will be included per the floorplan included in the application and the SOPs.

4.17 Regarding the security of the premises, we reiterate that the premises will be subject to GPhC accreditation. Access to the DSP would require passing through a number of locked, electronic fob-controlled security doors and all entrances to the DSP are access-controlled.

4.18 No reason to doubt our client's commitment to provide the essential services safely and effectively have been presented. Nor has any reason to doubt that our client's procedures are able to deliver essential services safely and effectively.

4.19 Our client's SOPs we have previously supplied include details on cold chain delivery and waste disposal. We note that the ICB's Professional Advisor stated "*SOPs appear to cover cold chain, waste*" and described use of a specialist

courier without specification of a particular service as "*acceptable*." We note that the SOPs contain criteria for selection of suitable courier.

4.20 Frankly, we do not understand what more the ICB could require from our client to accept the application.

4.21 **Other comments**

4.22 We note that the ICB found that Regulation 31 was not relevant to the present application.

4.23 The ICB noted the distances to pharmacies and GPs. This is not a relevant consideration per the regulations.

4.24 The ICB noted

4.24.1 *"the proposed premises appears to be part of a commercial building on a road which leads to the main road towards the town centre. Access to the proposed premises is at street level."*

4.25 This is not a relevant consideration per the regulations.

4.26 There were also concerns expressed by some commenters about the fact that our client has made another DSP application in the same region. We reiterate that any other applications made by our client are irrelevant to the present application and are not remarkable. The suggestion that there is a conspiracy to open DSPs to only serve the local area is fanciful. There is no reason to believe that there is such a scheme. Indeed, if the applications were attempting to target only the local population, surely opening in the same region would cannibalise each other's market. In fact, both applications are for national DSPs which aim to serve the whole country.

4.27 Concerns were expressed by some commenters about the consultation room in the DSP. We reiterate that the DSP will be registered and inspected by the GPhC prior to operation, ensuring that the consultation room will be suitable. The SOPs previously provided and those attached below also include information on the consult room at page 105ff.

4.28 Concerns were expressed over whether "the services will be carried out in a professional way." We also note that Blueco Healthcare has experience in offering remote health services, including NHS services. These services are provided to patients across the UK. This should reassure the committee that Blueco Healthcare are able to remotely provide services and intend to provide them across the UK.

4.29 We note that benefit to local patients and detriment to existing pharmacies are irrelevant per the regulations.

4.30 The ICB Professional Advisor also noted:

4.30.1 *"It is observed that the SOPs provided are 'generic'."*

4.31 However, we note that this was not an objection but an observation. We also note that use of 'generic' SOPs is very common in the industry and in a number of cases, such as SHA/26570, NHS Resolution has rejected lack of 'site-specific methodology' as a reason to reject an application.

4.32 We therefore submit that the requirements of Regulation 25 are met and the present application should be granted."

4.33 [SOPs provided]

5 Summary of Representations

This is a summary of representations received on the appeal.

Representations were also sought from the Applicant on the amendments to Regulation 25 as the Commissioner considered the application against the previous regulatory test.

5.1 Healthcare Plus Consulting Ltd, on behalf of the Applicant.

5.1.1 "Thank you for your undated [sic] letter received 28th November 2025 by email.

5.1.2 **Transitional arrangements**

5.1.3 We note that Regulation 25A of the 2013 regulations states:

5.1.4 *25A. In the case of an application made before 23rd June 2025 to which regulation 25(1)(a) applied (applications for inclusion in a pharmaceutical list by a person not already included), notwithstanding the repeal of regulation 25(1)(a), that application is to be determined in accordance with regulation 25(1) as it had effect on 22nd June 2025.*

5.1.5 The present application was submitted on 20th June 2025, before 23rd June 2025. Therefore, the application was correctly "*determined in accordance with regulation 25(1) as it had effect on 22nd June 2025*."

5.1.6 For the same reason we submit that the appeal must be considered based on regulation 25 as it had effect on 22nd of June 2025.

5.1.7 **Confidentiality**

5.1.8 We also wish to clarify that distinct from our prior submissions to the ICB, we no longer oppose the sharing of SOPs to interested parties on the grounds of commercial sensitivity, though we continue to claim commercial sensitivity in regard to Freedom of Information and wider publication."

5.1.9 [Copy of email dated 20 June 2025 submitting application to the Commissioner provided]

6 Unsolicited comments

6.1 Community Pharmacy Lancashire and South Cumbria

6.1.1 "On behalf of Community Pharmacy Lancashire and South Cumbia I enclose a copy of our original letter arguing against the granting of this contract and politely ask that it is considered as part of the appeal."

Letter to Commissioner dated 20 July 2025

6.1.2 "Thank you for informing Community Pharmacy Lancashire and South Cumbria (CPLSC) the name adopted by Lancashire and South Cumbria Local Pharmaceutical Committee, of the above application.

6.1.3 We note that this is a Distance Selling Application, and we would be willing to attend an oral hearing if it were to be deemed necessary.

6.1.4 Community Pharmacy Lancashire and South Cumbria have had the opportunity to consider the application and with input from the whole committee CPLSC would like to make the following comments;

6.1.5 ***The 2023 CCA Report on the Impact of "pseudo" distance selling pharmacies***

6.1.6 ***Concluded with evidence that the majority of DSP (Distance Selling Pharmacies) are operating in breach of their NHS Contracts putting brick and mortar pharmacies and therefore local care at risk.***

6.1.7 **"Failure to regulate rogue businesses is leading to pharmacy closures."**

6.1.8 **Public data shows that there were 372 active DSP Contracts in England at the end of 2022. The prescriptions by each were analysed to determine which GP Surgery prescribed them.**

6.1.9 **268 (72%) are not following their NHS DSP contractual requirements. More than 50% of their prescriptions come from GP's in a single postcode area that is located within 10 miles of the pharmacy.**

6.1.10 **28 (72%) are not following their NHS DSP requirements. More than 50% of their prescriptions come from GP's in a single postcode area. However more than 50% of their prescriptions come from more than 10 miles from the pharmacy.**

6.1.11 **15 (4%) receive up to 50% of their prescriptions come from GP's in a single postcode area. However fewer than 50% of their prescriptions come from more than 10 miles from the pharmacy.**

6.1.12 **Only 63 (16%) receive prescriptions from across the country and provide the service expected of DSP's**

6.1.13 This is a Distance Selling Application which is aiming to dispense and sell medicines nationwide – why then is the same company also

applying for another Distance Selling Application CAS-370759-P5L9Y9 only eight miles away?

6.1.14 This location is also the site of Registered Pharmacy Premises 9010938 Pharmalogic this is in direct contravention of Regulation 31 – same premises or adjacent to the same premises as another pharmacy.

6.1.15 There are three other pharmacies within 1 mile of the pharmacy (NHS Services Website).

6.1.16 We note the provision of a wholly generic standard set of SOP's.

6.1.17 We note the minimum 40 hours of pharmacy coverage (wholly during the daytime when other pharmacies are open) and ask what benefit that brings to the local or national population.

6.1.18 We note the floorplan and would ask that consideration to adequate security is looked at, an issue that has been a problem in pharmacies previously in Lancashire and South Cumbria.

6.1.19 There is no lack of DSP pharmacies already operating in Lancashire and South Cumbria.

6.1.20 We would ask that it is noted, that this application will in no way cause any loss of pharmaceutical cover.

6.1.21 In summary, there is evidence that the majority of DSP (Distance Selling Pharmacies) are operating in breach of their NHS Contracts putting brick and mortar pharmacies and therefore local care at risk and we urge the ICS to ensure that if this pharmacy is approved that it is audited to ensure its does not operate in breach of its contract."

7 Summary of Observations

This is summary of observations received.

7.1 Healthcare Plus Consulting, on behalf of the Applicant

7.1.1 "Thank you for your letter dated 12th January.

7.1.2 We note that the only comments received are from the LPC and are recorded as late. This should affect the weight given to the LPC's representations.

7.1.3 Given that the points raised by the LPC have already been addressed before the ICB, we have reattached those comments.

7.1.4 We note that the LPC again reference a report on supposed non-conformity of the other DSPs to regulations. We reiterate that the Company Chemists Association is a naturally biased industry group. We also do not believe the supposed actions of others should be held against our client. There is no evidence to suggest that our client will

breach DSP rules and the ICB can take enforcement action against a DSP in breach.

7.1.5 Once again, we also note that the LPC takes issue with the idea of two DSPs being located near to each other and suggests that supply would be focussed locally. We addressed this in our response to comments before the ICB.

7.1.6 The LPC again falsely claim that a pharmacy is operating out of the proposed site. The Pharmalogic Pharmacy referenced is not operating out of 468 Ranglet Road, nor is it adjacent to 468 Ranglet Road. This was addressed in our response to comments before the ICB.

7.1.7 The number of pharmacies within a mile and hours of the DSP are irrelevant.

7.1.8 The use of 'generic' SOPs has been repeatedly accepted by the appeals unit (see SHA/24714).

7.1.9 We note that there are no doubts as to security at the premises. As we have stated repeatedly that the premises will be GPhC registered and access to the DSP would require passing through a number of locked, electronic fob-controlled security doors and all entrances to the DSP are access-controlled. The lack of security in other pharmacies in the area is not relevant to the present application.

7.1.10 The presence or otherwise of other DSPs in the ICB area is not relevant to the present application.

7.1.11 We also note that a business continuity plan will be finalised and in place before the DSP operates. The business continuity plan is required by the GPHC for registration of the premises and will be verified by their inspectors. It has always been maintained that the DSP will be GPHC registered.

7.1.12 We also wish to note that the DSP will only use courier services who are able to maintain the integrity of relevant items. Thus, for example, in the case of cold chain items the authorised courier must meet our client's QA standards which include a requirement that they have a method to maintain cold chain and a means to detect any breach in real time."

8 Consideration

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

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

8.3 The Committee noted the Applicant's comments that it was already operating a distance selling pharmacy but the Committee was of the view that this has no

bearing on its consideration and it would be unfair to treat the Applicant differently to any other applicant.

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

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

8.6 As a preliminary matter, the Committee noted the comments by the Applicant on the amendments to the Regulations that occurred on 23 June 2025. The Committee noted that the amendments created the following wording for 25(2)(b):

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

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

8.7 The Applicant contends that as it made its application before this date, its application should be considered against the previous Regulations. The Applicant quotes Regulation 25A and states that "*The present application was submitted on 20th June 2025, before 23rd June 2025. Therefore, the application was correctly "determined in accordance with regulation 25(1) as it had effect on 22nd June 2025." For the same reason we submit that the appeal must be considered based on regulation 25 as it had effect on 22nd of June 2025."*

8.8 Regulation 25A states that:

"In the case of an application made before 23rd June 2025 to which regulation 25(1)(a) applied (applications for inclusion in a pharmaceutical list by a person not already included), notwithstanding the repeal of regulation 25(1)(a), that application is to be determined in accordance with regulation 25(1) as it had effect on 22nd June 2025."

8.9 The Committee noted that in addition to the amendments outlined above, the market entry route for distance selling applications lapsed on 23 June 2025. The Committee considered that Regulation 25A applies insofar as it is making clear that any applications that were received before 23 June 2025 but determined after this date, should still be determined as if market entry for distance selling applications are open. The Committee therefore considered the Applicant's interpretation to be incorrect.

Regulation 31

8.10 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).

8.11 The Committee noted the Applicant has stated "*N/A no other pharmacy in the same or adjacent premises or buildings*" in the relevant section of the application form.

8.12 The Committee noted Community Pharmacy Lancashire & South Cumbria had stated in its representations to the Commissioner:

8.12.1 "*This application pertains to a Distance Selling Pharmacy and indicates that it is being submitted on behalf of a corporate entity, with Mr. [HA] (GPhC registration number 2070534) listed as the superintendent pharmacist. As of 14 August 2025, a search of the GPhC register confirms that Mr. [A] is currently the superintendent of MDS Healthcare Limited. The registered correspondence address for this company, as listed on Companies House, is 464 Ranglet Road, Walton Summit Centre, Preston, England, PR5 8AR. Notably, this is the same address as the existing Pharmalogic Distance Selling Pharmacy site. This overlap raises significant concerns regarding the legitimacy of the nationwide service proposition being put forward in the application, particularly given the presence of another nationwide operator within the same locality and in fact literally within the same vicinity.*"

8.13 The Applicant responded to the concerns raised in its 14 day comments to the Commissioner, stating "*We reiterate that our client has applied to open at 468 Ranglet Road, Walton Summit Centre, Preston, England, PR5 8AR, which is not adjacent to any pharmacy. This includes the current DSP at 464 Ranglet Road owned by MDS Healthcare Ltd, t/a Pharmalogic Chemists, which is not adjacent to the proposed premises.*"

8.14 The Committee noted that the Commissioner had determined that "*Regulation 31 does not apply, as the applicant is not undertaking to provide pharmaceutical services from the same or adjacent premises to existing services they provide.*"

8.15 Given that no information had been provided to evidence that the proposed premises are at the same or adjacent premises to those occupied by MDS Healthcare Ltd, the Committee was satisfied that it was not required to refuse the application under the provisions of Regulation 31.

Regulation 25

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

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

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

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

in respect of pharmacy premises that are distance selling premises.

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

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

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

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

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

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

Additional information to be included with excepted applications

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

(a) A's belief that the application satisfies the criteria included in one of the regulations in Part 4 which need to be satisfied if section

129(2A) and (2B) of the 2006 Act (regulations as to pharmaceutical services) are not to apply in relation to that application; and

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

Nature of details to be supplied

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

Regulation 25(1)

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

Regulation 25(2)(a)

8.19 As far as Regulation 25(2)(a) is concerned, the Committee had regard to the application form in which the Applicant states "*N/A*". The Committee noted that this had not been disputed and that it had not been provided with any information to persuade it otherwise. The Committee was therefore satisfied that the proposed premises were not on the same site as, or in the same building as the premises of a provider of primary medical services with a patient list.

Regulation 25(2)(b)

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

8.21 The Regulations require the Committee to be satisfied as to a number of matters, including that essential services will be provided on an uninterrupted basis, across England, and that pharmaceutical services will be provided in a safe and effective way without face to face contact.

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

Commissioner may need to make of the information or documentation when carrying out its functions.

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

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

8.25 The Committee noted the supporting information to the application states:

8.25.1 "*A Responsible Pharmacist (RP) will be on the premises during the pharmacy's opening hours ensuring compliance with GPhC requirements.*"

8.26 In the Applicant's SOPs, it states that:

8.26.1 *"All pharmacy staff must explicitly be made aware that this pharmacy operates in accordance with specific approval under the Regulations for premises that operate as 'Distance Selling Premises'. They must also be made aware of any legislative changes that may affect the provision of services from such pharmacies. In order to comply with our terms of service, this pharmacy will provide;*

The uninterrupted provision of essential services, during the opening hours of the premises…".

8.27 Further, the SOPs state under the heading 'Responsible Pharmacist":

8.27.1 "*1.2 Permitted Absences*

The planned scheduling of pharmacists will avoid scenarios that would result in the absence of the RP. This will include arranging appropriate cover for annual leave and scheduled time off, and contingencies for emergency scenarios such as sickness absences.

The pharmacy opening hours includes lunch breaks to avoid absences.

However, in exceptional circumstances that have not been anticipated, the following will be adhered to:

1.3 Emergency Absence

During the RP's unexpected Absence:

Notify all pharmacy staff immediately

If possible the superintendent should be contacted

The superintendent or RP or alternative pharmacist must ensure that emergency RP cover should be supplied. The DSP is required to secure the uninterrupted provision of essential services to persons anywhere in England who request those services during opening hours. This should be reconsidered throughout the absence.

Record the reason for the absence.

The pharmacy must continue to operate safely and effectively.

The absence must be recorded, including:

- *Date of absence*
- *Time of departure*
- *Time of return*

GPHC Guidance only permits the Responsible Pharmacist who is logged in as the RP to personally make an entry when they leave the pharmacy for the period of absence.

In exceptional circumstances, if the RP has not been able to record their absence, then the replacement RP should accurately make the entry in the RP log, and document the reason why they are making the entry instead of the RP who has become absent. Where the replacement RP is not present at the start of the absence a real time note should be made as soon as possible in the RP log.

If any pharmaceutical service is suspended the ICB/equivalent body must be contacted and the pharmacy must use all reasonable endeavours to implement the business continuity plan and resume the provision of the service.

This DSP will ensure that service provision remains uninterrupted at all times during the normal operating hours of the pharmacy and will not provide any drugs or appliances during any period of absence of the RP. Ancillary work, such as order recording, may be carried on to prevent interruption.

Emergency cover shall be arranged as a matter of urgency.

1.4 Absence Scenarios

Late Arrival (Planned RP Continuing from Previous Day)

If the RP has not recorded the end of their period of responsibility from the previous day, they remain in charge and are accountable for

activities during the delay. However, this is only valid where the RP has already completed the pharmacy record at the start of the period.

Late Arrival (New RP Not Yet Logged In)

If the RP has not completed the RP record on arrival (e.g. locum or relief pharmacist), they are not yet in charge, and the pharmacy may not undertake any activity requiring an RP until they have formally recorded their appointment.

1.5 End-of-Day Absences

If the RP intends to resume responsibility the following day and has not yet logged their cessation of RP status, an end-of-day absence may be recorded. However, if another RP is scheduled to take over the next day, the outgoing RP must document the end of their RP period before leaving.

1.6 Contactable Pharmacist Provision

If the RP is unavailable, a contactable pharmacist must be designated. This pharmacist:

> *May be responsible for more than one pharmacy, provided they can do so safely.*
>
> *May simultaneously act as an RP elsewhere, subject to professional judgement.*

The details of a contactable alternative pharmacist should be present in the pharmacy and reviewed regularly."

8.28 Whilst noting that the Applicant intends to plan schedules to avoid scenarios where a Responsible Pharmacist is not present, the Committee was concerned that the SOPs indicate that there may be circumstances where a second pharmacist is not available, should the Responsible Pharmacist need to leave the premises. The Committee was therefore unable to be satisfied that the provision of essential services would be without interruption.

8.29 With regard to services being available to persons anywhere in England, the Committee noted the Applicant's SOPs state that:

8.29.1 "*All pharmacy staff must explicitly be made aware that this pharmacy operates in accordance with specific approval under the Regulations for premises that operate as 'Distance Selling Premises'. They must also be made aware of any legislative changes that may affect the provision of services from such pharmacies. In order to comply with our terms of service, this pharmacy will provide;*

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

8.30 The Committee noted the Applicant's supporting information states:

8.30.1 "*We will ensure that all patients across England can request NHS Essential Services via remote means…*"; and

8.30.2 "*… we will deliver all NHS Essential Services free of charge using the following methods (not a comprehensive list):*

Telephone

Text message

EPS

Website

Email

Video Link Service(s)

Royal Mail Postal Service

Courier Service(s)

Specialist Waste Management Service(s)

Specialist Cold Chain Courier Service(s)

Staff Driver(s)"

8.31 Based on the information before it, the Committee was therefore satisfied that the provision of essential services would be available to persons anywhere in England.

8.32 The Committee next considered how the Applicant would provide pharmaceutical services without face to face contact. The Committee noted that in its decision report the Commissioner had expressed concern regarding the security of the premises.

8.33 The Committee noted that the introduction to the SOPs states:

8.33.1 "*All pharmacy staff must explicitly be made aware that this pharmacy operates in accordance with specific approval under the Regulations for premises that operate as 'Distance Selling Premises'. They must also be made aware of any legislative changes that may affect the provision of services from such pharmacies. In order to comply with our terms of service, this pharmacy will provide;*

… The safe and effective provision of essential services without face-to-face contact at the

pharmacy premises between any person receiving the services, whether on their own or on someone else's behalf, and any

member of staff (or anyone with any commercial interest such as the proprietor)…

All communications with patients, seeking or receiving essential services will be remote. Any phrasing that is inadvertently suggestive of essential services being provided via face-to-face contact at the pharmacy premises should be understood to mean via remote means. Where one identifies such phrasing, the responsible pharmacist should be informed so that the SOP can be made clearer."

8.34 In its appeal, the Applicant states:

8.34.1 "*Regarding the security of the premises, we reiterate that the premises will be subject to GPhC accreditation. Access to the DSP would require passing through a number of locked, electronic fob-controlled security doors and all entrances to the DSP are access-controlled.*"

8.35 The Committee was mindful of the regulatory changes as of 1 October 2025, that distance selling pharmacies can no longer provide Directed services (Advanced, National Enhanced and Enhanced Services, with the exception of Covid-19 and Flu vaccination services) face-to-face with the patient at the pharmacy premises. The Committee noted the Applicant's view that due to transitional arrangements in place through Regulation 25A, "*the appeal must be considered based on Regulation 25 as it had effect on 22nd of June 2025*". The Committee was mindful that this is a reconsideration of the application and would be considered in accordance with the Regulations as they currently stand.

8.36 As a result of this amendment, the Committee noted that the Applicant would not be able to provide any pharmaceutical services at its premises. The Committee noted that the Applicant did not intend to provide any advanced or enhanced services.

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

8.38 The Committee was satisfied that essential services would be available to persons anywhere in England and pharmaceutical services would be without face to face contact. The Committee was not satisfied that the provision of essential services would be without interruption. The Committee went on to consider whether the safe and effective provision of pharmaceutical services was likely to be secured.

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

Dispensing of drugs and appliances

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

8.41 The Committee noted that the SOPs state, under the heading 'Dispensing Services':

8.41.1 "*Prescription Processing and Dispensing*

Receiving prescriptions

The pharmacy can receive prescriptions via ESP or paper prescriptions can be posted to the pharmacy free of charge using prepaid envelopes provided by the pharmacy."

and

"Prescription Delivery

…

Delivery Method Selection

Local Deliveries (within 30 miles): *Use designated staff driver unless otherwise determined by the RP.*

National Deliveries:

Standard items: Royal Mail Signed For

CDs: Approved CD courier

Cold chain items: Approved cold chain courier

Specialist dangerous goods courier if necessary"

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

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

Urgent supply without a prescription

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

8.45 The Committee noted the information in the Applicant's SOPs under the heading 'Urgent Supply' which describes how the Applicant will process such a request. The Committee noted that the SOPs refer to pharmaceutical

services being delivered by several means of non-face-to-face communication including telephone and email, and considered that it was reasonable to infer that these methods would be used to receive requests from prescribers for the urgent supply of drugs.

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

Preliminary matters before providing ordered drugs or appliances

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

8.48 The Committee noted that the SOPs state, under the heading 'Dispensing Services':

8.48.1 "*Exemptions, remissions and payments*

Before providing any drugs or appliances in accordance with a prescription form or a repeatable prescription where an exemption under regulation 10(1) of the Charges Regulations or remission of charges under regulation 5 the Remission of Charges Regulations is claimed the pharmacy must ensure that the patient or their representative has presented satisfactory evidence unless the pharmacy already has satisfactory evidence and the patient is entitled to an exemption by virtue of sub-paragraph (a), (c), (d), (e), (f) or (g) of regulation 10(1) of the Charges Regulations or in respect of entitlement to remission by virtue of regulation 5(1)(e) or (2) of the Remission of Charges Regulations

…

Satisfactory evidence includes evidence derived from a check, known as a real time exemption check, of electronic records that are managed by the NHS BSA for the purposes of providing advice, assistance and support to patients or their representatives in respect of whether a charge is payable under the Charges Regulations.

Pharmacy users may provide evidence through email, by post or during video or phone calls.

In any case where satisfactory evidence has not been produced the person asked to produce the evidence should be informed that checks are routinely undertaken to ascertain entitlement to exemption under the Charges Regulations or remission of charges under the Remission of Charges Regulations, where such entitlement has been claimed, as part of the arrangements for preventing or detecting fraud or error in relation to such claims. This information may be provided by email, text, enclosed slip or on the phone.

Where no satisfactory evidence is produced the pharmacy must still provide the patient with the drugs or appliances.

Where no satisfactory evidence has been produced non-electronic prescription forms or nonelectronic repeatable prescriptions, should be endorsed that effect." [sic]

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

8.50 The Committee considered whether the Applicant had explained how charges will be paid.

8.51 The Committee noted that the SOPs state, under the heading 'Dispensing Services':

8.51.1 "*Exemptions, remissions and payments*

…

Any charge to be paid can be paid online or over the phone through secure payment processors. Ensure that any payment was successful. If a payment fails contact the patient or their representative."

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

Providing ordered drugs or appliances

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

8.54 The Committee noted that the SOPs state, under the heading 'Dispensing Services':

8.54.1 *"Prescription Processing and Dispensing…*

… Prescription Delivery …

Scope

This SOP applies to all prescription deliveries carried out by staff drivers, couriers, and postal services.

This includes:

Controlled Drugs (CDs)

Cold chain (fridge line) items

Risks Identified

Delivery to the incorrect person or address

Missed or failed deliveries

Cold chain breach during delivery

Incomplete or duplicate deliveries

Loss of audit trail for CDs

Staff Responsible

Dispensing Assistants

Pharmacy Technicians

Accuracy Checking Technicians

Responsible Pharmacists (RP)

Staff Drivers

Review

This SOP must be reviewed by the Superintendent Pharmacist at least every two years.

It must also be reviewed following any critical incident.

All staff must confirm in writing that they have read, understood, and agreed to follow this SOP.

This must be recorded in their training records.

Delivery Method Selection

Local Deliveries (within 30 miles): *Use designated staff driver unless otherwise determined by the RP.*

National Deliveries:

Standard items: Royal Mail Signed For

CDs: Approved CD courier

Cold chain items: Approved cold chain courier

Specialist dangerous goods courier if necessary

Preparation for Delivery

Securely bag and label all prescription items.

Complete the Staff Driver Delivery Sheet with:

- *Patient name and delivery address*
- *Alternative address if applicable*
- *Special instructions/messages*
- *Written consent for third-party delivery, if applicable*
- *Any pharmacist notes or required documentation*

Notify the patient via their preferred communication method confirming readiness and estimated delivery time.

Include written guidance for new patients about safe storage and the returns process.

Direct all patients to the pharmacy website for further advice and contact details.

Delivery by Staff driver

Handover to Staff Driver

A registered pharmacist must directly supervise the handover.

Confirm all delivery details and instructions.

Driver must complete and sign the delivery log (with date/time).

Retain a copy of the delivery log until the original is returned.

All deliveries must be secured and out of sight in a locked delivery vehicle at all times.

Follow all current guidance under the Falsified Medicines Directive (FMD) or its national equivalent.

Email/text the patient with dispatch confirmation and tracking information.

Delivery to Patient or Representative (staff driver)

The driver must not enter a patient's home unless invited.

Ask the recipient to confirm their name and address.

Verify details against the bag label.

Maintain patient confidentiality.

Request the recipient to sign the delivery sheet. If they cannot, the driver must sign with consent and a note explaining why.

Refer the patient to a pharmacist for any medication-related questions or general information about the drugs or appliances.

Collect any returned medicines using the Patient Returned Medication Tray. Refer to the Patient Returns SOP.

Cold Chain Delivery (via Staff Driver)

Items must be removed from fridge just prior to handover.

Delivery van must be equipped with:

- *Continuous temperature monitoring and*
- *Medical-grade insulation/cooling*

If Cold packs are used they must be pre-cooled to appropriate temperatures and not cause freezing.

Drivers must understand how to read temperature indicators and brief patients if required.

Ensure no overpacking, and that air flow is not obstructed in the fridge.

Driver must cancel delivery and return to the pharmacy immediately in case of cold chain breach.

Thermometers must be calibrated or replaced annually.

CD delivery (via staff driver):

CDs should be securely stored in the van, ensuring vehicle is locked at all times.

CDs should be stored in a secure lockable compartment

Retain CD logs for 2 years.

Driver must:

- *Collect signatures*
- *Verify recipient identity*

Unsuccessful Deliveries (Staff Driver)

Leave an Attempted Delivery Card with re-delivery instructions.

Return the prescription to the pharmacy same day.

Notify the RP and arrange a new delivery time.

CDs must be re-entered into the CD register upon return.

Do not:

- *Post items through a letterbox*
- *Leave in porch or external structure*
- *Leave at an unauthorised address*

Royal Mail Delivery (Non-CD / Non-Cold Chain)

A registered pharmacist must directly supervise the handover.

Apply Royal Mail Signed For labels with return address.

Record all tracking numbers in the Delivery Log.

Email/text the patient with dispatch confirmation and tracking information.

Retain signed Delivery Logs for at least 3 months.

Royal Mail Failed Delivery:

Royal Mail will leave a "Sorry We Missed You" card.

Patient may rearrange delivery or collect from local post office.

Cold Chain Delivery (Courier)

Use only approved cold chain couriers meeting pharmacy's QA standards.

Ensure all tracking information is logged.

A registered pharmacist must directly supervise the handover

Record all tracking numbers in the Delivery Log and get courier signature.

Retain signed Delivery Logs for at least 3 months.

Email/text the patient with dispatch confirmation and tracking information.

Courier must cancel delivery and notify pharmacy immediately in case of cold chain breach.

Returned items due to breach must be quarantined before disposal.

Cold Chain Courier Failed Delivery:

The patient should be informed of the missed delivery

The cold chain courier must be able to store the cold chain items at temperature and redeliver the items

Controlled Drugs (Courier)

Only verified CD couriers may be used.

Ensure courier has a valid legal process for transport, storage, and chain of custody of CDs.

The pharmacist must supervise the handover and get a signature.

Email/text the patient with dispatch confirmation and tracking information.

Record tracking details.

Retain CD logs for 2 years.

Courier must:

Collect signatures

Verify recipient identity

Controlled Drugs Courier Failed Delivery:

The patient should be informed of the missed delivery

The CD courier must be able to store the CD items securely and redeliver the items"

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

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

8.57 The Committee noted that in the application form, in response to the question as to whether they were undertaking to provide appliances, the Applicant had stated *"Drug Tariff part IX* *EXCEPT items that require measuring or fitting".* The Committee noted the Applicant's SOPs state, under 'Essential Services':

8.57.1 "*Appliances requiring measuring and fitting:*

This pharmacy does not offer any appliances which require fitting or measuring or stoma appliance customisation. If a prescription is received for such appliances, if the patient consents, the prescription should be referred to another NHS pharmacist or to an NHS appliance contractor or if the patient does not consent they should be provided with the details of two NHS pharmacists or NHS appliance contractors who are able to provide the appliance/stoma appliance customisation.

Any information given or referral made should be recorded for the purposes of auditing the pharmaceutical service the pharmacy provides and follow-up care for the patient, and should be suitable for these purposes."

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

8.59 The Committee considered whether the Applicant had explained what containers will be "suitable" for posted/delivered items.

8.60 The Committee noted that the SOPs state, under the heading 'Dispensing Services':

8.60.1 "*Packaging*

Packaging is important to ensure the integrity of drugs and appliances.

The following considerations apply to all items:

All packaging must be tamper-evident so that the integrity of a package can be verified with a swift inspection

Smaller, non-fragile items to be delivered by the staff driver may be packaged in standard pharmacy bags

All packaging must comply with the rules of the service being used to deliver it

Smaller, non-fragile items to be delivered by courier or delivery service may be packaged in padded envelopes

Larger or fragile items should be placed in boxes with appropriate filler material. Boxes should be re-enforced

All fragile items should be marked as such on the outermost box

Packages should not be placed in bags which are likely to rip. Consider especially the handles of bags.

All packages must have a return name and address, i.e. the pharmacy name and address, visible on the outmost packaging

Consider whether any of the items to be packed are toxic, corrosive, flammable or oxidisers. If they are, refer to the relevant service's rules. All such items must have appropriate warnings on the outer most packaging.

For the local driver, ensure they are aware of toxic, flammable, oxidising and corrosive packages, and have appropriate equipment to safely deal with fire or leak.

All medicines to be delivered by delivery service or courier must be in leak proof containers, such as sealed plastic bags.

The exact contents of a package should not be apparent from the outer packaging. In particular the outer packaging should not reveal conditions that a patient suffers from or is likely to suffer from.

Special considerations for cold chain items:

It should be obvious which packages are cold chain, and which are not. Mark cold chain packages with appropriate warnings, including the appropriate temperature range

Cold chain packages should remain within temperature even after reasonable periods outside of controlled environments, such as during loading and after delivery. This may be achieved though adding additional insulation, particularly for small items which heat up quickly.

Follow all rules from the cold chain courier

Special considerations for controlled drugs:

Controlled drugs should be packaged separately to non-controlled drugs

Controlled drugs packages must include a slip stating the contents at time of packing to allow for verification on receipt

Follow all rules from the controlled drugs courier

Ensure that controlled drugs packages can be differentiated from other packages by pharmacy staff. This can generally be achieved by the differing delivery labels, if this is not the case ensure an agreed differentiating mark is used. But do not draw attention to the fact that a package contains controlled drugs on the outer packaging as this may increase security risks.

… Prescription Delivery…

*… **Cold Chain Delivery (via Staff Driver)**…*

…Delivery van must be equipped with:…

Medical-grade insulation/cooling

If Cold packs are used they must be pre-cooled to appropriate temperatures and not cause freezing."

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

Refusal to provide drugs or appliances ordered

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

8.63 The Committee noted that the SOPs state, under the heading 'Dispensing Services':

8.63.1 "*Repeat dispensing*

For a Distance Selling Pharmacy (DSP), the Electronic Repeat Dispensing (eRD) service is a crucial service, aligning with the remote operating model. There are some important considerations for the safe and effective operation of this service.

Encouraging Patients Not to Order Drugs They Do Not Need

Before each dispense within an RD/eRD batch, ensure a robust process is followed that will involve:

Remind patients when their next RD/eRD is due. Ensure the patient has confirmed they genuinely need all items on their repeat list and advise that they should only order medication that they need. This may be done automatically, if so double check that the confirmation was true.

Any identified clinically significant issues are promptly communicated to the prescribing GP. For EPS prescriptions, this is often facilitated through secure electronic messaging within the NHS Spine or by direct phone calls/emails to the practice. This ensures the prescriber has the necessary information to review the patient's treatment plan.

All such communications, along with the details of the issue identified and any action taken or advised, are meticulously recorded within our pharmacy's electronic patient records.

Check that the patient:

- *Is taking/using the medication appropriately and is likely to continue to do so.*
- *Is not suffering any side effects or interactions which would lead to the medications needing to be reviewed.*
- *Has not had the medication regime changed by their GP or other setting (e.g. hospital) since the last supply.*
- *If any of the above is not true, refuse to supply, notify the patient and prescriber and refer the patient to prescriber using locally agreed protocol. Keep a record of this notification.*

Use additional questions to understand any relevant changes, including:

- *"Have you visited any other healthcare professionals since your last supply?"*
- *"Are you taking any new medications, including over-the-counter products?"*
- *"Are you experiencing any side effects or problems with your current medicines?"*
- *New side effects or adverse drug reactions.*
- *Concerns regarding adherence (e.g., patient consistently not needing items, suggesting oversupply or non-adherence).*
- *Changes in health status or new diagnoses.*
- *Concurrent use of over-the-counter or other prescribed medications that may interact.*
- *Understanding the concerns of patients expressing a wish to discontinue medication.*

Some of these questions may be asked automatically during the ordering process. Check the patient responses. Do not assume that the automated system would catch all issues. If necessary, email, message, or call the patient.

Ensure appropriate advice, in particular on the importance of only requesting those items which they actually need, is given to patients. This may be carried out automatically, ensure that this advice is appropriate and has been delivered.

If any medication is no longer suitable or not required, the relevant item(s) on the prescription must be endorsed as 'ND' – the PMR will be updated to reflect only the medication supplied. Ensure any relevant counselling or intervention notes are added to the PMR.

Dispense RDs, following the dispensing SOPs, in numerical order for audit purposes but is not compulsory. Endorse the RD as with regular prescriptions. Endorse RA according to computer system. Follow the same procedure for subsequent issues. Check the RD is due by checking the dispensing interval on the RA."

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

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

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

8.66 The Committee noted that the SOPs state, under the heading 'Dispensing Services':

8.66.1 "*Identifying and Advising Patients on the Benefits of Repeat Prescriptions*

As per our contractual obligations under Schedule 4, paragraph 10(da) of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, we actively identify and advise suitable patients about the advantages of the NHS Repeat Dispensing Service. For a DSP, this process is entirely managed through remote channels:

Monitor and identify individuals with stable, long-term conditions who are receiving regular, repeated medications but are not yet on RD/eRD and communicate with them to help them to understand the benefits of repeat dispensing:

Convenience: No need to contact the GP for each repeat issue, streamlining the process.

Reduced Waiting Times: Prescriptions are dispensed and delivered, eliminating waiting in GP surgeries or physical pharmacies.

Predictable Supply: A batch of prescriptions is issued for up to 12 months, providing peace of mind.

Flexibility: While the batch is held by the NHS Spine, patients retain the flexibility to change their nominated pharmacy if their circumstances change.

Patients may be identified based on information they have voluntarily provided and their prescription history."

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

Disposal service in respect of unwanted drugs

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

8.69 The Committee noted that the SOPs state, under the heading 'Disposal of unwanted medicines':

8.69.1 "*…**2. Scope***

This SOP applies to all staff involved in the receipt, handling, and disposal of unwanted medicines from patients living in England, including returns made via courier, postal service, or collection by the pharmacy driver.

3. Patient Information and Access

Upon first order, patients will be provided with information on how to dispose of unwanted medicines through:

Leaflets included in deliveries

Email information

Website guidance

Customer service contact

*Patients **must not return** medication directly to the pharmacy premises.*

Patients will also be advised not to order medication that they do not need

All returns must be pre-arranged via:

Telephone consultation with a trained member of the dispensary team (or the Responsible Pharmacist for Controlled Drugs)

…

4. Return Methods Available to Patients

Patients may return unwanted medicines via:

a. Pharmacy Staff Driver Collection

Available to patients in the local delivery area.

Collection is arranged via telephone appointment.

The driver must:

Be equipped with PPE and appropriate storage bins
Confirm the medication to be collected and ensure secure separation of returns

*Segregate **Controlled Drugs (CDs)**, hazardous medicines, or sharps if found*

Complete the Patient Returns Sheet with patient details and a summary of returned items

Ensure returned medicines are not visible during transport and are stored in a designated, quarantined area in the vehicle

b. Royal Mail

*The RP must **assess the suitability** of items before authorising return by post*

If approved:

Provide the patient with leak-proof, tamper-evident bags and a sturdy box

Include clear written instructions for packaging

*Instruct patient to label parcel clearly as **"Z Returns"** (do not identify as medicine or CD)*

Book the collection or provide return labels

*If **not suitable** (e.g. for sharps, cytotoxic medicines, or liquids), the patient should be advised to:*

Arrange collection via our specialist waste contractor

c. Waste Contractor Collection

Required for:

Cytotoxic/cytostatic drugs

Certain Flammable or chemically hazardous items

Bulk or complex returns

Arrange collection at a convenient time for the patient

Document the items and collection date

5. Medication Categories and Handling Guidance

Controlled Drugs (CDs)

Must be segregated and stored securely upon collection

Must be denatured by the pharmacist following the relevant SOP

Cytotoxic/Hazardous Medicines

Must be handled and disposed of in line with the NIOSH hazardous drug list…

Use appropriate PPE

Store separately until collected by the waste contractor

Sharps

Cannot be accepted via pharmacy returns

Patients should be signposted to local council or NHS services for proper disposal

Expired Pharmacy Stock

Clearly marked and separated from patient returns

Stored securely until routine waste collection

6. Receipt and Processing of Returns

Upon receipt at the pharmacy:

PPE must be worn (gloves, mask, apron)

PPE and materials to deal with spillages must be readily available

All patient-identifiable data must be irreversibly destroyed

Returns should be visually inspected and categorised:

Solid dosage forms: Do not de-blister

Liquids: Do not decant

MDS packs: Keep intact

Sort waste into appropriate bins:

Hazardous waste bin

Non-hazardous waste bin

Sharps container (only if received in error)

7. Disposal Containers and Storage

When full, seal the container and move to the secure waste holding area

All waste awaiting collection must be:

Clearly labelled

Inaccessible to unauthorised personnel

Documented in the waste register."

8.70 Based on all of the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 13 - 15 of Schedule 4.

Promotion of healthy lifestyles

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

8.72 The Committee noted the supporting information with the application states:

8.72.1 "*All patients, and particularly patients identified as at risk, shall be provided with advice with the aim of increasing their knowledge and understanding of the health issues which are relevant to their personal circumstances.*"

8.73 The Committee also noted that the SOPs state, under the heading 'Essential Services':

8.73.1 "*Public Health (promotion of healthy lifestyles)*

…

Legal & Regulatory Framework

Under Schedule 4, Part 2 of the 2013 Regulations, community pharmacies must:

> *"Promote healthy lifestyles by providing information and advice to persons receiving pharmaceutical services and, where appropriate, to carers."*
>
> *Key obligations include:*
>
> > *Providing health advice opportunistically and when requested*
> >
> > *Participating in up to six public health campaigns annually, as agreed with NHS England*
> >
> > *Signposting patients to appropriate health and wellbeing services*
>
> *DSPs must meet these obligations without face-to-face contact at the pharmacy premises and ensure that all services are available to anyone in England requesting them remotely.*

Term	***Definition***
Public Health Campaigns	*Nationally or locally commissioned campaigns to promote health awareness (e.g. Stoptober, Dry January, winter vaccination, bowel screening)*
Health Promotion Materials	*Approved leaflets, posters, videos, links or digital media containing evidence based health advice*
Signposting	*Directing patients or carers to another healthcare provider, service, or support group for help with their issue*

Role	***Responsibility***

Superintendent Pharmacist	*Ensure regulatory compliance and oversee service delivery*
Responsible Pharmacist	*Coordinate campaign implementation, record delivery, and ensure staff are trained*
Health Champion (if appointed)	*Act as a lead contact for health promotion and delivery*
All Staff	*Participate in campaign delivery, communicate advice, and record activity where relevant*

Service Delivery Procedure

1 Opportunistic Health Advice

Provide lifestyle advice when interacting with patients:

During telephone consultations

In written medication information leaflets

Via email or SMS

Common topics include:

Smoking cessation

Alcohol reduction

Physical activity

Healthy eating

Sexual health

Mental wellbeing

…

Specific target conditions

When the pharmacy receives a prescription from a person and it appears that the person

a) has diabetes, or

b) is at risk of Coronary heart disease (particularly those with high blood pressure), or

c) smokes, or

d) is overweight,

the patient should be advised to increase their understanding of their health issues.

Suitable patients can be identified from information given to the pharmacy for these purposes, or from incidental information received as part of medical records or prescriptions.

Advice may be given by email, text, on the phone or on the website, but it must always be tailored to the patients conditions. Where appropriate the advice may be followed by suitable leaflets enclosed with deliveries or references to other sources of information.

Staff should only give advice that they are competent to give and ask for help from other staff when necessary.

Any advice given should be recorded for the purposes of auditing the pharmaceutical service the pharmacy provides and follow-up care for the patient, and should be suitable for these purposes.

Supporting Systems

1 Website Content

Maintain a dedicated section of the pharmacy website for health and wellbeing content

Update at least every 3 months or when new campaigns launch

Include links to NHS health resources (e.g. www.nhs.uk/live-well)

2 Prescription Deliveries

Include relevant health leaflets with deliveries during campaign periods

Optionally include QR codes or web links to NHS-approved health content."

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

Prescription linked intervention

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

8.76 The Committee noted that the SOPs state, under the heading 'Essential Services':

8.76.1 "***Procedure: Prescription-linked Interventions***

1. Prescription Receipt

Prescriptions are received electronically (via EPS) or manually (paper by post).

Prescriptions are uploaded into the PMR system for processing and clinical checking.

2. Clinical Check

The RP reviews each prescription for:

Clinical appropriateness

Drug interactions

Allergies or contraindications

Dosing errors

Duplicate therapy

Formulary compliance

Polypharmacy risks

Check patient records (PMR, SCR/NCRS if available) and pharmacy-held data for context.

3. Identify Need for Intervention

Intervention is required if:

There is a clinical concern or risk to patient safety.

Clarification is required (e.g., ambiguous instructions).

A more appropriate alternative could be used.

A public health concern is identified (e.g., potential misuse).

4. Actioning the Intervention

Contact the prescriber (GP or independent prescriber) via:

- *NHSmail (preferred for documentation)*
- *Telephone (followed by written confirmation if needed*

Clearly document:

- *Issue identified*
- *Recommendation made*
- *Prescriber's response*
- *Outcome (e.g., prescription amended or approved as-is)*

5. Patient Communication

If appropriate, the patient should be contacted to:

- *Confirm a change*
- *Provide updated instructions*
- *Offer counselling or check understanding*

Contact may be made via:

- *Telephone*
- *Secure messaging or email*
- *Video consultation*

Record Keeping and Documentation

All interventions must be recorded in the PMR, including:

- *Nature of the intervention*
- *Communication details*
- *Outcome and date/time*

Retain documentation for a minimum of 2 years as part of clinical governance.

…

Specific target conditions

When the pharmacy receives a prescription from a person and it appears that the person

a) has diabetes, or

b) is at risk of Coronary heart disease (particularly those with high blood pressure), or

c) smokes, or

d) is overweight,

the patient should be advised to increase their understanding of their health issues.

Suitable patients can be identified from information given to the pharmacy for these purposes, or from incidental information received as part of medical records or prescriptions.

Advice may be given by email, text, on the phone or on the website, but it must always be tailored to the patients conditions. Where appropriate the advice may be followed by suitable leaflets enclosed with deliveries or references to other sources of information.

Staff should only give advice that they are competent to give and ask for help from other staff when necessary.

Any advice given should be recorded for the purposes of auditing the pharmaceutical service the pharmacy provides and follow-up care for the patient, and should be suitable for these purposes."

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

Health campaigns

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

8.79 The Committee noted that the SOPs state, under the heading 'Essential Services':

8.79.1 *"Health campaigns*

Regulatory Background

Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Schedule 4, Part 2, Paragraph 3(3)(b)(i), contractors must:

"…participate in up to six public health campaigns each financial year… as specified by NHS England."

Participation is mandatory, and DSPs must adapt delivery methods to suit their non-face-to-face at the pharmacy premises, operating model.

…

Procedure: Delivery of Health Campaigns

1. Notification

NHS England (or ICB on delegated authority) notifies the pharmacy via NHSmail of:

- *Campaign topic*
- *Duration*
- *Resources to use*
- *Delivery expectations*

2. Planning

Appoint a Campaign Lead for the scheduled campaign

Review official NHS materials provided (e.g. NHS Health Publications, CPE toolkit)

Develop a delivery plan suitable for remote engagement including:

- *Website banners and dedicated campaign pages*
- *Email newsletters to patients (where consented)*
- *SMS messaging (if consented and clinically relevant)*
- *Inclusion of campaign leaflets in medicine parcels*
- *Social media or blog posts (if used by pharmacy)*

3. Delivery Methods (DSP-specific)

Digital: Add campaign information to the pharmacy's website and social media (if applicable)

Email: Circulate patient information to registered service users

Parcel Inserts: Include campaign leaflets or flyers in medicine deliveries

Patient Communications: Raise awareness during routine prescription-linked interventions or MDS follow-ups

Pharmacy Phone Lines: Add short health messages to IVR systems or on-hold messages."

8.80 Further, under the heading under the heading ‘Healthy Living Pharmacies’ it states that:

8.80.1 “***2 Health Promotion Campaigns***

*Plan and document participation in **six national campaigns per year** (e.g. Dry January, Stoptober)*

Disseminate health messages via:

Website banners and blog content

SMS/email newsletters

Inserts in prescription deliveries

Record date, topic, audience reach and impact for each campaign”

8.81 The Committee also noted that the SOPs state, under the heading ‘Public Health (promotion of healthy lifestyles)’:

8.81.1 “***2 Campaign Participation***

Participate in up to 6 campaigns per calendar year as required by NHS England.

Use approved materials (print or digital) sourced from:

Health Publications (https://www.healthpublications.gov.uk/Home.html)

NHS England

Local ICB or public health teams

Disseminate via:

Website banners or blog posts

Social media (if used)

SMS/email newsletters

Inserts with prescription deliveries

Maintain a campaign delivery log recording:

Campaign name and topic

Dates active

Delivery method

Materials used

Estimated audience reach"

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

Signposting

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

8.84 The Committee noted that the SOPs state, under the heading 'Signposting':

8.84.1 "*Staff should consider whether people using the pharmacy need advice, treatment or support. This may be done while in active communication, e.g. on the phone, or while reviewing information provided by the user. Users may actively seek advice on these matters or staff may pro-actively identify these needs*

Where the user requires advice, treatment or support that the pharmacy cannot provide and there is a known provider of health or social care services or of support services is likely to be able to provide that advice, treatment or support, the user should be given the details of that provider, and if appropriate the user should be referred to that provider. In making this consideration have regard to the need to minimise inappropriate use of health and social care services.

As DSP the pharmacy operates national wide, staff should consider using online resources to find services near patients. The NHS provides online tools to find nearby services at https://www.nhs.uk/nhs-services/.

Any information given or referral made should be recorded for the purposes of auditing the pharmaceutical service the pharmacy provides and follow-up care for the patient, and should be suitable for these purposes."

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

Support for self-care

8.86 The Committee considered whether the Applicant had explained how it will provide advice and support to people caring for their families.

8.87 The Committee noted that the SOPs state, under the heading 'Support for self-care':

8.87.1 "*Staff should consider whether a pharmacy user would benefit from advice to help the user manage their medical condition or that of one*

they care for, and whether the pharmacy can provide that advice. This may be done while in active communication, e.g. on the phone, or while reviewing information provided by the user. Users may actively seek advice on these matters or staff may pro-actively identify these needs.

Where a user would benefit from advice to help the user manage their medical condition or that of one they care for, and the pharmacy can provide that advice, the pharmacy should provide that advice. This advice should include, as appropriate treatment options including the selection and use of nonprescription- only drugs and changes to the patients lifestyle. Advice should be given via email, phone, video call or texts.

Any advice given should be recorded for the purposes of auditing the pharmaceutical service the pharmacy provides and follow-up care for the patient, and should be suitable for these purposes."

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

Discharge medicines service

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

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

8.91 The Committee noted that the SOPs state, under the heading 'Discharge Medicines Service':

8.91.1 "*Electronic discharge referrals will be made to this pharmacy via secure electronic messages. This must be checked a minimum of 3 times a day.*

Discharge referrals for this pharmacy may be received from any Hospital or Trust in England.

Referrals must be actioned with 72 hours of receipt, discounting days when the pharmacy is closed. E.g. referral sent on a Saturday when open and closed on Sunday must be actioned by the same time on Tuesday.

Consent for the service will be taken by the Trust referring the patient to the pharmacy. Patients can withdraw consent at any of the 3 stages of DMS.

If a patient has been referred to the pharmacy who is not a regular patient, then confirm with the trust/the patient via a phone call that the discharge referral was supposed to be sent to the pharmacy. If it was not, then contact the hospital and ask for the referral to be amended and sent to the correct community pharmacy.

Stage 1 – Receipt of Discharge Referral

Check patient details, details of trust referring, clinical information and actions listed in the referral.

Compare the medicines the patient has been discharged on with those they were taking at admission on the PMR and their SCR/NCRS. This should include all medicines and not just those that are taken orally.

Raise issues of concern identified with the NHS trust or the patient's GP and note on PMR.

Keep a record which alerts pharmacy staff to conduct stages 2 and 3 of the service when the first prescription is received or at first contact with the patient/carer.

Check any previously ordered prescriptions for the patient in the dispensing process or awaiting collection to see if they are still appropriate.

Check for EPS prescriptions and return to spine if not appropriate.

Stage 2 – Receipt Of First Prescription Following Discharge

The pharmacist/pharmacy technician ensures medicines prescribed post discharge are the same as those on the discharge referral.

If there are discrepancies or other issues of concern, raise these with the GP or your PCN Team.

Complex issues may need to be resolved by the GP/ PCN Team who may undertake a Structured Medication Review. Record this on the patient's PMR.

Record when pharmacy staff are to conduct stage 3 of the service.

If a patient withdraws consent for Stage 2/no first script is received/no contact is made by the patient, then reasonable attempts must be made to contact the patient. Attempt to contact

the patient THREE times. If unable to contact the patient share any concerns from Stage 1 with the GP.

Stage 3 – Shared Decision-Making Discussion With Patient

Call or video call the patient and/or representative by phone (or alternatively by email if contact cannot be made) to check the patient's understanding of what medicines they should now be taking/using, when they should be taken/used and any other relevant advice to support medicines taking/use.

The conversation should be confidential and carried out from the DSP consultation room.

Make a record on the patient's PMR.

Communicate with the patient's consent, any information that would be of value to the GP/PCN clinical pharmacist to support the ongoing care of the patient.

Offer to dispose of any unwanted medication.

If a patient withdraws consent for Stage 3/no contact is made by the patient, then reasonable attempts must be made to contact the patient. Attempt to contact the patient THREE times. If still unable to contact the patient, then share any concerns from Stage 1 and Stage 2 with their GP.

Patient Moves Community Pharmacy After Stage 1

If a patient wishes to use a different pharmacy for the provision of the service after completion of Stage 1, contact the second pharmacy and offer to send them, with the patient's consent, via a secure electronic message (e.g. premises specific NHSmail account), the referral information received from the NHS trust and any relevant information and/or findings identified during stage 1 of the service. If a patient wishes to move to this pharmacy, then contact the first pharmacy and ask them to send across the relevant information with the patient's consent.

…

Record Keeping & Payment

All relevant information should be recorded on the patients PMR. End of each month, for each DMS provision submit a report of standard dataset through MYS portal to claim payment. Refer to the NHS service specification for more information."

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

Websites and health promotion zones

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

8.94 In the Applicant's SOPs under the heading "Services - Other", it states that:

8.94.1 "*Website*

…

Website Objectives

The DSP website must:

Act as the "shop window" for the pharmacy

Clearly describe the services offered and how to access them

Provide health advice, education, and support materials

Meet all legal, regulatory, and accessibility requirements

Be available online 24/7, with a robust maintenance plan

Core Functional and Content Requirements

*The website **must include** the following key sections:*

Section	***Minimum Requirements***
Homepage	*An interactive page including the pharmacy name, contact details, registration details, summary of services, access to the health advice and support page*
About the Pharmacy	*GPhC registration number, Superintendent Pharmacist name, business address*
Services	*Clear explanation of all NHS and private services offered (Essential, Advanced,Enhanced)*
Prescription Services	*How to nominate the pharmacy for EPS, ordering, tracking, and delivery details*
Contact Page	*Phone, email, secure webform, postal address, hours of operation*

Feedback & Complaints	*How to give feedback, complaint handling procedure, NHS England escalation route*
Health Advice and Support	*Signposting to NHS.uk and approved resources; DSP-specific health promotion materials addressing a reasonable range of health issues*
Campaigns & Interventions	*Space to host NHS health campaign materials and prescription-linked interventions*
Accessibility Statement	*Conformance with Web Content Accessibility Guidelines (WCAG 2.1)*
Privacy Policy	*UK GDPR and DPA 2018 compliance, including cookie use and patient data processing*
Terms of Use	*Website and service use disclaimers*
Patient Leaflets	*Links to health publications and service leaflets (digital or downloadable)*

8.95 Further, under the heading 'Healthy Living Pharmacies', it states that:

8.95.1 "***4 Digital Health Promotion Zone***

Maintain a designated area on the pharmacy's website or patient portal with:

Health and wellbeing information

Links to NHS resources and local support

Videos, articles or downloadable content

Update monthly or as new campaigns arise"

8.96 The Committee also noted that the SOPs state, under the heading 'Public Health (promotion of healthy lifestyles)':

8.96.1 "***1 Website Content***

Maintain a dedicated section of the pharmacy website for health and wellbeing content

Update at least every 3 months or when new campaigns launch

Include links to NHS health resources (e.g. www.nhs.uk/live-well)"

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

Summary

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

8.99 As the Committee could not be satisfied that all essential services would be provided without interruption, the Committee determined that the application must be refused.

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

8.100.1 confirm the Commissioner's decision;

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

8.100.3 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.

8.101 Although the Committee had reached the same determination as the Commissioner, it had done so for different reasons, therefore the Committee determined that the decision of the Commissioner must be quashed.

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

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

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

9 Decision

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

9.2 The Committee:

9.2.1 quashes the decision of the Commissioner; and

9.2.2 redetermines the application as follows -

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

9.2.2.2 the Committee was not satisfied that all essential services were likely to be secured without interruption during the opening hours;

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

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

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

9.2.3 The application is refused.

Case Manager
Primary Care Appeals