NHS Resolution

12 March 2026

REF: SHA/26804

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APPEAL AGAINST DERBY AND DERBYSHIRE ICB DECISION TO REFUSE AN APPLICATION BY GETGLO AESTHETICS UK LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT 1ST AND 2ND FLOOR, 15 BATH STREET, ILKESTON, DE7 8AH 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:

Getglo Aesthetics UK Ltd
PCSE on behalf of Derby and Derbyshire ICB
Community Pharmacy Derbyshire
PCT Healthcare Ltd

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1 The Application

By application dated 7 June 2025, Getglo Aesthetics UK ("the Applicant") applied to Derby and Derbyshire ICB ("the Commissioner") for inclusion in the pharmaceutical list at 1st and 2nd Floor, 15 Bath Street, Ilkeston, DE7 8AH 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:

1.2 "Part IXa of the drug tariff: dressings, catheters, hosiery, stockings, testing reagents etc"

1.3 In response to why the application should not be refused pursuant to Regulation 31 the Applicant stated:

1.4 "There is no pharmacy or dispensing contractor next door or adjacent, therefore can not to be considered as the same service or same site."

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

1.6 "Not on same site or in same building as any PMS."

Pharmacy procedures

1.7 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.

1.8 “We (applicant) will operate the pharmacy in accordance with the “Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet” issued in April 2015. Specifically, but not exhaustively, the Applicant will have in place, prior to opening;

1.9 Risk Assessment

1.10 A Risk Assessment document and risk matrix to help identify and manage risks. The risk assessment will look at what could cause harm to patients and people who use the pharmacy services, and what the pharmacy needs to do to keep the risk as low as possible.

1.11 The risk assessment will include consideration of; how staff tell patients and the public about the pharmacy services they will receive, and how they get their consent how staff communicate between different locations (if applicable) medicines supply, including counselling and delivery

1.12 The pharmacy’s capacity to provide the proposed services, and

1.13 Business continuity plans, including website and data security

1.14 The risk assessment will be reviewed quarterly and also when there are significant business or operational changes.

1.15 Audit Procedures

1.16 A regular audit programme will be in place with initial frequency of quarterly audits. The audit will be an important part of the evidence which gives assurance that the pharmacy continues to provide safe pharmacy services to patients. Any issues identified will be subject to a reactive review.

1.17 The audit will, at the very least, consider;

1.18 staffing levels and the training and skills within the team

1.19 suitability of communication methods with patients, and between staff and other healthcare providers, including between hubs and spokes and with collection and delivery points (if applicable)

1.20 use of specialised equipment and new technology

1.21 systems and processes for receiving prescriptions, including EPS records of decisions to make or refuse a sale (note that our pharmacy SOPs will require more frequent analysis of refusals to sell)

1.22 systems and processes for secure delivery to patients

1.23 any information about pharmacy services on the website

1.24 review of how the pharmacy adheres to the information security policy, Payment Card Industry Data Security Standard (PCI DSS) and data protection law

1.25 feedback from patients and people who use our pharmacy services

1.26 concerns or complaints received, and

1.27 activities of third parties, agents or contractors

1.28 The Audit and review process will act as a Project Plan for the pharmacy to implement change and upgrades in service and training.

1.29 Reactive Review

1.30 A reactive review will take place if an audit identifies a problem, or if there is;

1.31 a change in the law affecting any part of the pharmacy service

1.32 a significant change in any part of the pharmacy service provided, for example an increase in the number of patients the pharmacy provides services to, or an increase in the range of services the pharmacy intends to provide

1.33 a data security breach

1.34 a change in the technology the pharmacy uses

1.35 concerns or negative feedback are received from patients or people who use the pharmacy services

1.36 a review of near misses and error logs causes a concern about an activity

1.37 Accountability

1.38 During opening hours there will always be a responsible pharmacist (RP) on site. Each area of work will have clear lines of accountability that will be set out by the superintendent pharmacist.

1.39 Record Keeping

1.40 Records in the pharmacy will be scanned in to the pharmacy IT system (including but not limited to, patient consent forms, queries, complaints, customer logs, sale refusals, and dispensing). Records will be kept for a minimum period of 7 years or longer if specific legislation requires.

1.41 Premises

1.42 Premises will be registered with the GPhC prior to entry to the pharmaceutical list and will therefore comply with GPhC requirements for pharmacy premises.

1.43 Website

1.44 The only website used to sell P medicines will be the website associated with the pharmacy.

1.45 The website will be secure and follow information security management guidelines and the law on data protection. The website will use secure facilities

for collecting, using and storing patient details and a secure link for processing card payments.

1.46 The website will display;

1.47 the GPhC pharmacy registration number

1.48 the name of the owner of the registered pharmacy

1.49 the name of the superintendent pharmacist

1.50 the name and address of the registered pharmacy that supplies the medicines

1.51 details of the registered pharmacy where medicines are prepared, assembled, dispensed and

1.52 labelled for individual patients against prescriptions (if any of these happen at a different pharmacy from that supplying the medicines)

1.53 information about how to check the registration status of the pharmacy and the superintendent pharmacist

1.54 details of specific services available and how to use them, i.e.

1.55 Return of unwanted medicines

1.56 Patient Lifestyle Questionnaire

1.57 How to register exemptions from NHS charges

1.58 Promotion of Health Lifestyles and details of campaigns being undertaken

1.59 Procedures for Emergency Supply

1.60 Explanation of rules on non face to face contact

1.61 Annual patient survey

1.62 Patient Information Leaflet

1.63 the email address and phone number of the pharmacy

1.64 details of how patients and users of pharmacy services can give feedback and raise concerns

1.65 GPhC internet logo (linked to register entry)

1.66 The pharmacy will be registered with the Medicines and Healthcare products Regulatory

1.67 Agency (MHRA) and to be on the MHRA's list of UK registered online retail sellers.

1.68 EU common logo -The pharmacy will display the new EU common logo on every page of the website offering medicines for sale, even if they are already displaying the GPhC voluntary logo. The registered EU common logo will also be linked to the entry in the MHRA's list of registered online sellers.

1.69 Patient Consent

1.70 Patients will be asked to provide informed consent for any pharmacy services that the pharmacy provides to them. Patient consent forms for services will be stored as part of the PMR record created for all patients that use the pharmacy services.

1.71 Managing Medicines Safely

1.72 The pharmacy SOPs provide the procedures for all staff to follow to ensure that the sale and supply of medicines in done in such a manner as to minimise risk to patients. The supply or sale of any new medicine must be approved by the superintendent pharmacist as suitable for sale via distance selling.

1.73 Supplying Medicines Safely

1.74 The SOPs for delivery of medicines contain detailed information on the safe and effective supply of medicines via the pharmacy's own driver, Royal Mail and courier firms, including; assess the suitability and timescale of the method of supply, dispatch, and delivery for all medicines and particularly refrigerated medicines and controlled drugs assess the suitability of packaging (for example, packaging that is tamperproof or temperature controlled)

1.75 Prior to contracting with any carrier the pharmacy will check the terms, conditions and restrictions of the carrier.

1.76 Where any recipient is outside the UK the pharmacy will check the laws covering the export or import of medicines from the UK to that country.

1.77 The pharmacy will monitor third-party providers, including analysis of patient feedback about deliveries and delivery times and processes.

1.78 Equipment and Facilities

1.79 All equipment used in the pharmacy will be sourced from manufacturers that have designed the equipment to be used in the manner in which the pharmacy intends to operate.

1.80 All equipment will be subject to annual performance testing and review, with specialist equipment (such as temperature monitoring) subject to monthly checks.

1.81 IT equipment will meet the latest security specifications and be regularly updated including the use of encrypted networks for wired and wireless communication. Access to records will be dependent on any given employee's level of authority and clearance which shall be determined by the superintendent pharmacist.

1.82 Standard Operating Procedures

1.83 We have already developed a draft suite of operating procedures that cover the operations of this distance selling contract. If NHS England requires any further information about any aspect of the operation of the pharmacy then the relevant SOP will be provided upon request.

1.84 We have not provided all SOPs with this application as they contain commercially sensitive material.

1.85 It should be noted that NHS England's national policy document, "Policy for monitoring compliance with the terms of service for pharmacy and dispensing appliance contractors" (published 5 April 2013) contains a section on SOPs that states:

1.85.1 *"The essential service and clinical governance specifications require pharmacies to have appropriate standard operating procedures for dispensing, repeat dispensing and support for self- care. Monitoring compliance requires only the determination of whether the pharmacy has an appropriate SOP. It does not require NHS England to carry out a detailed analysis of the content of the SOPs. Indeed, it would be unwise for an NHS England employee to carry out any detailed examination because he or she will be unable to determine what is appropriate for the individual pharmacy concerned. Any shortcomings not identified, or suggestions made which themselves cause problems in delivery of the services could lead to NHS England itself being involved in litigation."*

1.86 We note that there may be occasions where NHS England would wish to see specific SOPs if particular concerns are raised and in any such instance we would be happy to provide a copy of any requested SOPs.

1.87 Pharmacy Systems And Procedures

1.88 All Essential Services will be delivered in accordance with:

1.89 Company Standard Operating Procedures

1.90 NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

1.91 NHS Act 2006

1.92 Human Medicines Regulations 2012

1.93 RSGP – Professional Standards and Guidance for Internet Pharmacy Services 1.32.6 PSNC –

1.94 Guidance on Internet Selling Pharmacies

1.95 GPhC – Professional Standards and Guidance on Distance Selling Pharmacies

1.96 This will ensure that the Applicant provides safe, effective and uninterrupted provision of all essential services to persons anywhere in England who request

those services during the opening hours of the premises. Essential Services will be provided without face to face contact between anyone receiving the services, whether on their own or someone else's behalf, and the pharmacy staff.

1.97 The Applicant's wholly Internet/Delivery Pharmacy will operate from secure premises, with a controlled entry system, to which members of the public will not have access.

1.98 Access to information about the provision of NHS Essential Services will be achieved by using:

1.99 Telephone

1.100 Website/ Pharmacy App on mobile phones

1.101 The 'E Commerce' website will enable patients or their carers to communicate remotely but directly allowing quick and easy access and provide clear unambiguous details of how safe, efficient, uninterrupted NHS Essential Services will be provided by the Pharmacist and qualified, knowledgeable, experienced support staff on duty throughout the opening hours of the pharmacy premises without having 'face to face' contact with the patient or their representative.

1.102 Email

1.103 Postal services

1.104 All NHS services will be delivered free of charge in accordance with the NHS Act 2006.

1.105 Essential Services will be delivered by using:

1.106 Telephone, including text messaging where appropriate

1.107 Electronic Prescription Service (EPS)

1.108 Website

1.109 Email

1.110 Royal Mail postal service

1.111 Courier service

1.112 Specialist Waste Management Services

1.113 We also intend to promote the use of free video-conferencing services such as Skype so that patients have a better chance of getting to know their pharmacy staff. Such services do not constitute ‘face-to-face’ contact under the Regulations and can be a particularly efficient way of interacting with patients and gaining rapport, as they are more personal than a basic telephone service.

Many people now have the ability to use services like this via their mobile phones at any location where they can find a wireless internet signal.

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

1.115 Provision of NHS Essential Services

1.116 The Applicant will provide all the Essential Services as outlined in the NHS contractual framework.

1.117 Dispensing Services

1.118 Prescriptions will be received by the EPS, post, and fax or where practicable, with the patient's informed consent, collected from a surgery. Prescriptions will be clinically and legally assessed to determine if they can be dispensed.

1.119 In the event that they are not clinically or legally correct, pharmacists will follow Standing Operating Procedures to resolve clinical or legal issues before dispensing items. This may involve contacting the prescriber as soon as possible to make sure the patient receives their medication without delay.

1.120 When appropriate prescription interventions will take place for example drug/drug interactions, suspected over/under prescribing, etc. The pharmacist on duty will telephone and discuss with the Prescriber prior to dispensing or delivering the medication.

1.121 Repeat Dispensing Services

1.122 The Terms of Service require pharmacy contractors to ensure that appropriate advice about the benefits of repeat dispensing is given to any patient who—

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

1.124 requires regular medicine in respect of that medical condition, including, where appropriate, advice that encourages the patient to discuss repeat dispensing

1.125 of that medicine with a prescriber at the provider of primary medical services whose patient list the patient is on.

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

1.127 Dispensing of repeat NHS prescriptions including those dispensed in dosette boxes as may be required under the Equality Act 2010 will be carried out in partnership with patients, carers, pharmacists and prescribers. It will cover requirements additional to those for dispensing, assessing the patients' need for repeat supply. Any clinical issues identified will be addressed to the prescriber.

1.128 Where considered necessary by a pharmacist, the patient may be contacted by telephone and given verbal advice in addition to information delivered with the repeat prescription.

1.129 Urgent Supply and Emergency Supply

1.130 Whilst the Distance Selling nature of the pharmacy is such that Urgent Supply or Emergency

1.131 Supply is unlikely to occur as often as in a retail pharmacy, all staff will be aware of the procedures to be followed in the event of such a request.

1.132 The request may be received from a Prescriber (Urgent Supply) or from a Patient (Emergency Supply)

1.133 The following conditions must apply to the request made by a prescriber:

1.134 The Pharmacist must be satisfied that the request is from the appropriate authorised prescriber, see list above.

1.135 The Pharmacist is satisfied that a prescription cannot be supplied immediately due to an emergency.

1.136 The Prescriber agrees to provide a written prescription within 72 hours.

1.137 The medication is supplied in accordance with the prescriber's directions.

1.138 The medication is permitted to be supplied on an Emergency Supply basis.

1.139 An emergency supply cannot be provided for a Schedule 1, 2 or 3 CD except Phenobarbital for epilepsy by a UK registered prescriber.

1.140 EEA prescribers cannot request an emergency supply of any Schedule 1 - 5 CD.

1.141 Full records of the supply will be kept as per the relevant SOP.

1.142 The following conditions must apply to the request made by a patient:

1.143 Interview

1.144 The Pharmacist must interview the patient. The interview may not be by way of face to face contact and must be by other means, e.g., telephone, Skype. Records

1.145 An entry must be made in the POM register on the day of supply and record all the relevant details.

1.146 The label for the dispensed medicine must contain the words "Emergency Supply".

1.147 Faxed Prescriptions

1.148 A ‘faxed prescription’ does not fall within the definition of a legally valid prescription because it is not written in indelible ink, and has not been signed by an appropriate practitioner. A faxed prescription can confirm that at the time of receipt a valid prescription is in existence. Any pharmacist who decides to dispense a prescription only medicine against a faxed prescription without sight of the original prescription must ensure that adequate safeguards exist to ensure that the original prescription will be in their possession within a short period and not more than 72 hours.

1.149 Any doubt as to the content of the original prescription caused by poor reproduction must be overcome before the medicine is supplied by contacting the prescriber.

1.150 Other than in emergency situations it is recommended that the pharmacist does not dispense against faxed prescriptions and instead uses the Emergency Supply procedures. As it is possible to fax a prescription many times the pharmacist is advised to ensure that no dispensing against a fax takes place unless the system used for the sending or receipt of faxes is secure.

1.151 Schedule 1, 2, or 3 CDs (except Phenobarbital for the treatment of epilepsy) must not be supplied against a faxed prescription.

1.152 As detailed above the patient should be interviewed over the phone. Payment can be processed via the website or over the phone. The pharmacist may wish to consider the following before providing an emergency supply at the request of the patient:

1.153 Delivery of Urgent Supplies

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

1.155 Disposal of Unwanted Medicines

1.156 A specialist waste management company will provide safe and secure disposal of unwanted medicines by collection of unwanted medicines from patients and residential homes. Upon return to the pharmacy unwanted medicines will be sorted and placed in disposal units ready for waste management services to collect. The disposal service will be advertised on the website/app and marketing leaflets.

1.157 Patients wishing to return unwanted medicines to the pharmacy may do so by courier, which will be provided and paid for by the pharmacy. Patients in locality may contact pharmacy by phone or email to arrange collection of unwanted medicines from their home or work by pharmacy staff.

1.158 Appropriate packaging will be sent to patients in advance and details of the service and how to book a collection will be available on the Pharmacy website.

1.159 Public Health (Promotion of Healthy Lifestyles)

1.160 Identification of patients for promotion of healthy lifestyles can take two forms, namely, passive or active.

1.161 Active patients will be those who have chosen to access the Lifestyle Questionnaires via the website or returned them by post and who are then identified from the results as patients to whom further information should be sent, or who should be called to follow up on the results and offer additional support and information.

1.162 Passive patients are those where the identification happens as part of another interaction with the patient, but where the patient does not appear to be actively seeking additional assistance. For example, the dispensing of a prescription which identifies the patient as having high blood pressure. All patients who have prescriptions dispensed or purchase medicines from the pharmacy will be asked to fill in the Lifestyle Questionnaire which will ask for details such as existing medical conditions, height, weight and also lifestyle questions such as whether a patient is a smoker and how much exercise they normally have on a weekly basis.

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

1.164 Public Health Campaigns

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

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

1.167 From 1 March 2015 patients should also be assessed for participation in at least one clinical audit and whichever of the following that the NHSCB specifies— a clinical audit carried out in a manner which is compatible with the NHSCB's arrangements for the receiving and processing of data from the audit, or 12 a policy based audit (to support the development of the commissioning policies of the NHSCB) carried out in a manner which is compatible with the NHSCB's arrangements for the receiving and processing of data from the audit.

1.168 Signposting and Assessment of whether patients require advice to minimise inappropriate use of health or social care services

1.169 Any help or advice that cannot be accessed on the website and app links will be available by telephoning the pharmacy and asking for advice. The patient will then be signposted to health and social care providers and/or any other assistance available. To assess whether patients require advice to minimise

inappropriate use of health or social care services the pharmacist will use the same “Active and Passive” assessment tool already set out above.

1.170 Where it appears to the pharmacist, after reviewing the assessment and having regard to the need to minimise inappropriate use of health and social care services and of support services, that a person using the pharmacy—

1.171 requires advice, treatment or support that the pharmacy cannot provide; but another provider, of which the pharmacy is aware, of health or social care services or of support services is likely to be able to provide that advice, treatment or support,

1.172 The pharmacy will provide contact details of that provider to that person and will, in appropriate cases, refer that person to that provider.

1.173 Where, on presentation of a prescription form or repeatable prescription, the pharmacy is unable to provide an appliance or stoma appliance customisation because the provision of the appliance or customisation is not within the pharmacy’s normal course of business, the pharmacist will—

1.174 if the patient consents, refer the prescription form or repeatable prescription to another NHS pharmacist or to an NHS appliance contractor; and if the patient does not consent to a referral, provide the patient with contact details of at least 2 people who are NHS pharmacists or NHS appliance contractors who are able to provide the appliance or stoma appliance customisation (as the case may be), if these details are known to the pharmacist.

1.175 Where appropriate, a referral can be made by means of a written referral note.

1.176 In appropriate cases, the pharmacist will keep and maintain a record of any information given or referral made to facilitate auditing and follow up care.

1.177 Support for Self-Care

1.178 Information about support organisations, the treatment of common illnesses, minor ailments, long term medical conditions and appropriate usage of OTC medications will be available on the website, app and email newsletter. The pharmacist on duty can be contacted by telephone for more advice and drug interactions.

1.179 There will also be pharmacist selected web links and 'downloads' to print off.

1.180 Support for People with Disabilities

1.181 This service will be provided in accordance with the Equality Act 2010. The Applicant will make reasonable pharmaceutical adjustment to ensure that those who qualify for help under the Act are provided with the right compliance aids.

1.182 We will conduct an initial assessment with the patient, care or representative to assess the support required to improve medication compliance. Such assessments will be carried out without patients having to access the pharmacy premises, so that no face-to-face contact at the premises will take place.

1.183 Compliance aid systems such as blister packs/dosette boxes will be provided in compliance with both service levels 1 & 2 respectively.

1.184 Clinical Governance

1.185 Note: Clinical Governance is not an ‘essential service’ and is therefore dealt with briefly in this submission.

1.186 The Applicant will be involved in and comply with all the components of clinical governance including, but not limited to, compliance with standard operating procedures, patient safety incident and near miss reporting, demonstrating evidence of Pharmacists and Pharmacy

1.187 Technician CPO, conducting clinical audits and patient satisfaction surveys, and drug recalls.

1.188 'How to Make a Complaint or compliment' will be displayed and downloadable from the pharmacy website or upon request by telephone or post a copy will be posted.

1.189 All staff will be qualified or undergoing nationally accredited training. They will be competent to deliver the highest standards of Clinical Governance. All staff will receive individual and collective training, development and education provided in-house or from accredited external providers.

1.190 All staff will have an annual appraisal, receive and provide feedback.

1.191 The Pharmacy will conduct an annual Patient Satisfaction Survey / Community Pharmacy Patient Questionnaire (“CPPQ”) based on the template recommended by the PSNC.

1.192 Details of the survey (as per PSNC website) can be found at http://psnc.org.uk/contract-it/essentialservice-clinical-governance/cppq/

1.193 The survey will be adapted to reflect the operation of a distance selling pharmacy, i.e.

1.194 Distributed via email, post and with delivery drivers / couriers

1.195 References to “visiting” the pharmacy changes to reflect non face to face contact methods used

1.196 Ratings for the pharmacy based on physical characteristics changed to reflect actual method of use, i.e. ease of use of website as opposed to “comfort and convenience of the waiting areas”.

1.197 Information Governance

1.198 The pharmacy will be registered and comply with Data Protection Act and the General Data Protection Regulation (GDPR) . It will also comply with the Access to Health Records Act 1990. It will publish its Freedom of Information Act Publication Scheme on its website and copies will be made available on

request. All patient data will be kept private and confidential in accordance with NHS and legal obligations on data security, protection and confidentiality.

1.199 Delivering Medicines

1.200 The Responsible Pharmacist (RP) has overall responsibility for ensuring the delivery of medicines to intended patients. Medicines must be delivered safely and with appropriate instructions.

1.201 The RP must take adequate measures to ensure that the delivery mechanism used is secure and that medicines are delivered to the intended user promptly, safely, and in a condition appropriate for use. If the delivery to patients is local, this will be undertaken by the delivery driver. All other nationwide deliveries (other than fridge lines) will be delivered by Royal Mail special delivery or courier and signed for by the patient, their notified carer or other patient authorised representative.

1.202 Fridge Lines will be delivered by courier (see further below) Or Own company drivers

1.203 The patient will be provided with a tracking number to track the status of the delivery online. A text messaging system will inform the patient about their delivery. Medicines will be packed, transported and delivered in such a way that their integrity, quality and effectiveness are preserved. The delivery mechanism used will provide a verifiable audit trail for medicine from the initial request through to its final delivery, or its return to the pharmacy in the event of a delivery failure. Packaging must maintain patient privacy and confidentiality.

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

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

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

1.207 Medicines classified as non-flammable or non-toxic must be securely closed and placed in a leak-proof container such as a sealed polythene bag (for liquids) or a sift proof container (for solids). Must be tightly packed in strong outer packaging and must be secured or cushioned to prevent any damage.

1.208 This means that for postal / courier items, either:

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

1.210 For most items - bubble wrap and where necessary, polystyrene filler, placed within a cardboard box. Cardboard boxes must be the re-enforced type.

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

1.212 The patient, carer or notified, authorised patient representative must always sign and date a receipt to prove safe receipt of the medicines. A patient who is not at home when delivery is attempted will be informed using a non-delivery notice and an alternative delivery date will be arranged.

1.213 A list of the approved cold chain couriers is available within the Pharmacy. Cold chain items should be stored in styrofoam filled cardboard boxes prior to being passed to the courier and marked with the “FRAGILE” and “FRIDGE LINE” stickers. Additional packing will not be required as the courier company will transport the boxes in vans with cold chain sections that protect the integrity of the box and are fully monitored. Pharmacy staff should be aware that some thermolabile products can be damaged by excessive cold as well as heat.

1.214 Items such as ice packs can cause freezing in medicines which is damaging to them. The courier service is a dedicated, fully monitored and temperature controlled delivery service.

1.215 Any breach of the cold chain is automatically notified to the driver who will then follow the failed delivery procedure and notify the pharmacy accordingly so that re-delivery can be arranged. Where the cold chain breach notice is issued items may not be re-used.

1.216 Controlled Drugs

1.217 Delivery of Controlled Drugs

1.218 There is provision within controlled drugs legislation to cover occasions when a controlled drug (CD) may temporarily be in the possession of a third party, e.g. a delivery person or postal carrier, while it is being transferred from one authorised person to another authorised person who is entitled to be in possession of the drug. Delivery of CD will be carried out by couriers with pharma grade specialist facilities to meet specific quality and validation requirements for healthcare products. This includes Home Office licensed controlled drug stores. The couriers will have the following UK Licenses and Standards:

1.219 MHRA Wholesale Dealer License

1.220 MHRA Manufacturers importers License

1.221 MHRA IMP License

1.222 ISO 9001: 2000 Certified

1.223 Meet all Home Office safe custody and record keeping requirements

1.224 Return and Destruction of CD

1.225 Patients wishing to return CDs to the pharmacy may do so by making an appointment in advance with the pharmacy. Appropriate packaging will be sent

to patients in advance with instructions for packaging any returned medicines and this will be provided and paid for by the pharmacy. The Superintendent Pharmacist will specify the appropriate method of collection depending on the items being returned and the distance from the pharmacy.

1.226 Patients may also be signposted to alternate pharmacies if they prefer to return medicines to a different pharmacy. Any ‘returned’ Controlled Drugs must not be re-used or entered into the CD register. The Applicant will denature and render them irretrievable as soon as possible in order to avoid storage problems and an increased security risk.

1.227 Destruction must be witnessed by another member of staff. If not immediately destroyed, they should be segregated from main stock, clearly marked 'Patient Returns' to minimise the risk of errors and inadvertent supply and stored securely in a CD Cabinet waiting to be denatured. A record of destruction will be recorded in a separate CD Destruction Register designated for this purpose and will be available in the pharmacy for inspection.

1.228 Cover for Breaks / Working Time Directive

1.229 Any breaks or interruptions in working time taken by the RP will be covered by a second pharmacist who will then assume the responsibility of the RP.

1.230 Contingency Planning

1.231 The Applicant will have accounts direct to pharmacy manufacturers and many full-line and short-line pharmaceutical wholesalers to try and increase the availability of stock and reduce Owings. A Contingency Plan will be in place to ameliorate the effects of any disruption to provision of pharmaceutical services such as medicines shortage, postal strike, EPS systems failure, etc.

1.232 Verification of Declarations of Prescription Exemptions

1.233 Verification of Declarations of Prescription Exemptions

1.233.1 The reverse of the prescription should be fully completed (other than age exempt patients) in black ink.

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

1.233.3 The type of exemption and date of expiry will be recorded in their Patient Medication Record. If they are not exempted prescription charge payments will be made using a secure on-line payment method.

1.233.4 Exemptions may be sent to the pharmacy by post and the pharmacy will pay for postage and return the exemption to the patient free of charge. Faxed and scanned email copies of exemptions are also acceptable. The nature of any exemption will be recorded on the PMR system with a copy attached to the patient's file.

1.233.5 Payment for prescription charges will be received via the secure payment portal on the website (e.g. Sagepay) and when payment is received the prescription will be marked as paid.

1.234 The reverse of the prescription should be fully completed (other than age exempt patients) in black ink.

1.234.1 SOP 5 "Online Order Receipt & Exemption Checking" under the heading

1.234.2 "Paid NHS Prescription" states:

> "Check to see if any fees have been paid and if so, was the *correct amount paid?*
>
> *Contact the patient to arrange payment using the secure payments system using the "customer not present" option.*
>
> *If no fees have been paid or there is a discrepancy between fees paid and those due, the patient should be contacted and directed to pay the appropriate fees via the online payment system."*
>
> 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.

1.234.3 Where evidence of exemption is required or provided by the patient it can be sent to the pharmacy for verification via the delivery driver and then returned to the patient. The PMR system should be updated to reflect that necessary check has been carried out and a note of when the next check is required should be entered onto the system.

1.234.4 The Regulations require a patient to produce 'satisfactory evidence' to confirm exemption. Where appropriate (i.e. for deliveries made other than by the pharmacy's delivery driver), the patient may scan or fax copies of the evidence to the pharmacy (or use the postal / courier service, but see NOTE below) and the pharmacy can record that the evidence provided was not in the original format. It is for the pharmacist in charge to determine if the evidence is satisfactory or not and, if not, then cross the 'Evidence not Seen' box.

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1.234.7 Payment for prescription charges will be received via the secure payment portal on the website (e.g. Sagepay) and when payment is received the prescription will be marked as paid.

1.235 Registration of the Premises with the GPhC

1.236 It is not lawful to operate a Pharmacy without registering the premises and Superintendent Pharmacist with the GPhC. The Applicant will apply to register the premises with the GPhC following the grant of an NHS Contract application. The GPhC will send an inspector to inspect the premises for approval before commencement of any Pharmacy services. The GPhC has a team of inspectors who undertake the routine monitoring and inspection of premises.

1.237 Practice leaflet

1.238 Nothing in the Applicant's practice leaflet, or publicity material in respect of the listed chemist premises, in material published on behalf of the Applicant publicising services provided at or from the listed chemist premises or in any communication (written or oral) from the Applicant or the Applicant's staff to any person seeking the provision of essential services will represent, either expressly or impliedly, that—

1.239 the essential services provided at or from the premises are only available to persons in particular areas of England, or the Applicant is likely to refuse, for reasons other than those provided for in the Applicant's terms of service, to provide drugs or appliances ordered on prescription forms or repeatable prescription forms which are presented by particular categories of patients (for example, because the availability of essential services from the Applicant is limited to other categories of patients).

1.240 Please describe the procedure that will be followed where a patient attends the premises and asks for one or more of the essential services. The premises will be located on the 1st and second floor of the premises and will have key locked gated access on the ground floor only, with an intercom device. This means that the patient would not be able to access the pharmacy to gain face to face access on the premises.

1.241 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. No advance services to be provided at the premises You must ensure that you provide sufficient information within this application form to satisfy NHS England 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 is satisfied that the full disclosure principle does not apply.

1.242 **Draft SOPs attached with application."**

2 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 27 November 2025 states:

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

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

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

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

Extract from PSRC decision report

2.4 This application has been assessed in line with the following provisions of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended):

2.4.1 Regulation 25 – Distance Selling Premises Applications Sets out the criteria for DSP applications, including the requirement to provide essential services nationally, operate without face-to-face patient contact at the premises, and have appropriate delivery and communication arrangements in place.

2.4.2 Regulation 31 – Refusal: Same or Adjacent Premises Provides grounds for refusal where pharmaceutical services are already provided from the same or adjacent premises and it is reasonable to treat the proposed services as part of the same service.

2.4.3 Regulation 66 – Directed Services Sets conditions for the provision of directed services by DSPs, ensuring compliance with relevant regulatory requirements where such services are proposed.

2.4.4 Schedule 4, Part 2 (Paragraphs 3–22) Specifies the Essential Services that all DSPs must provide to persons anywhere in England, without restriction by cohort or geography.

2.5 Application Summary

2.6 Getglo Aesthectics Uk Ltd has applied (CAS Reference CAS-368588-Q9L1J1) for inclusion in the pharmaceutical list as a Distance Selling Premises at 1st and 2nd Floor, 15 Bath Street, Ilkeston, DE7 8AH .

2.7 The proposed opening hours are 40 hours from Monday to Friday, 09:00–13:00 and 13:30–17:30, with the premises closed at weekends.

2.8 The applicant has confirmed that they will provide essential services outlined in Schedule 4 Paragraphs 3 to 22 and will provide appliances in accordance with the Drug Tariff Part IXa dressings, catheters, hosiery, stockings, testing reagents etc

2.9 No floor plan has been submitted.

2.10 Standard Operating Procedures (SOPs) have been provided and will be reviewed to ensure compliance with DSP requirements.

2.11 The application was submitted prior to NHS England's closure of new DSP applications on 23 June 2025 and is therefore being considered under the regulations and policy framework in place at the time of submission.

2.12 **Regulatory Considerations**

2.13 **Regulation 25 – Distance Selling Premises Applications**

2.14 Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) sets out the criteria that must be met for Distance Selling Premises (DSP) applications. In summary, the applicant must:

2.14.1 Not be located on the same site or in the same building as a provider of primary medical services with a patient list.

2.14.2 Provide all essential services (as set out in Schedule 4, paragraphs 3–22) to persons anywhere in England, without restriction to particular groups or geographical areas.

2.14.3 Provide those services without face-to-face contact at the premises.

2.14.4 Have appropriate arrangements for patients and prescribers to communicate remotely.

2.14.5 Have secure delivery arrangements to supply medicines and appliances nationally, including refrigerated and controlled drugs.

2.14.6 Put in place Standard Operating Procedures (SOPs) that support safe and compliant remote service delivery.

2.15 Application Assessment:

2.16 The proposed premises are located 0.3 miles from the nearest GP practice (Gladstone House Surgery), and are not on the same site or in the same building.

2.17 The applicant has confirmed they will provide all essential services nationally (as set out in Schedule 4, paragraphs 3–22), without restriction.

2.18 There will be no face-to-face contact at the premises. The pharmacy will not operate a walk-in counter, and patients will not attend the premises to receive services.

2.19 Patients and prescribers will be able to contact the pharmacy by telephone, email and online.

2.20 Medicines and appliances will be delivered to patients' homes (or alternative nominated addresses) using secure delivery arrangements, supported by SOPs covering the handling of refrigerated and controlled drugs.

2.21 SOPs have been submitted and will be reviewed by the commissioner to ensure alignment with DSP regulatory requirements.

2.22 The applicant or the applicant's staff will provide appliances in accordance with the Drug Tariff Part IXa: dressings, catheters, hosiery, stockings, testing reagents etc

2.23 **Conclusion:** The Committee is satisfied that the application meets the requirements of Regulation 25.

2.24 **Regulation 31 – Same or Adjacent Premises**

2.25 Regulation 31 allows refusal if there are already pharmaceutical services provided from the same or adjacent premises, and it is reasonable for the commissioner to treat the proposed and existing services as part of the same service.

2.26 **Application Assessment:**

2.27 There are no existing pharmaceutical services provided from the same or adjacent premises.

2.28 The Integrated Care Board does not consider it reasonable to treat the applicant's proposed services as part of any existing service.

2.29 **Conclusion:** There are no grounds to refuse the application under Regulation 31**.**

2.30 **Regulation 66 – Directed Services**

2.31 Regulation 66 applies where DSPs propose to provide directed services (e.g. supervised consumption, vaccination). The commissioner must ensure compliance with specific conditions before approval.

2.32 **Application Assessment:**

2.33 The applicant is not proposing to provide any directed services as part of this application.

2.34 **Conclusion:** There are no grounds for refusal under Regulation 66.

2.35 **Schedule 4, Part 2 (Paragraphs 3–22)**

2.36 Schedule 4, Part 2 of the Regulations specifies the Essential Services that must be provided by all NHS community pharmacies, including Distance Selling Premises (DSPs). These services must be made available to all persons in England, without restriction by cohort, group, or geographical area. For DSPs, this requires that services are delivered remotely in line with regulatory requirements, supported by robust communication and secure delivery arrangements to ensure equitable patient access nationally.

2.37 The applicant, Getglo Aesthetics Ltd has submitted Standard Operating Procedures (SOPs) and confirmed within Part 4 of the application form that all Essential Services set out in Schedule 4, Part 2 (Paragraphs 3–22) will be provided. Arrangements are in place for patients and prescribers to contact the pharmacy via telephone, email, and online platforms. All Essential Services will be delivered remotely, with no face-to-face contact at the premises. The pharmacy will not operate a walk-in counter, and patients will not attend the premises to receive services.

2.38 Medicines and appliances, including refrigerated and controlled drugs, will be delivered securely to patients' homes or nominated addresses in England in accordance with the submitted SOPs.

2.39 No Advanced Services are proposed as part of this application.

2.40 There are additional 5 pharmacies within a mile radius of the proposed premises.

2.41 **Conclusion:** The Committee is satisfied that the applicant's proposals align with the requirements of Schedule 4, Part 2 and support compliance with Regulation 25.

2.42 **Equality and Pharmaceutical Needs Assessment (PNA)**

2.43 The Derbyshire PNA 2025–2028 identifies that core pharmaceutical services are generally well provided for in Ilkeston, with no identified gaps requiring additional bricks-and-mortar provision.

2.44 The proposed DSP will not restrict services to any cohort and will not duplicate or displace existing local face-to-face provision. Instead, it will complement existing services by widening choice and improving access for patients who require home delivery or prefer remote ordering.

2.45 No negative impacts have been identified in relation to protected characteristics under the Equality Act 2010. The application aligns with NHS England's Public Sector Equality Duty.

2.46 Consideration of Representations

Representing Body	Summary of Representations	Committee Response
PCT Healthcare Ltd	Operates two pharmacies locally; states adequate provision exists. Requests assurance on Fitness to Practise, Reg. 25(2)(b)(ii), Reg. 64, and SOP robustness. Informed of the outcome and attend Oral Hearing should one be deemed necessary.	Addressed through Reg. 25 analysis. Fitness to Practise cleared. SOPs to be reviewed prior to inclusion.
Boots Pharmacy	Requests assurance set out in Regulation 24 and conditions set out in Regulation 64 and thinks the application should be refused.	
Well Pharmacy	Requests reassurance on Reg 25 and Reg 25(2) and Reg 64 before being granted. To attend Oral Hearing should one be deemed necessary Not to automatically approve the application.	
Community Pharmacy Derbyshire	Requests assurance that application fully meets Regulation 25(2); Assurance on the safe and effective provisions of services Wishes to comment further if needed and be kept informed.	Addressed. Stakeholders will be notified of the Committee's decision in line with standard process.

2.47 No representations were received outside the 45-day notification period. There were no unsolicited representations.

2.48 Recommendation

2.49 It is recommended that the Committee approve the application by Getglo Aesthetics UK Ltd (CAS-368588-Q9L1J1) for inclusion in the pharmaceutical list as a Distance Selling Premises at 1st and 2nd Floor, 15 Bath Street, Ilkeston, DE7 8AH

2.50 The application has been assessed against Regulations 25, 31 and 66 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) and is considered to meet all statutory requirements. The Standard Operating Procedures provided by the applicant will be reviewed to ensure ongoing compliance with DSP requirements.

2.51 The applicant will be required to submit the final floor plan once available. This will be reviewed to ensure it reflects the remote-only service model described in the application and complies with DSP regulatory requirements. Should any material issues arise, these will be escalated to the Committee for consideration.

2.52 PCT Healthcare Ltd, Boots Pharmacy and Well Pharmacy will be given appeal rights in accordance with the regulations."

3 The Appeal

In a letter dated 30 November 2025, Getglo Aesthetics UK Ltd appealed against the Commissioner's decision. The grounds of appeal are:

3.1 "Getglo Aesthetics UK Ltd for inclusion in the pharmaceutical list in respect of Distance-Selling Premises (DSPs) under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

3.2 The application meets all requirements of Regulation 25, and this appeal addresses the points raised by the ICB, together with clarifications and confirmation of compliance.

3.3 Full Compliance with Regulation 25 –Distance-Selling Premises Requirements

3.4 The applicant reiterates full compliance with all elements of Regulation 25, including that:

3.4.1 Services will be provided to persons anywhere in England, without restriction.

3.4.2 No essential services will be provided face-to-face at or from the premises.

3.4.3 The pharmacy will be able to safely provide all essential services during contracted hours.

3.4.4 Arrangements will ensure confidential, real-time communication with patients by telephone and live audio-visual link.

3.4.5 SOPs will be maintained, reviewed, and updated in line with statutory obligations and NHS England guidance.

3.5 All draft SOPs submitted with the application will be updated periodically and reactively to ensure full regulatory compliance.

3.6 Delivery Arrangements (Cold Chain, Controlled Drugs, Failed Deliveries)

3.7 Cold-Chain Medicines

3.8 Cold-chain medicines will be transported exclusively in validated cold-chain containers:

3.8.1 Internal delivery drivers will receive documented training in cold-chain handling.

3.8.2 Vehicles will be fitted with MHRA-compliant refrigeration units, maintaining 2–8°C.

3.8.3 Any breach of cold-chain integrity will classify the product as a failed delivery, leading to return to the pharmacy and appropriate disposal.

3.8.4 A redelivery attempt will be made once replacement stock is prepared.

3.9 Where external couriers are used:

3.9.1 They will be contracted only following superintendent-pharmacist approval of their cold-chain capability.

3.9.2 SOPs will ensure a robust process for failed deliveries, including immediate return to the pharmacy and organisation or reattempt of delivery.

3.10 Controlled Drugs (CDs)

3.11 Controlled Drugs will be delivered nationally by internally trained drivers:

3.11.1 Drivers will receive training covering safe custody requirements, CD legislation, and verification procedures.

3.11.2 Failed deliveries will be returned directly to the pharmacy for secure storage and redelivery arrangements in accordance with the Misuse of Drugs Regulations.

3.12 External couriers will only be used following approval of their CD-handling capability and evidence of secure processes.

3.13 Draft SOPs relating to failed deliveries have been provided to demonstrate robust governance.

3.14 Clarification Regarding Collection Points

3.15 The current operating model will not utilise any collection points. Any reference in draft SOPs refers solely to potential future service expansion.

3.16 Should a collection-point model be adopted in the future:

3.16.1 Medicines will continue to be dispensed and checked at the registered DSP premises.

3.16.2 Any approved collection point would be secure, controlled, confidential, and compliant with all DSP requirements.

3.16.3 No patient would attend the DSP premises for collection under any circumstances, in line with Regulation 25.

3.16.4 Any arrangement would be fully documented and supported by appropriate SOPs.

3.17 The applicant confirms that no collection point exists at present and that the DSP premises will not offer face-to-face collection.

3.18 Provision of Appliances Requiring Measuring or Fitting

3.19 Where appliances require measuring or fitting:

3.19.1 These services will be performed off-site at the patient's location (home address), not at the DSP premises, ensuring compliance with the prohibition on face-to-face services at DSP sites.

3.19.2 All such services will be carried out by a pharmacist, as required by Paragraph 8(4) of Schedule 4 of the 2013 Regulations.

3.19.3 External pharmacist-contractors will be utilised where appropriate and offered nationally.

3.20 This arrangement ensures no interruption to the essential services provided at the DSP premises during core or supplementary hours. (draft SOP provided with appeal letter to show robust procedures and compliance)

3.21 SOPs for Temporary Absence of the Responsible Pharmacist (RP)

3.22 The SOP relating to temporary RP absence reflects contingency arrangements only, such as:

3.22.1 Unexpected delays from illness, accidents, or transport issues.

3.23 The SOP ensures:

3.23.1 Immediate action to secure RP cover.

3.23.2 No essential services are provided without appropriate RP oversight.

3.24 The applicant acknowledges:

3.24.1 A pharmacist must be physically present throughout all core and supplementary hours (Medicines Act 1968; para. 8(2) Schedule 4).

3.24.2 DSP pharmacies must provide 40 core hours per week in accordance with para. 23(1)(a).

3.25 The SOP supports—not contradicts—this requirement.

3.26 Electronic Prescription Service (EPS) and Nomination Processes

3.27 Draft SOPs for:

3.27.1 Electronic Prescription Service (EPS)

3.27.2 Nomination processes has been provided.

3.28 This includes the process for changing nomination.

3.29 These have been submitted to the NHS Litigation Authority (NHSLA) and will be updated as required. These ensure full compliance with NHS England guidance.

3.30 Premises Layout and Confidential Communication Requirements

3.31 A detailed floor plan has been provided with this application. The layout ensures:

3.31.1 Secure separation of operational areas.

3.31.2 Protection of confidential information.

3.31.3 Facilities for confidential communication with patients via telephone, live audio link or live video link, in full compliance with Regulation 25(4)(d).

3.32 Overall Compliance and Adequacy of Information Provided

3.33 The applicant has supplied:

3.33.1 The completed original application

3.33.2 A full suite of draft SOPs

3.33.3 A premises floor plan

3.33.4 Detailed operating procedures addressing all essential-service requirements

3.34 The information provided demonstrates that:

3.34.1 The DSP will operate safely, effectively, and in full compliance with Regulation 25.

3.34.2 All national essential services will be provided without restriction.

3.34.3 No face-to-face essential services will be offered at or from the premises.

3.34.4 Appropriate systems, governance, and SOPs are in place for safe delivery, CD management, EPS, confidentiality, RP oversight, and service continuity.

3.34.5 Conclusion

3.34.6 For the reasons outlined above, and with the supporting documentation already submitted, the application clearly satisfies the statutory criteria for inclusion in the pharmaceutical list as a Distance-Selling Premises.

3.34.7 We therefore respectfully request that the Secretary of State allow this appeal and overturn the decision of Derby and Derbyshire ICB."

4 Summary of Representations

This is a summary of representations received on the appeal.

4.1 PCT Healthcare Ltd

4.1.1 "Thank you for your letter dated 16 December 2025 regarding the above application. PCT Healthcare Limited wish to make the following written representations on this application.

4.1.2 PCT Healthcare Limited wish our representations sent to PCSE dated 7 August 2025 to be fully considered regarding this appeal; a copy is attached for convenience to these representations.

4.1.3 PCT Healthcare Limited agree with the Commissioner's decision to refuse this application.

4.1.4 Pharmacy Layout

4.1.5 The applicant makes reference to video calls and video links four times in the appeal. The first mention of the video link is on page 4. Within the pharmacy plan there is no consultation room or private space, which is contrary to the Remote and Video Consultations: Guidance for Community Pharmacy Teams. NHS England » Remote and Video Consultations: Guidance for Community Pharmacy Teams

4.1.6 There is no detail within the application that the staff from the shop on the ground floor have their own staff room or toilet facilities. PCT Healthcare Limited want NHS Resolution to ensure that no employees from the ground floor have access to the pharmacy premises.

4.1.7 Image of 15 Bath Street, Ilkeston below. [image provided to Committee]

4.1.8 With regards to page 22 Section: Delivery of Urgent Supplies

4.1.9 PCT Healthcare Limited wish to reiterate that in a distance selling pharmacy the services offered must be comparable to every patient throughout England irrespective of their location. The implied disparity of service for patients close to Ilkeston versus those outside the applicant's description of *"local deliveries*", implies that the applicant will offer differing essential service provision to patients based on their geography which is clearly against the Regulations for a Distance Selling Pharmacy.

4.1.10 For example how shall Regulation 64(3) be complied with for a patient in Southampton with a fridge line or a Controlled Drug which is subject to a missed delivery.

4.1.11 This disparity is again reiterated on page 26 of the appeal:

4.1.12 *"If the delivery to patients is local, this will be undertaken by the delivery driver. All other nationwide deliveries (other than fridge lines) will be delivered by Royal Mail special delivery or courier and signed for by the patient, their notified carer or other patient authorised representative."*

4.1.1 Again, on page 26:

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

4.1.3 This application is required to fully meet the criteria within Regulation 25, and we wish NHS Resolution to specifically consider Regulation 25(2)(b) regarding this application.

4.1.4 How shall Regulation 64(3) be complied with regarding the provision of services to persons anywhere in England who request pharmaceutical services from the applicant? Pharmaceutical services cannot be limited to a locality and must be available on a nationwide basis; there are no specifics within the application indicating how this requirement shall be met.

4.1.5 This application does not fully explain how this will take place. No where within the application are the details of how patients shall receive medication ordered which are controlled drugs or fridge lines when the patient may live within Falmouth, Cornwall, for example.

4.1.6 On page 49 of the appeal Section 3a indicates to staff members how to operate the pharmacy in the absence of a Responsible Pharmacist.

4.1.7 On page 72 of the appeal document Sections 17.13 up to 17.17, these sections within *the "Transfer to the customer via deliver, post…"* imply that delivery drivers and couriers are in possession of patient's prescriptions. This is not appropriate as these items could be lost or misplaced and lead to GDPR issues.

4.1.8 Section 17.13 states *"collection"* which is not allowed within the Regulations for a DSP.

4.1.9 This application is required to fully meet the criteria within Regulation 25, and we wish NHS Resolution to specifically consider Regulation 25(2)(b)(ii) regarding this application. PCT Healthcare Limited does not believe that the applicant has given sufficient information and documentation to meet this requirement of the regulations.

4.1.10 Additionally on page 83 of the appeal, Section 26.12.

4.1.11 This section states *"handed out"* which implies face to face contact within the proposed pharmacy which is contrary to the Regulations.

4.1.12 Conclusion

4.1.13 We do not believe this applicant has given sufficient evidence that the full range of essential services shall be offered to all persons in England presenting prescriptions during the proposed pharmacy opening hours.

4.1.14 We do not believe that essential services shall not be provided face to face.

4.1.15 We do not believe that there is sufficient evidence provided that the pharmacy shall have a responsible pharmacist in charge of the pharmacy, at the premises throughout the full opening hours.

4.1.16 PCT Healthcare Limited urge NHS Resolution to confirm the Commissioners decision and refuse this Distance Selling Pharmacy application.

4.1.17 PCT Healthcare Limited would like to be informed of the outcome of this application, and we would wish to attend an Oral Hearing, should one be deemed necessary."

Letter from PCT Healthcare Ltd dated 7 August 2025

4.1.18 "Thank you for your letter dated 11 July 2025 regarding the above application.

4.1.19 PCT Healthcare Ltd wish to make written representations on this application.

4.1.20 PCT Healthcare Limited t/a Peak Pharmacy operates two pharmacies on the distribution list:

4.1.21 FJK11, Peak Pharmacy, 27-29 Bath street, Ilkeston, DE7 8AH

4.1.22 FJ785, Peak Pharmacy, 66 South Street, Ilkeston, DE7 5QL

4.1.23 We urge NHS England to complete fully the necessary Fitness to Practise requirements, we note that in section 1.3 of the application Fitness to practise information was provided to Nottinghamshire and Derbyshire NHS area team in 2024.

4.1.24 We cannot see that an application was submitted in 2024 so how could fitness to practise information be submitted as per the Regulations?

4.1.25 We note that a directors of Getglo Aesthetics, are directors for several of Companies and we would urge NHS England to review that the Fitness to Practice information remains up-to-date and accurate as required by the Regulations.

4.1.26 This application is required to fully meet the criteria within Regulation 25, and we wish NHS England to specifically consider Regulation 25(2)(b)(ii) regarding this application, in addition this application must satisfy Regulation 64 of the NHS (Pharmaceutical Services) Regulations.

4.1.27 In addition we ask NHS England to assure themselves that the correct Standard Operating Procedures (SOPs) are sufficiently robust."

4.2 Community Pharmacy Derbyshire

4.2.1 "Thank you for sending the appeal documents received for the above distance selling pharmacy application. Community Pharmacy Derbyshire committee reviewed the appeal information and would like to make the following comments:

4.2.1.1 Community Pharmacy Derbyshire stand by the points raised in original response (copy attached).

4.2.2 Community Pharmacy Derbyshire would like the opportunity if it arises, to be able to comment further and attend any hearings, as well as be kept informed of progress. Thank you."

Letter from Community Pharmacy Derbyshire dated 22 August 2025

4.2.3 "Thank you for sending the details for the above distance selling pharmacy application. This was discussed by Community Pharmacy Derbyshire and the committee would like to make the following comments:

4.2.3.1 Community Pharmacy Derbyshire would like to request that NHSE have regard to regulation 25(2), which states that NHSCB must refuse the application unless it is satisfied that procedures of the proposed pharmacy premises will allow for the uninterrupted provision of essential services during the opening hours stated on the application from anywhere in England

4.2.3.2 Furthermore, the safe and effective provision of essential, advanced and enhanced services when regulations are changed must be assured without face-to-face contact.

4.2.3.3 NHSE needs to be assured that the applicant has a consultation room that meets the CPCF criteria to comply with the regulations.

4.2.4 Community Pharmacy Derbyshire would like the opportunity if it arises, to be able to comment further and attend any hearings, as well as be kept informed of progress. Thank you."

5 Summary of Observations

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

6 Consideration

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

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

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

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

Regulation 31

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

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

(2) This paragraph applies where -

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

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

(ii) adjacent premises; and

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

6.6 The Committee noted that the Applicant, in its application, had stated "*There is no pharmacy or dispensing contractor next door or adjacent, therefore can not to be considered as the same service or same site.[sic]*" The Committee noted that the Commissioner had concluded under the heading "*Regulation 31 – refusal: same or adjacent premises*" that "*no grounds to refuse the application by virtue of this regulation*." The Committee, having noted the above and that

this has not been disputed on appeal, determined that it was not required to refuse the application under the provisions of Regulation 31.

Regulation 25

6.7 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."

6.8 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)

6.9 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)

6.10 As far as Regulation 25(2)(a) is concerned, the Committee had regard to the application form in which the Applicant states "*Not on same site or In same building as any PMS*." 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)

6.11 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.

6.12 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.

6.13 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.

6.14 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.

6.15 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.

Provision of services across England

6.16 In relation to the provision of essential services to persons anywhere in England, the Committee noted the comments in the appeal that:

6.16.1 *"The applicant reiterates full compliance with all elements of Regulation 25, including that:*

Services will be provided to persons anywhere in England, without restriction.

No essential services will be provided face-to-face at or from the premises.

The pharmacy will be able to safely provide all essential services during contracted hours.

Arrangements will ensure confidential, real-time communication with patients by telephone and live audio-visual link.

SOPs will be maintained, reviewed, and updated in line with statutory obligations and NHS England guidance."

6.17 The Committee noted SOP 26, 'Delivery of Medicines' states:

6.17.1 "*26.11 Dispensed medicines should normally be supplied directly to the patient or their representative. In our business model, for NHS dispensing, this means via our National and Local delivery service or Collection Points. Where patient counselling is required over the telephone, the pharmacist should be involved.*"

6.18 The Committee further noted the comments in the application form that states:

6.18.1 "*All Essential Services will be delivered in accordance with:*

Company Standard Operating Procedures

NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

NHS Act 2006

Human Medicines Regulations 2012

RSGP – Professional Standards and Guidance for Internet Pharmacy Services 1.32.6 PSNC –

Guidance on Internet Selling Pharmacies

GPhC – Professional Standards and Guidance on Distance Selling Pharmacies

This will ensure that the Applicant provides safe, effective and uninterrupted provision of all essential services to persons anywhere in England who request those services during the opening hours of the premises. Essential Services will be provided without face to face contact between anyone receiving the services, whether on their own or someone else's behalf, and the pharmacy staff."

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

Essential services will be provided on an uninterrupted basis

6.20 The Committee noted the Applicant states under the heading '5. SOPs for Temporary Absence of the Responsible Pharmacist (RP)' that:

6.20.1 "*The SOP relating to temporary RP absence reflects contingency arrangements only, such as:*

Unexpected delays from illness, accidents, or transport issues.

The SOP ensures:

Immediate action to secure RP cover.

No essential services are provided without appropriate RP oversight.

The applicant acknowledges:

A pharmacist must be physically present throughout all core and supplementary hours

*DSP pharmacies must provide **40 core hours per week** in accordance with para. 23(1)(a).*

The SOP supports—not contradicts—this requirement."

6.21 The Committee had regard to SOP 3b 'When the Responsible Pharmacist has not arrived', which states:

6.21.1 "*In the absence of a Responsible Pharmacist, staff must follow SOP 3b*

…

3b. When the Responsible Pharmacist has not arrived

Prescriptions cannot be delivered out and electronic sales cannot be made. The pharmacy will act as closed

A pharmacy assistant must remain within the pharmacy area to signpost non face to face

ask phoning customers to call back or direct them to the nearest open pharmacy

Arrange immediate cover.

Inform superintendent

…

Notify all local surgeries, by phone, of any closure longer than one hour

When the pharmacist arrives the pharmacy will trade as usual. Inform the superintendent, NHSE/PCO etc as soon as possible."

6.22 The Committee noted the statement in the application form that stated that "*Any breaks or interruptions in working time taken by the RP will be covered by a second pharmacist who will then assume the responsibility of the RP*." The Committee was mindful of the Commissioner's comment that the SOPs provided "*for operating in the temporary absence of the RP…could indicate they may not be able to provide assurance of the uninterrupted provision of essential services*." The Committee acknowledged that the Applicant's SOPs refer to the process to be followed in the event that the Responsible Pharmacist fails to arrive at the pharmacy premises. However, the Committee had concerns whether "arrange immediate cover" was sufficient evidence to demonstrate *how* uninterrupted services could be provided if the Responsible Pharmacist did not turn up.

6.23 The Committee noted that the Applicant sought to address this issue in its appeal, stating that the SOP "*relating to temporary RP absence reflects contingency arrangements only, such as: Unexpected delays from illness, accidents, or transport issues*." Nevertheless, the Committee concluded that it was not satisfied, on balance, that the uninterrupted provision of essential services would be secured, as it could not be assured that a pharmacist would be continuously present during opening hours.

Without Face to Face Contact

6.24 The Committee noted the following information in the Applicant's application form:

6.24.1 "*The Applicant's wholly Internet/Delivery Pharmacy will operate from secure premises, with a controlled entry system, to which members of the public will not have access.*

Access to information about the provision of NHS Essential Services will be achieved by using:

Telephone

Website/ Pharmacy App on mobile phones

The 'E Commerce' website will enable patients or their carers to communicate remotely but directly allowing quick and easy access and provide clear unambiguous details of how safe, efficient, uninterrupted NHS Essential Services will be provided by the Pharmacist and qualified, knowledgeable, experienced support staff on duty throughout the opening hours of the pharmacy premises without having 'face to face' contact with the patient or their representative.

Email

Postal services

All NHS services will be delivered free of charge in accordance with the NHS Act 2006.

Essential Services will be delivered by using:

Telephone, including text messaging where appropriate

Electronic Prescription Service (EPS)

Website

Email

Royal Mail postal service

Courier service

Specialist Waste Management Services

We also intend to promote the use of free video-conferencing services such as Skype so that patients have a better chance of getting to know their pharmacy staff. Such services do not constitute 'face-to-face' contact under the Regulations and can be a particularly efficient way of interacting with patients and gaining rapport, as they are more personal than a basic telephone service. Many people now have the ability to use

services like this via their mobile phones at any location where they can find a wireless internet signal."

6.25 And further under the heading *"Repeat Dispensing Services",* it states*:*

"The Terms of Service require pharmacy contractors to ensure that appropriate advice about the benefits of repeat dispensing is given to any patient who—

has a long term, stable medical condition (that is, a medical condition that is unlikely to change in the short to medium term), and requires regular medicine in respect of that medical condition, including, where appropriate, advice that encourages the patient to discuss repeat dispensing of that medicine with a prescriber at the provider of primary medical services whose patient list the patient is on.

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

6.26 The Committee further noted the front page of the Applicant's SOPs states:

6.26.1 "*When reading and applying these SOPs it must be borne in mind at all times that under our NHS contract we are not allowed any face to face contact with patients at our registered premise*."

6.27 The Committee was mindful of the change to the wording of the Regulations which now states:

"*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*." [emphasis added]

6.28 The Committee was of the view that there was nothing provided in the information submitted by the Applicant which demonstrated that "pharmaceutical services" would be provided by face to face contact at the pharmacy premises.

6.29 The Committee was also 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. As a result of this amendment, the Committee noted that the Applicant would not be able to provide any pharmaceutical services to patients present at its premises.

6.30 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.

6.31 The Committee was not satisfied that the provision of essential services would be without interruption. The Committee was satisfied that the provision of essential services would be available to persons anywhere in England and that

pharmaceutical services would be provided without face to face contact. The Committee went on to consider whether the safe and effective provision of pharmaceutical services was likely to be secured.

6.32 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.

6.33 The Committee paid particular attention to the following aspects of the essential services, which it considered were more difficult to provide safely and effectively in a distance selling context:

6.33.1 Dispensing of drugs and appliances

6.33.2 Urgent supply without a prescription

6.33.3 Preliminary matters before providing ordered drugs or appliances

6.33.4 Providing ordered drugs or appliances

6.33.5 Refusal to provide drugs or appliances ordered

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

6.33.7 Disposal service in respect of unwanted drugs

6.33.8 Promotion of healthy lifestyles

6.33.9 Prescription linked intervention

6.33.10 Health campaigns

6.33.11 Signposting

6.33.12 Support for self-care

6.33.13 Discharge medicines service

6.33.14 Websites and health promotion zones

6.34 The Committee was of the opinion that the procedures adopted by the pharmacy were not likely to secure the safe and effective provision by the Applicant of the following essential services:

Providing ordered drugs or appliances

6.35 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).

6.36 The Committee noted the Applicant states:

6.36.1 "*Cold-chain medicines will be transported exclusively in validated cold-chain containers:*

Internal delivery drivers will receive documented training in cold-chain handling.

Vehicles will be fitted with ***MHRA-compliant refrigeration units****, maintaining 2–8°C.*

Any breach of cold-chain integrity will classify the product as a ***failed delivery****, leading to return to the pharmacy and appropriate disposal.*

A redelivery attempt will be made once replacement stock is prepared.

Where external couriers are used:

They will be contracted ***only following superintendent-pharmacist approval*** *of their cold-chain capability.*

SOPs will ensure a robust process for failed deliveries, including immediate return to the pharmacy and organisation or reattempt of delivery."

6.37 The Committee noted the Applicant's comments in its appeal that they will use both internal delivery drivers and external couriers for delivering cold chain medicines. It was noted that in the Applicant's SOP 26 'Delivery of Medicines', under points 26.14 and 26.15, it states:

6.37.1 "*Cold chain MUST be maintained for fridge lines always using the appropriate containers supplied (COOL BOX) …*

If a cold chain item is to delivered use own driver. However if this is not available RP to organise cold chain courier whom is regulated by MHRA. Examples include Polar speed by UPS."

6.38 The Committee noted that the Applicant had outlined, within the application, the arrangements for the handling of cold chain items by external delivery companies:

6.38.1 "*A list of the approved cold chain couriers is available within the Pharmacy. Cold chain items should be stored in styrofoam filled cardboard boxes prior to being passed to the courier and marked with the "FRAGILE" and "FRIDGE LINE" stickers. Additional packing will not be required as the courier company will transport the boxes in vans with cold chain sections that protect the integrity of the box and are fully monitored. Pharmacy staff should be aware that some thermolabile products can be damaged by excessive cold as well as heat. Items such as ice packs can cause freezing in medicines which is damaging to them. The courier service is a dedicated, fully monitored and*

temperature controlled delivery service. Any breach of the cold chain is automatically notified to the driver who will then follow the failed delivery procedure and notify the pharmacy accordingly so that re-delivery can be arranged. Where the cold chain breach notice is issued items may not be re-used."

6.39 With regard to cold chain deliveries by the pharmacy employed driver, whilst the Committee noted reference to using "refrigeration units" and a "COOL BOX", there was nothing provided by the Applicant to demonstrate how this would appropriately maintain medicines at the correct temperature, the monitoring of the temperature and that an audit process or appropriate system is in place which would highlight any items, which might have ceased to be correctly refrigerated in transit and therefore be compromised, and how these would be prevented from being given to the patient.

6.40 Therefore, the Committee could not be satisfied, as it was required to be, that during transit with the pharmacy employed driver, the cold chain would be maintained and monitored throughout. Further there was no information to explain what would happen in the event of a breach of cold chain or failed/ missed delivery.

6.41 Based on the information before it, the Committee was not satisfied that the Applicant had provided information sufficient to show that there would be compliance with paragraph 8(1) of Schedule 4.

Discharge medicines service

6.42 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 regiment by the staff of an NHS trust and NHS foundation trust as part of arrangements linked to the transfer of care between different providers of NHS services.

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

6.44 The Committee noted that the Applicant had not indicated how it would be in a position to offer the above service.

6.45 The Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 22B and 22C of Schedule 4.

6.46 In relation to all other essential services, the Committee was, on balance, satisfied that procedures adopted by the pharmacy (and general adherence to the Terms of Service) would be "likely to secure" safe and effective provision.

Summary

6.47 On the information before it, the Committee could not be satisfied that there are procedures likely to secure the safe and effective provision of pharmaceutical services as required by Regulation 25(2)(b).

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

6.48.1 confirm the Commissioner's decision;

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

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

6.49 Although the decision reached by the Committee is ultimately the same as the Commissioner, it has done so for different reasons. Therefore, the Committee determined that the decision must be quashed.

6.50 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.

6.51 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.

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

7 Decision

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

7.2 The Committee:

7.2.1 quashes the decision of the Commissioner; and

7.2.2 redetermines the application as follows -

7.2.2.1 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;

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

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

7.2.2.4 the Committee was not satisfied that pharmaceutical services were likely to be secured in a safe and effective manner; and

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

7.2.3 The application is refused.

Case Manager
Primary Care Appeals