NHS Resolution

26 March 2026

REF: 26827

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APPEAL AGAINST NHS DERBY AND DERBYSHIRE ICB DECISION TO REFUSE AN APPLICATION BY CONNECT AF PHARMA LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT ROOM 4, 3 STAND ROAD, WHITTINGTON MOOR, CHESTERFIELD, DERBYSHIRE, S41 8SW 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:

Pharmaceutical Defence representing Connect AF Pharma Ltd
PCSE for Derby and Derbyshire ICB
PCT Healthcare Ltd for Peak Pharmacy (FAD98, FLH93, FHG30 and FCP63)
Community Pharmacy Derby and Derbyshire

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1 The Application

By application dated 12 June 2025, Connect AF Pharma Ltd ("the Applicant") applied to Derby and Derbyshire ICB ("the Commissioner") for inclusion in the pharmaceutical list at Room 4, 3 Stand Road, Whittington Moor, Chesterfield, Derbyshire, S41 8SW 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 "NONE"

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

1.4 [This was left blank.]

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

1.6 [This was left blank.]

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

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

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

1.11 “Please see attached pharmacy procedures

1.12 Please see attached Draft SOPs.”

Procedures Document:

1.13 “Connect AF Pharma Ltd Pharmacy Procedures

1.14 Connect AF Pharma Ltd has prepared a draft of their initial Quality Management System and SOPs in preparation for securing the distance selling contract and to support this application. These DRAFT SOPs cover the essential services as required to be delivered by NHS pharmacy contractors and have been written to suit the Distance Selling model. The Superintendent Pharmacist will be responsible for the management of the SOPs and for training all staff on the SOPs according to their role within the pharmacy. After induction training, understanding of the SOPs will be validated by the Superintendent Pharmacist before new staff commence their shift.

1.15 The pharmacy will have SOPs in place for the provision of essential services. It is pertinent to know that only some of the SOPs have been provided to help facilitate the application, any specific SOP can be provided if requested.

1.16 Connect AF Pharma Ltd will have a website which facilitates the following:

1.16.1 1. Patient accesses website via a secure log-in procedure;

1.16.2 2. Patient provides details of prescription,

1.16.3 3. Patient will be contacted by the pharmacy and medical history assessed.

1.16.4 4. Patient posts prescription to pharmacy and/or prescription received via EPS.

1.16.5 5. Item is dispensed and details added to PMR.

1.16.6 6. The medication is delivered nationwide via a tracked delivery service. There will be no charge to the patient for delivery of medication dispensed against NHS prescriptions. Any costs incurred for delivery will be met by the pharmacy.

1.17 The website has been built by a company called The Pharmacy Centre who are web developers that have experience within the pharmacy web development market. Each patient will have their own personal login account once registered which will include their own personalised password for added security. Upon patient consent the pharmacy will then nominate them for EPS. This will then enable us to deliver a service safely and effectively to anyone in England without face to face contact.

1.18 Communication between the pharmacy and patients will be facilitated by phone, fax, email and webcam. Records of all patient interactions will be maintained on the PMR in use at the pharmacy.

1.19 Connect AF Pharma Ltd has decided to use Proscript Connect as the software provider which will be a key tool in providing a safe and effective provision of service.

1.20 Connect AF Pharma Ltd is committed to having all staff trained by the National Pharmaceutical Association at a level suitable to their role. All training will need to be recognised and accredited by the GPhC and all staff will hold NVQ qualifications in Pharmacy Services. Staff and Responsible Pharmacists will also be provided with training on the SOPs relevant to their role. By following a set of SOPs, the pharmacy will be able to provide a safe and effective service that is patient-centric and outcome focussed.

1.21 The Superintendent Pharmacist will train all the staff members on the conditions of being a distance selling contractor. They will receive specific training on design patients without face-to-face contact, an example being how to elicit a comprehensive medical history by telephone or webcam.

1.22 Connect AF Pharma Ltd is comprised of one director, AT. AT is the nominated superintendent and has suitable pharmacy experience. AT will act in overseeing the operations of the pharmacy and will maintain role of the Information Governance Lead, Clinical Governance Lead and Smartcard Sponsor. A full-time Responsible Pharmacist will be employed to be in attendance during the opening hours. He will be supported by a staff team of one full- time and one part-time dispenser. This level of staff will be able to cover initial trade levels once the pharmacy is open and will ensure an uninterrupted provision of essential services during the opening hours. The team is expected to grow with the business and new members will be added as and when required.

1.23 The premises have been carefully chosen to prevent face to face contact for any person seeking the provision of essential services, in, or within the vicinity of the premises. No person who is seeking essential services under the NHS contract will be allowed entry to the premises. All entrances and exits will remain inaccessible to members of the public who are seeking the provision of essential services. An alarm system will cover the pharmacy premises which will notify the owner of unauthorised access when the premises are closed. All access routes will always be secured and kept locked when the premises not in use. Keys to the pharmacy premises will only be kept with authorised persons employed by the company. Schedule 1, 2 and relevant 3 drugs will always be stored in a locked CD cabinet. Security of premises will be reviewed

regularly. A chosen member of staff will be available for emergency outcall in case of a breach.

1.24 **Essential Service – Dispensing**

1.25 **Uninterrupted service**

1.26 Provision of service through the opening hours of the pharmacy will be maintained by having a Responsible Pharmacist present at all times during the pharmacy opening hours and having sufficient support staff at all times. The pharmacy website will run throughout these hours together with a phone, fax, email and webcam service. If the responsible pharmacist is required to leave the premises, a further pharmacist will be on hand to ensure that there is no break in pharmacist cover during the opening hours. This also includes any unforeseen circumstances in which case a pharmacist will be able to step in without notice to cover the opening hours and to ensure that the service is not interrupted.

1.27 **Persons anywhere in England**

1.28 Patients anywhere in England can access these services via our pharmacy website a direct phone line to the pharmacy, fax, email as well as webcam. Internet connections at the pharmacy will be provided by the NHS HSCN network via BT.

1.29 All prescriptions dispensed will be delivered using a dedicated courier service provided by City Sprint (www.citysprinthealth.co.uk). This will include the delivery of prescriptions received via post, fax and EPS. City Sprint will also be delivering cold chain items and CDs. This is addressed in the SOPs which have been included.

1.30 **Safe and effectively**

1.31 The service will be delivered safe and effectively by using SOPs to manage the process. Please see the attached SOPs provided to show examples of how the pharmacy will be managed safely and efficiently at all times.

1.32 We will have a suitable number of staff who will be trained to a minimum of an NVQ level 2 standards. This training will be undertaken by National Pharmaceutical Association (NPA) (www.npa.co.uk).

1.33 Requests from patients to show the Pharmacist visual symptoms of conditions will be done via a secure video link. All conversations will be recorded on the PMR in detail.

1.34 If patient counselling is required for any dispensed medication, the pharmacy will have procedures so this can be done via the telephone, videoconferencing or email before dispatch of medication. The pharmacy will require acknowledgment from the patient or another person that the counselling points have been understood. Patient interactions will be recorded on the PMR. A label will also be attached to the packaging asking the patient to contact the pharmacy for further details.

1.35 Prior to medication being delivered, staff will contact patient to confirm delivery address, date and time. Deliveries will be monitored with the online courier tracking service which will give real-time information and is also available as an app for smart phone and tablets.

1.36 All medication will be delivered in tamper-proof and seal-proof packaging. Several companies who produce packaging material have been researched with a view to order corrugated cardboard boxes and 5-panel wraps which are able to withstand a single trip. It will be packed so it is protected from the environment which may include using a double walled package design or using waterproofing on the packaging material. This will also ensure that the delivery person is protected from cytotoxics and sharps.

1.37 **Without face-to-face contact**

1.38 This service will be delivered without face-to-face contact via the pharmacy website as a communication link as well as telephone post/email/fax/webcam. A courier service will provide a third-party delivery if this is required when it would not be practicable to use the in-house delivery service.

1.39 If needed, Controlled Drug (CD) deliveries will be undertaken by City Sprint who are accredited to handle and transport CDs. Their drivers will deliver to patients at a pre-determined time and the CD's must be signed for on receipt. Their drivers will only deliver the CD to the named recipient and they will ask for photographic proof of ID. In the instance of a failed delivery attempt, City Sprint will return any CDs to their overnight safe storage facility and the pharmacy will be contacted to arrange alternative delivery date to patient.

1.40 City Sprint is approved by the MHRA and has fully trained couriers to deal with all pharmacy deliveries including controlled drugs and fridge items. As well as collecting prescriptions from surgeries and collection of unwanted waste medication from patients. This will ensure there is no face to face contact.

1.41 Delivery of Refrigerated Medicinal Products - For cold chain products, delivery times will always be pre-arranged with the patient to minimise the risk of failed delivery. The patient's contact number will be given to the City Sprint delivery driver so they can again call the patient approximately 15-30 minutes prior to so they can check that somebody will be at the address to receive the medication. Cold chain products will be packed in such a way as to ensure that the required temperatures are maintained throughout the journey and the medicines are transported in accordance with their labelling requirements to maintain product integrity.

1.42 For delivery of medication with short journey times of less than 3 hours, validated medical cool boxes will be used as recommended by the MHRA. For extended journeys, gels/ ice packs will be added to the packaging to maintain appropriate temperatures throughout. Extra caution will be taken with regards to the positioning of these packs within the consignments as this would be deemed extremely important as they must not be allowed to come into direct contact with the medicines being delivered. Temperatures will be strictly controlled and monitored with calibrated temperature probes to provide temperature data for the entire journey. This will be done by the courier driver.

Temperatures will be recorded at the beginning of the journey and again at the point of delivery to ensure it stays between 2-8°C. If the temperature is outside of the required range, then the product will be deemed unsafe to deliver, marked as waste and returned to the pharmacy for destruction. Thermometer(s) will be calibrated annually against a certified standard to ensure safe and effective use. When used to deliver medication, the City Sprint delivery driver must only remove the item from cold storage once the patient has answered the door and verified their identity. In the event of failed delivery, the cold storage item must be returned to the pharmacy as soon as possible, with the maximum and minimum temperatures again being recorded at the point of return. Once again, if temperature monitoring suggests that the medication may have been transported outside of the required range, then the product will be destroyed by the pharmacy and then item will be re-dispensed by the pharmacy. Once again, a new delivery will be agreed with the patient prior to redelivery.

1.43 Acute or Urgent Dispensing Requests – Any acute, urgent medication received by ETP or directly via courier from a surgery for patients anywhere in England can be dispensed and dispatched the same day using City Sprint who offer a 24 hour, 365 day service for any type of delivery.

1.44 If a prescription is received for an appliance which requires measuring and fitting, the patient will be telephoned and emailed to state that the pharmacy cannot provide this service because the pharmacy must operate without face to face contact. The patient will then be advised that they would need to have the prescription dispensed by a pharmacy where a pharmacist would be able to measure and fit the appliance. We would facilitate this by gaining the permission of the patient to contact their nominated pharmacy and explaining the situation. We would then return the prescription to the patient or to the NHS spine so that the prescription can be dispensed**.**

1.45 **Essential Service - Disposal of Unwanted Medication**

1.46 **Uninterrupted Service**

1.47 Provision for disposal of unwanted medications can be requested by any patients during the core opening hours of the pharmacy. This can be requested via telephone, fax, email or webcam. All staff will be trained to deal with such enquiries.

1.48 **Persons anywhere in England**

1.49 Patients anywhere in England can request for safe disposal of their unwanted medication from our pharmacy via phone, fax, email, post or webcam.

1.50 **Safe and Effectively**

1.51 Patients, anywhere in England, can contact the pharmacy for collection of their unwanted medicines. We will take details of medication being returned by patients and assess if we are allowed to take them. We would provide patients with adequate packaging so medication can be returned securely via City Sprint couriers at no charge to the patient. All legal records will be kept and we would have procedures in place to comply with Hazardous Waste Regulations and

we would keep any additional legal records such as those required for Controlled Drugs. Returned medication can be collected from patients' homes and residential homes but we will not be accepting from nursing homes. Returned medication will be stored in UN type containers provided by PHS.

1.52 Returned medication will be stored in UN type containers provided by PHS. Returned solid medicines/ ampoules, liquids and aerosols will be separated. Schedule 2 and 3 Controlled Drugs that are subject to safe custody regulations which are returned by patients will be segregated from other returned medicines and stored in compliance with the Safe Custody Regulations until they have been rendered irretrievable. As the Environment Agency has suggested that the denaturing of CDs is likely to constitute a waste treatment, the pharmacy will hold a waste management license. We will ensure that the courier collecting returned medication is registered as a waste carrier with each local environmental agency office that it operates in. We will keep full records of any waste collected and disposed of for at least three years.

1.53 **Without face-to-face contact**

1.54 Disposal of unwanted medication will be delivered without face-to-face contact via City Sprint couriers or, for local requests, out in-house delivery service. This courier service will provide a third party delivery. Patients would communicate with the pharmacy via phone, fax, email website, post or webcam. We have SOPs in place to ensure this service is offered without having them to be present the pharmacy.

1.55 **Essential Service – Signposting**

1.56 **Uninterrupted Service**

1.57 Provision of signposting can be done through the opening hours of the pharmacy via phone, fax, email, post, website or webcam. Staff will be trained to assess the need for signposting and if any doubt will refer the matter to the pharmacist.

1.58 **Persons anywhere in England**

1.59 Patients anywhere in England would be able to access the signposting service from the pharmacy via phone, website, email, post or webcam. During communication the pharmacy staff will assess the need for signposting and if any doubt will refer the matter to the pharmacist.

1.60 **Safe and Effectively**

1.61 We would contact the relevant NHS organisations in Scotland. Wales and Northern Ireland to obtain resources. Furthermore, we would have access to Macmillan, NHS Choices and NHS Direct websites, as well as full internet access to further on-demand resources. Depending on the nature of patient queries and assessment of the information provided by the patient we could then either contact patients for further information refer them to their GP or signpost them to a local NHS or non NHS service as appropriate. We will provide referral notes by email, fax and post to the appropriate health and social care providers in cases where the pharmacy is unable to meet the needs of the

patient. We will aim to ensure that patients are referred correctly to minimise inappropriate use of health and social care services. We will keep records of all referrals made on the PMR including any advice given to maintain audit trails.

1.62 **Without face-to-face contact**

1.63 Signposting will be delivered without face-to-face contact via the website email phone, post fax or webcam. All patients will communicate with the pharmacy via these methods and as such there will be no face-to-face patient interaction. The SOPs in place ensure we can deliver the service without face to face contact in a distance selling model.

1.64 **Essential Service - Repeat Dispensing**

1.65 **Uninterrupted Service**

1.66 Provision of repeat dispensing throughout the opening hours of the pharmacy will be maintained by phone, fax, email, post or webcam. The Responsible Pharmacist will have undertaken the necessary training and is competent to provide the repeat dispensing service. The CPPE certificate of the Responsible Pharmacist will be provided to the local NHS team for their records. During the opening hours the Responsible Pharmacist will be supported by a suitable trained team sufficient to deliver the repeat dispensing. The pharmacy IT system will be ETP compliant to allow for repeat prescriptions to be received electronically from surgeries anywhere in England that are ETP release 2 compliant. This will be promoted to patients as a quick way to receive prescriptions from participating surgeries for nominated patients repeat and acute prescriptions for quick despatch of medicines without any delay.

1.67 **Persons anywhere in England**

1.68 Patients anywhere in England can access the Repeat Dispensing service by signing consent form which is available on the website for anyone wishing to use the service. This consent from can be emailed, faxed or posted directly to the pharmacy. Patients from surgeries that are ETP 2 compliant will have their prescriptions sent and received at the pharmacy electronically almost instantly after the Doctor signs off the electronic prescription. The prescriptions medicines will be dispensed and despatched for delivery by our in-house delivery service or the courier without any delay.

1.69 **Safe and Effectively**

1.70 Repeat Dispensing will be delivered safe and effectively via the staff completing sufficient clinical and legal assessments before dispensing the medicine. Once a patient signs up we will obtain the batch prescription (both the Repeat Authorising Prescription RA and the Repeat Dispensing Prescriptions RD) either from the surgery, electronically or via post. Either the patient will contact the pharmacy via phone, email post, website or webcam to dispense the next RD instalment prescription or the pharmacy contacts the patient when they are due their next RD instalment.

1.71 Before each RD dispensing activity we will contact the patient to clarify which items are required and whether or not there has been a change in medical condition. If treatment needs to be reviewed by the prescriber, the patient will be notified by telephone and/or email. We will keep records of dates of dispensing for each individual batch for each patient, to monitor compliance. Records of interventions made by the pharmacist considered by the pharmacist to be clinically significant will be maintained on the PMR. These actions will ensure a safe and effective service is delivered for patients using the repeat dispensing service.

1.72 **Without face-to-face contact**

1.73 All repeat dispensing patients will be communicated without face-to-face contact via phone, email, post, fax or webcam. All medications will be delivered using our in-house delivery service or the City Sprint courier service and will maintain service delivery without face-to-face contact. We have SOPs in place to manage these services without face-to-face contact.

1.74 For patients who request our service and who are NOT signed up to the repeat dispensing service, we will request that they contact the pharmacy so that we can discuss their suitability for the service but also provide further information on the benefits of the service. The initial contact with the patient will be via a leaflet which will be included within their dispensed medication. Benefits will include saving time for the patient and the prescriber due to a decreased workload on both parties. A further benefit will include an improvement of medication safety as the pharmacy will check each and every request to ensure that the medication is still suitable before dispensing. During these checks, if a medication is flagged as being unsuitable or there are side effects, then the patient will be referred to the prescriber for discussion.

1.75 **Essential Service – Discharge Medicine Service**

1.76 **Uninterrupted Service**

1.77 Provision of discharge medicine service throughout the opening hours of the pharmacy will be maintained by phone, fax, email, post or webcam. The Responsible Pharmacist will have undertaken the necessary training and is competent to provide the discharge medicine service. The CPPE certificate for the Responsible Pharmacist will be provided to the local NHS team for their records. During the opening hours the Responsible Pharmacist will be supported by a suitable trained team sufficient to deliver the discharge medicine service. The pharmacy IT system will be compliant to allow for discharge medicine service to be undertaken via Pharmoutcomes website or the pharmacy dedicated NHS mailbox.

1.78 **Persons anywhere in England**

1.79 Patients anywhere in England can access the discharge medicine service via the phone, email, chat, video link. When the pharmacist identifies an intervention on the service he/she will communicate with the patient and other healthcare professionals. All interventions will be documented on their PMR record.

1.80 **Safe and Effectively**

1.81 Discharge Medicine service will be delivered safe and effectively via the staff completing sufficient clinical and legal training to provide the service. Hospitals will identify patients who will benefit from discharge medicine service and will send a referral to the patient's pharmacy via secure electronic system. When a referral is received, the pharmacist will review the information in the referral, including comparing the revised medicines prescribed to those the patient used before being admitted to hospital. If any issues are identified, these will be queried with the hospital or the general practice. Pharmacy team members will check whether there are any existing dispensed prescriptions waiting for the patient or any electronic repeat dispensing prescriptions on the NHS spine. If there are, these need to be checked to see if they are still appropriate for the patient. The pharmacist will have a consultation with the patient and/or their carer to check their understanding of what medicines they should now be using and to provide further advice. If there are medicines the patient is no longer using, we will offer to dispose of them, to avoid potential confusion in the future. When the first prescription for the patient is received by the pharmacy following discharge, there will be a check to compare the medicines prescribed by the hospital and those prescribed by the GP. If there are discrepancies or other issues, the pharmacist will try to resolve them with the general practice. The pharmacist must use their clinical judgement when considering their actions and recommendations in respect of the service and consider the duty of confidentiality to the patient when involving a carer in discussions about the patient and their medication regimen. Relevant information will be documented on the PMR/IT System for Stage 1, 2 and 3 to ensure continuity of the service.

1.82 **Without face-to-face contact**

1.83 All discharge medicine service patients will be communicated without face-to-face contact via phone, email, post, fax or webcam. All medications will be delivered using our in-house delivery service or the City Sprint courier service and will maintain service delivery without face-to-face contact. If medicines need to be returned, this will be done in accordance to disposal of unwanted medication. We have SOPs in place to manage these services without face-to-face contact. This discharge medicine service will ensure better communication of changes to a patient's medication when they leave hospital and to reduce incidences of avoidable harm caused by medicines.

1.84 **Essential Service - Public Health (Promotion of Healthy Lifestyles)**

1.85 **1. Prescription linked intervention**

1.86 **Uninterrupted service**

1.87 Provision of service through the core opening hours of the pharmacy will be maintained by having a Responsible Pharmacist rostered on for all opening hours and having sufficient support staff at all times. Provision of service through the core opening hours of the pharmacy will be maintained by the pharmacy website email and telephone.

1.88 **Persons anywhere in England**

1.89 Patients anywhere in England can access these services via the pharmacy website, phone, email, chat, video link or distribution of leaflets within the prescription that is delivered to the patient. When the pharmacist identifies an intervention on a prescription he/she will communicate with the patient and other healthcare professionals. All interventions will be documented on their PMR record.

1.90 **Safe and effectively**

1.91 This service will be delivered safe and effectively by pharmacists and appropriately trained staff. At risk patients will be targeted through prescription linked intervention. Opportunistic advice will be given by the pharmacist on specified healthy living/public health topics to patients who have their prescriptions fulfilled by the pharmacy. Staff will be trained to assess for prescription linked interventions and if any doubt will refer the matter to the pharmacist. In particular, patients with diabetes, coronary heart disease, high blood pressure, smokers and obesity. These patients will be identified through the type of medication being requested the patients PMR, or the online questionnaire completed by new patients. Once a prescription linked intervention has been made, a note will be made on the patient's PMR. This note will ensure continuity of advice and as a reference for future interactions with the patients.

1.92 **Without face-to-face contact**

1.93 The service will be delivered without face-to-face contact via telephone, email, live chat or video link. Any educational material relating to certain conditions can also be sent in the post or inserted into the packaging of any dispensed prescriptions. We have SOPs in place to manage these services without face-to-face contact.

1.94 **2. National Health Campaign**

1.95 **Uninterrupted Service**

1.96 Provision of service through the core opening hours of the pharmacy will be maintained by the pharmacy website, telephone, fax email, web chat or video link. Promotional material prepared by the Local Area Team and/or Public Health England will be made available for any patients. Trained staff will be available at the pharmacy to run the campaigns during the opening hours.

1.97 **Persons anywhere in England**

1.98 Patients anywhere in England can access these services via the pharmacy website, telephone, email, live chat, video link as well as sending out printed leaflets. The website will have a specific area for current health campaigns and allow outbound links to accredited organisations and clear routes to further resources.

1.99 **Safe and Effectively**

1.100 This service will be delivered safe and effectively. The pharmacy will contribute in up to 6 campaigns as directed by NHS England and Public Health England.

Other campaigns may be advised by the Local Area Team/Health and Wellbeing Board. Throughout the campaigns the pharmacy will maintain a record of the number of people that receive the advice to ensure traceability. The pharmacy will use the approved content provided by the relevant bodies. This may include briefing packs, patient literature, NHS funded merchandise or services.

1.101 **Without face-to-face contact**

1.102 The service will be delivered without face-to-face contact via the pharmacy website telephone, email or live chat. We have SOPs in place to manage these services without face to face contact.

1.103 **Essential Service - Support for Self Care**

1.104 **Uninterrupted Service**

1.105 Provision of service through the core opening hours of the pharmacy will be maintained by having a Responsible Pharmacist rostered on for all opening hours and having sufficient support staff at all times. Communication links to maintain the service through the core opening hours of the pharmacy will be via the pharmacy website, telephone, email, live chat or video link.

1.106 **Persons anywhere in England**

1.107 Patients anywhere in England can access these services via the pharmacy website, telephone, email, live chat or video link. The majority of interactions will come whilst giving advice to the patient using these methods.

1.108 **Safe and Effectively**

1.109 Support for self care will be delivered safe and effectively. Pharmacy staff will provide advice to patients including carers requesting help with the treatment of minor illness and long term conditions, including general information and advice on how to manage illness. Using website or telephone consultation, we can assess patients using a protocol based on the WWHAM model. Visual symptoms can be accessed via a video link if necessary. The pharmacy staff will advise on the appropriate use of the wide range of non prescription medicines which can be used in the self-care of minor illness and long term conditions. When appropriate pharmacy staff will make healthy interventions in a similar manner to that provided in promotions of healthy lifestyle service. When appropriate and where necessary, pharmacy staff will signpost patients to other health and social care providers. Records of advice given, products purchased or referrals made will be put on to the patients PMR when the pharmacist deems it to be of clinical significance. Any medication sold online will be sent to the patient via City Sprint couriers.

1.110 **Without face-to-face contact**

1.111 This service will be delivered without face-to-face contact via telephone, email, live chat or video link. Support for Self-Care will be prevalent in all patient interactions which will be maintained using these methods. Any deliveries of OTC products will be made using City Sprint courier who will act as a third

party. We have SOPs in place to manage these services without face-to-face contact.

1.112 **Essential Service - Clinical Governance**

1.113 There will be a named Clinical Governance Lead who will also be the Superintendent Pharmacist, Ahmad Tanwir.

1.114 **Patient and public involvement**

1.115 A practice leaflet will be easily accessible on the front page of the pharmacy website and we will also supply a paper copy to all patients when first delivering to them. Updated leaflets will sent to all registered patients should there be any significant changes. All services provided by the pharmacy will be listed on the leaflet and whether the service is funded by the NHS or privately. In addition, the pharmacy will produce an annual patient satisfaction survey presented to patients who use our service electronically and along with delivery of medication. Patients will have the option to return the satisfaction surveys electronically or through the post via a pre-paid envelope. The results of the patient satisfaction survey will be published on the pharmacy website and practice leaflet. The results will feed into the pharmacy's continuous quality improvement scheme.

1.116 The pharmacy will also have in place procedures to deal with complaints which will be regularly reviewed to allow us to improve our performance compliant with GPhC guidance. The employed Pharmacy Manager will deal with any complaints. Procedures to deal with medication owed to patients will also be in place and patients given a written note either via email or along with their delivery of medication to inform them of exactly what is owed and when the medication is expected to be supplied. Notes of medication owed will be kept on the PMR and regularly reviewed so stock levels can be adjusted appropriately.

1.117 **Clinical audit**

1.118 The pharmacy will participate in a minimum of two clinical audits annually. At least one practice based audit and one multidisciplinary audit determined by NHS England, the Area Team or any other relevant organisation. Suitable personnel will be made available to ensure these audits are carried out.

1.119 **Risk management**

1.120 All incident reporting will be carried out in the pharmacy and this will involve near misses using the GPhC near miss template and help identify trends or highlight weaknesses in pharmacy systems and procedures and would be rectified promptly. Any patient safety incidents will be reported to the National Patient Safety Agency (NPSA) online. We will analyse and learn from any patient safety incidents through a system of regular reviews. In addition, the pharmacist will be proactive in considering and preventing potential risks. This will include competence in risk management and the application of Root Cause Analysis. Health and Safety legislation will be complied with in order to reduce the risk of harm to pharmacy staff and the public.

1.121 All patient safety communications received at the pharmacy either by fax, email or post will be actioned by the Pharmacist and pharmacy staff promptly and records of this will be kept at the pharmacy for audit purposes. We will have adequate facilities in place to be able to dispose of any confidential waste. NHS Code of Practice on Confidentiality will also be met.

1.122 Connect AF Pharma Ltd have produced DRAFT- Standard Operating Procedures (SOPs) at this point in time to cover the Essential Services. These procedures will continue to be developed up until when we secure the contract and commence trading. The SOPs will be reviewed at a minimum annually or a result of changes in best practice, new regulations or as a corrective action following any adverse incidents. The Superintendent Pharmacist will be responsible for the maintenance of the SOPs and training all staff in the SOPs relevant to their role.

1.123 All pharmacy staff will be trained in and aware of child and vulnerable adult safeguarding procedures, and have access to safeguarding arrangements and reporting to all areas of United Kingdom via access to internet at the pharmacy. Any documentation will be kept for audit purposes.

1.124 **Staffing and staff management**

1.125 There will be a set of induction packs at the pharmacy to ensure that all have access to all necessary Clinical Governance information. Appropriate training will be given to all staff relevant to their positions in the pharmacy. Staff appraisals will be conducted regularly to ensure that all members of staff meet GPhC standards. If standards are not met then support will be offered and remedial action taken. We would expect Pharmacists and any registered technicians to demonstrate continual professional development and keep records of events to meet GPhC requirements.

1.126 **Education, training and continuing professional and personal development**

1.127 All pharmacists working at the pharmacy are able to demonstrate a commitment to continuing professional development (CPD), via a CPD record and this will be in line with the national RPSGB scheme. Any necessary accreditation will be achieved prior to provision of any advanced or enhanced services.

1.128 **Use of information to support clinical governance and health care delivery**

1.129 Pharmacy staff will have full access to up to date reference sources such as the BNF and Drug Tariff and with appropriate IT links with electronic reference sources. Connect AF Pharma Ltd will ensure all employees will comply with data protection and confidentiality, including the Data Protection Act 2018, Human Rights Act 1998 and common law of confidentiality Connect AF Pharma Ltd will ensure that all employees will conform to the NHS Code of Practice on confidentiality and will have systems and policies in place to support this including ensuring all staff are appropriately trained. Employee contracts will include a duty of confidence as a specific requirement linked to disciplinary procedures.

1.130 Pharmacists will be using their own professional judgement to make records of interventions they have made and any advice they may have given. Connect AF Pharma Ltd will ensure that NHS direct are aware of the pharmacy's actual working hours so that they can provide appropriate information to members of the public.

1.131 **Proof of exemption/prescription charges**

1.132 If the patient is under 16 or over 60 years of age and the date of birth is printed on the front of the prescription then no check of exemption status is required. The pharmacy will make use of real time exemption checking (RTEC) via the PMR system if appropriate. For all other exemptions, the pharmacy will make contact with the patient and ask them for proof of their exemption. The pharmacy will ask patients to send proof of exemption to the pharmacy via post, fax or as an email attachment. The exemption details can also be updated on the secure pharmacy website. The pharmacy will keep records of exemption on the PMR, including when the exemption runs out or expires. On each dispensing occasion, we would verify exemption details and seek explicit permission from the patient if they would like the pharmacy to fill in the back of the prescription on their behalf. We would make a record each time the patient gave us permission to fill in the back of the prescription on their behalf so there is an audit trail. If the patient wishes to fill in the back of the prescriptions themselves we would send the prescription to the patient via courier for them to fill in and return to us. This could be done at the same time as the medication is being delivered or prior to delivery depending on patient preference. If patient is unable to provide proof of exemption, the pharmacy would mark the back of the prescription to indicate that the exemption has not been seen. Where prescription charge(s) need to be taken, the pharmacy will have facilities in place whereby card details can be taken over the telephone or via a secure internet site. The pharmacy will cover the cost of postage by arranging for an insured courier to collect prescription charges nationally via a tracked service.

1.133 **Additional Information**

1.134 We will maintain a high level of standards regarding the premises in terms of cleanliness in order to ensure good working conditions and minimise risks of infections. This will be covered in our SOPs and also by having a cleaning rota that is monitored. All staff will be trained on basic hygiene and hand washing issues and appropriate materials will be provided to promote this."

1.135 [SOPs were provided however they have been superseded by SOPs provided with the Appeal at Appendix A].

2 Comments to the Commissioner

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

In the interests of transparency and fairness, NHS Resolution sought to rely on the discretion afforded in paragraph 7 of Schedule 3 of the Regulations to vary the normal procedures and circulate these comments to parties for them to make observations on them if they so wished.

2.1 PHARMACEUTICAL DEFENCE REPRESENTING THE APPLICANT

2.1.1 “We have received the representations from other contractors/ interested parties regarding the proposed DSP.

2.1.2 All 3 of the representations that have been received offer no cogent evidence regarding any of the comments made.

2.1.3 From a more general viewpoint, all the parties who have responded have made vague comments regarding the evidence provided by Connect AF Pharma in support of the DSP application.

2.1.4 With reference to the representations made by the Health and Wellbeing Board, the response is extremely vague and does not address any evidence provided by the applicant in support of their application. The vague response, our opinion, is an attempt to sway the committee away from its real function which is to assess the application using the relevant tests pursuant to Regulation 25 and 64.

2.1.5 With reference to the representations made by the Community Pharmacy Derbyshire, their response has just reiterated when considering the tests that must be applied under Regulations 25 and 64. This response adds nothing, in our opinion, to the decision that the committee must make who are tasked with hearing this application.

2.1.6 Addressing the comments made by PCT Healthcare regarding the DSP application, we note that although they have mentioned the SOPs, the committee are reminded that it is not the function of the committee to approve or disapprove of the SOPs as there are various ways that Connect AF Pharma could organise itself in order to comply with the various requirements of the Regulations. The comments made by PCT Healthcare are irrelevant to the decision that the committee must make in respect of the tests in Regulations 25 and 64.

2.1.7 We say the representations made by PCT Healthcare are borne not out of altruist intentions but are out of fear of losing NHS Market Share to another provider. The committee are reminded that they must assess the DSP application on the evidence before it and not concern itself with any possibilities which may occur or out of fear of losing market share. The committee must also, in our opinion, disregard such comments regarding where the SOPs were obtained from, whether the SOPs are robust enough and whether there has been evidence placed before it by PCT Healthcare regarding “what if” scenarios regarding deliveries. What is very concerning is that PCT Healthcare appear to be suggesting that the committee hearing this application also take on a pharmacy regulatory function which is the preserve and remit of the General Pharmaceutical Council.

2.1.8 The location of the DSP is an irrelevant concern as the committee have already been given reassurances that ALL NHS services under a DSP contract, if awarded, would be offered remotely i.e. not face to face.

2.1.9 We ask the committee to disregard all the comments made and to assess the application on the evidence presented already by ourselves. We urge the committee to find that ALL NHS services would be delivered without face-to-face contact and that this service would be uninterrupted during the core hours stipulated. Finally, we urge the committee to find that the services would be delivered in a safe, secure and effective manner."

3 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 26 November 2025 states:

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

3.1 "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."

Decision Report

3.2 "Connect AF Pharma Ltd, Room 4, 3 Stand Road, Whittington Moor, Chesterfield, Derbyshire, S41 8SW

3.3 Re: CAS- 370529-J9Y1H6

3.4 Fitness to practice

3.5 Fitness was reviewed and approved by a Senior Commissioning Manager within Derby and Derbyshire ICB.

3.6 Regulation 25 – Distant Selling Premises Applications

3.7 Regulation 25 (1)

3.8 The application is for a distance selling premises and therefore section 129(2A) of the NHS Act 2006 doesn't apply.

3.9 Regulation (25)(2)(a)

3.10 The applicant's premises 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. There are therefore no grounds to refuse the application by virtue of this regulation.

3.11 Regulation 25(2)(b)(i) - Is the applicant seeking to restrict the provision of essential services in any way?

3.12 The applicant has provided supporting information and has confirmed within part 4 of the application form that they will provide all Essential services set out in paragraphs 3 to 22, Schedule 4 of the National Health Services (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended.

3.13 Regulation 25(2)(b)(ii) - Does any element of essential service provision involve face to face contact with the applicant or their staff?

3.14 The documentation SOP's and procedures provides some assurance in relation to most aspects of how the pharmacy will safely and effectively deliver pharmaceutical services without face-to-face contact.

3.15 The contractor has not provided information to show full compliance with all the elements of regulation 25.

3.16 There is no clear evidence that explains how dispensed items will be provided for repeat dispensing, and no structured or recorded method for providing information to patients about the benefits of repeat dispensing.

3.17 There is no clear evidence of how the applicant would deal with Urgent supply without prescriptions.

3.18 There is no clear evidence of any trigger mechanism or documentation template or links to local or national lifestyle support services. ie heart disease, diabetes, etc.

3.19 There [sic] sops refer to a pharmacy not relating to this application, concerns that the sops are not their own.

3.20 As a result, the application only partially demonstrates compliance with the expectations for safe and effective service delivery under a distance-selling model.

3.21 The applicant has not provided information to show full compliance with all the elements of regulation 25.

3.22 **Regulation 31 – Refusal; same and adjacent premises**

3.23 No persons on the pharmaceutical list (which may or may not be the applicant) is providing or has undertaken to provide pharmaceutical services from

3.23.1 The premises to which the application relates, or adjacent premises and

3.23.2 The Integrated Care Board 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 chemists premises should be treated as the same site).

3.24 There are therefore no grounds to refuse the application by virtue of this regulation.

3.25 **Regulation 66 - conditions relating to providing directed services**

3.26 The committee should note that not all services are commissioned by the ICB/NHSE.

3.27 No advanced or enhanced services are to be provided.

3.28 As such, Regulation 66(4) does not apply, and no condition under Regulation 66(5) is required in relation to the provision of advanced services.

3.29 **Decision**

3.30 The contractor has not provided information to show full compliance with all the elements of regulation 25, so the committee determined the application is to be refused.

3.31 **Third party rights of appeal**

3.32 Appeal rights will only be given to the applicant."

4 The Appeal

Using the online appeal form dated 15 December 2025, Pharmaceutical Defence representing the Applicant appealed against the Commissioner's decision. The grounds of appeal are:

4.1 "The decision letter and attached decision report did not contain enough information so that the applicant could be satisfied that the application had been fully considered.

4.2 Both the decision letter and reasons are attached were [sic] appropriate.

4.3 It is submitted that the decision letter and decision report provided by Derby and Derbyshire ICB:

4.3.1 1. Is woefully inadequate in that it contains little information as to why the committee reached the refusal decision AND / OR

4.3.2 2. Is woefully inadequate in that it contains very little information as to why the application does not meet the requirements of Regulation 25 AND / OR

4.3.3 3. The committee in the decision report appears to have:

4.3.3.1 a. Failed to take into account the full suite of SOPs provided by the applicant AND / OR

4.3.3.2 b. Failed to give adequate explanation that the committee have considered all of the SOPs AND/ OR

4.3.3.3 c. Primarily focused on areas which appear to have been predetermined by the committee namely repeat dispensing AND / OR

4.3.3.4 d. Explain how the committee applied the law to the application that they were tasked with deciding on AND / OR

4.3.3.5 e. Contained a predetermined decision which was to refuse the application AND / OR

4.3.3.6 f. Given inappropriate weight to representations made regarding the wording of the SOPs AND / OR

4.3.3.7 g. Taken into account matters which it should not have done so namely the wording within the SOPs without giving adequate explanation as to why the committee did so. This does not form part of the tests laid out in Regulations 25 or 64 AND / OR

4.3.3.8 h. Failed to take into account that it is not the committees function to approve or disapprove of the applicants SOPs.

4.4 No person, be that the applicant or a member of the public, could be satisfied that the committee reached the correct decision based on the inadequate information provided in the refusal decision and letter.

4.5 The decision is therefore:

4.5.1 1. Unsafe as no person, be that the applicant or a member of the public, could be satisfied that the committee reached the correct decision based on the inadequate provided in the refusal decision and letter The applicant requests that the committee hear the appeal and consider the application afresh.

4.6 To assist the appeals committee, we have not added the original application in this bundle and we have not added the decision letter. Both of these documents can be found under the original reference number CAS-370529-J9Y1H6.

4.7 We have submitted SOPs with this bundle and ask the committee to take these SOPs into account."

4.8 [Appendix A for Committee – Applicant's SOPs with Appeal]

5 Summary of Representations

This is a summary of representations received on the appeal.

5.1 PCT HEALTHCARE LIMITED FOR PEAK PHARMACY (FAD98, FLH93, FHG30 AND FCP63)

5.1.1 "Thank you for your letter dated 8 January 2026 regarding the above application. PCT Healthcare Limited wish to make the following written representations on this application.

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

5.1.3 PCT Healthcare Limited note that to date no floor plan has been provided for this application, the full address is Room 4, 3 Stand Road, Whittington Moor, Chesterfield Derbyshire S41 8SW.

5.1.4 How can the applicant ensure that the pharmacy will fully comply with GDPR requirements, GPhC premises requirements and

Pharmaceutical Regulations to ensure that no access is possible to the proposed premises by non-pharmacy staff?

5.1.5 How will private conversations take place without a floor plan being available to be viewed?

5.1.6 [See photograph, page 1 of Appendix B for Committee]

5.1.7 There are already several businesses operating from this address:

5.1.8 Elite Shipping Limited, Chatsworth Bathrooms Ltd, AMJ Property & Investment Ltd, and Protecting Wealth Ltd.

5.1.8.1 Elite Shipping Limited

First Floor, Office 1, 3 Strand Road, Chesterfield S41 8SW, England

5.1.8.2 Chatsworth Bathrooms Ltd

3 Strand Road, Chesterfield S41 8SW, England

5.1.8.3 AMJ Property * Investment Ltd

3 Strand Road, Chesterfield S41 8SW, England

5.1.8.4 LPH Chiropody + Podiatry Ltd

1st Floor, 1 Strand Road, Chesterfield S41 8SW, England

5.1.8.5 1ST Choice Travel Ltd

26 Strand Road, Chesterfield S41 8SW, England

5.1.8.6 Protecting Wealth Ltd

3 Strand Road, Chesterfield S41 8SW, England

5.1.9 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 Chesterfield 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.

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

5.1.11 How shall the SOP on page 52, Section: Delivery of Schedule 2 CDs be achieved for a missed Schedule 2 CD delivery in Plymouth be followed?

5.1.12 A failed delivery shall be unable to be returned to the pharmacy premises within the same trading day.

5.1.13 [See flow chart, page 2 of Appendix B for Committee]

5.1.14 There is also a disparity on page 31 of the appeal document.

5.1.15 "*P8 DELIVERY VIA COURIER*

Authorised pharmacy staff

Medicines should only be couriered when it is impractical to deliver via the delivery driver. CDs must NOT be couriered outside of the UK. City Sprint will be used for this purpose.

Check with the pharmacist before agreeing to courier medicines"

5.1.16 The applicant is offering a two-tiered service to patients for essential services:

5.1.16.1 1. Those who receive deliveries by a delivery driver.

5.1.16.2 2. Those who are described as *"impractical to deliver"*

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

5.1.18 As a Distance Selling Pharmacy the services offered must be comparable to every patient throughout England, irrespective of their location. The disparity of service for patients close to Chesterfield versus those outside the applicant's area for practical delivery 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.

5.1.19 As a Distance Selling Pharmacy services cannot be limited to a locality and must be available on a nationwide basis, once again there are no specifics within the application indicating how this requirement shall be met.

5.1.20 These SOPs do not indicate how the integrity of items requiring special storage e.g. refrigeration shall be ensured in transit to destinations such as Plymouth. As such this is a patient safety issue e.g. for insulin, especially when there is a failed delivery.

5.1.21 Conclusion

5.1.22 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.

5.1.23 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.

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

5.1.25 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."

5.2 COMMUNITY PHARMACY DERBYSHIRE

5.2.1 "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:

5.2.1.1 In their appeal the applicant states that the SOPs they submitted with their application which interested parties commented on were not the final version. In which case how are interested parties supposed to comment and indeed the ICB determine whether the application meets the criteria set out in the regulations – therefore the LPC asserts that the ICB made the correct decision to refuse the application because the applicant at that time and still now has failed to demonstrate that they can provide safe and effective essential, advanced or enhanced service without face to face contact on the premises to the whole of England.

5.2.1.2 In conclusion the LPC is of the opinion that this application still fails to meet the regulations and respectfully recommend the appeal is turned down and the application refused.

5.2.2 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."

6 Summary of Observations

This is summary of observations received.

6.1 COMMUNITY PHARMACY DERBYSHIRE

6.1.1 "Thank you for sending the appeal responses through for the above distance selling application. Community Pharmacy Derbyshire committee have reviewed these and would like to make the following comments.

6.1.1.1 The response from PCT Healthcare provides some useful specific examples confirming the LPC's previous response that the applicant has failed to demonstrate that they could provide safe and effective essential, advanced or enhanced service without face-to-face contact on the premises to the whole of England. Therefore, the LPC is still of the opinion that the application fails to meet the requirements of the regulations so NHS Resolution should refuse to grant.

6.1.2 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."

6.2 PHARMACEUTICAL DEFENCE REPRESENTING THE APPLICANT

6.2.1 "I am writing on behalf of the Appellant, Connect AF Pharma Ltd, in response to the representations received regarding the above appeal. We have reviewed the comments submitted by the Local Pharmaceutical Committee (LPC) and PCT Healthcare Ltd.

6.2.2 Our responses to the specific points raised are detailed below.

6.2.3 **Response to Representations**

6.2.4 Draft Nature of SOPs

6.2.5 We submit that Standard Operating Procedures (SOPs) are, by definition, living documents that are subject to constant review and update. The Regulations require the Applicant to demonstrate that procedures ***will be*** in place to safely deliver services. The content of the SOPs provided clearly demonstrates a safe and effective system of work. The marking of "Draft" is a formality indicating they are pre-operational; it does not invalidate the robust clinical governance framework they describe.

6.2.6 Specifically, in response to the LPC's concerns regarding "non-final" SOPs, we wish to clarify that the documents provided represent a comprehensive framework for safe operation.

6.2.7 The SOPs demonstrate our intent and capability to meet the criteria for essential, advanced, and enhanced services without face-to-face contact. While SOPs are live documents subject to audit and clinical governance updates, the core versions submitted are sufficient for the Integrated Care Board (ICB) to determine that our model is safe and effective.

6.2.8 Suitability of Premises

6.2.9 The application address is specific and clearly defined. Issues regarding planning permission are a matter for the local authority and are distinct from the "fitness to practice" [sic] or the regulatory test required by NHS Resolution. The granting of a pharmacy contract is often a prerequisite for finalising lease and planning arrangements.

6.2.10 Although other businesses operate from the same address our pharmacy operates from a discrete, secure unit (Room 4) and in order to comply with GPhC and GDPR requirements, Room 4 is restricted to pharmacy staff only, ensuring no unauthorised access by other tenants.

6.2.11 Delivery Model Contradictions

6.2.12 It is claimed, again, that there are contradictions regarding the use of "in-house" drivers versus "City Sprint" couriers.

6.2.13 There is no contradiction. A robust DSP model requires flexibility. As stated in the SOPs, the pharmacy utilises *both* an in-house delivery service and a courier service (City Sprint) depending on the location of the patient and the urgency of the delivery. The decision-making process is operational: in-house drivers are generally used for local deliveries, while national deliveries utilise the courier network. This ensures "reasonable promptness" is met across the whole of England.

6.2.14 We reiterate that our services are comparable for every patient in England. The use of a delivery driver for local tasks and professional couriers (e.g., City Sprint) for national deliveries does not constitute a disparity in the *quality* of service, but rather a standard logistics adaptation. The delivery service that has been outlined uses validated cold-chain packaging for items like insulin to ensure integrity until delivery. Further, our SOPs for Schedule 2 CDs and fridge lines include specific protocols for secure returns or redelivery, ensuring we meet Regulation 64(3) requirements regardless of geography.

6.2.15 PCT Healthcare Ltd have not, in our opinion, provided any cogent evidence or effective arguments within their objections.

6.2.16 Regulation 25(2) Compliance

6.2.17 We believe our application provides sufficient evidence that the full range of essential services will be available to all persons in England throughout our opening hours. A Responsible Pharmacist will be present on the premises at all times during these hours to supervise operations.

6.2.18 The operation of the pharmacy will be conducted in strict accordance with the Responsible Pharmacist (RP) Regulations or the rules that will be drafted and then put into place by the General Pharmaceutical Council. The SOPs cover "Roles and Responsibility of Pharmacy Staff" ensuring that appropriate staff are authorised to carry out specific tasks. Unplanned absences are managed through standard contingency planning, including the use of locum pharmacists, as is standard practice across the sector.

6.2.19 **Conclusion**

6.2.20 The committee must also ask itself the real reason why the objections have been placed. Is it out of genuine need to prevent an unnecessary provision of services or is it out of the other parties' fear of financial

detriment and reduced market share of the NHS prescription business. We say that the objection has been raised not out of a genuine need to prevent unnecessary provision but as a further attempt to undermine and block the DSP application through fear of financial detriment to other contractors in the locality. We say they have attempted to muddy the waters and is an ill-conceived attempt, by those who have responded to this application, so that they are able to retain their respective market share of NHS business.

6.2.21 The Appellant has provided a robust suite of Standard Operating Procedures that cover all essential services, including Dispensing, Delivery, Cold Chain integrity, and Discharge Medicines Service. We submit that the "Draft" status of these documents is a prudent approach to pre-opening governance and does not constitute a failure to meet the regulatory test.

6.2.22 The Appellant is committed to providing a safe, effective service that is available to all persons in England. We confirm that we are content for the appeal to be determined on the papers, or we are willing to attend an oral hearing should the Committee deem it necessary.

6.2.23 We ask the committee to assess the application on the evidence presented already by ourselves. We urge the committee to find that ALL NHS services would be delivered without face-to-face contact and that this service would be uninterrupted during the core hours stipulated. Finally, we urge the committee to find that the services would be delivered in a safe, secure and effective manner."

6.2.24 [Enclosures – Copy of the application form and supporting information. See paragraphs 1.1 to 1. 135 above].

7 Consideration

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

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

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

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

Regulation 31

7.5 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).

7.6 The Committee noted that the Applicant had not provided any information in the application form on this point but the Committee noted that the wording of the application form only required the Applicant to include information in the relevant section if the proposed premises were adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises. The Committee considered it reasonable to determine that the lack of information in the application form on this point when read with the wording of the application form allowed it to be reasonably satisfied that the Applicant considered that the proposed premises were not adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises. No party had sought to argue that the application should be refused under Regulation 31. The Committee therefore determined that it was not required to refuse the application under the provisions of Regulation 31.

Regulation 25

7.7 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."

7.8 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)

7.9 In relation to Regulation 25(1), the Applicant is applying for inclusion in the relevant pharmaceutical list as 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, and paragraph (1)(b) 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)

7.10 The Committee noted that the Applicant had not included any information in the relevant section of the application form that deals with this point. The Committee noted that the application form states that the relevant section should only be completed if the proposed premises are on the same site or in the same building as the premises of a provider of primary medical services with a patient list. The Committee considered that, where the Applicant did not include any information in this section, it was reasonable to consider that the Applicant was indicating that the proposed premises were not on the same site or in the same building as the premises of a provider of primary medical services with a patient list. The Commissioner it is decision report stated that "*The applicant's premises 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. There are therefore no grounds to refuse the application by virtue of this regulation*." Based on the information available to it, the Committee therefore determined that the proposed premises were not on the same site as, or in the same building as the premises of a provider of primary medical services with a patient list.

Regulation 25(2)(b)

7.11 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.

7.12 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.

7.13 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.

7.14 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.

7.15 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.

7.16 The Committee noted comments from the Commissioner stating it had "*concerns that the sops are not their own*" and the LPC's concerns that the "*SOPs they submitted with their application which interested parties commented on were not the final version*." The Committee noted the SOPs, on page 1 are entitled "*STANDARD OPERATING PROCEDURE CONNECT AF PHARMA LTD*" Page 1 also states:

7.17 "*While care has been taken to remove any suggestion of face-to face contact while delivering NHS Pharmacy Services, there may still be references to this. In the Final SOP bundle, all references to face-to-face contact for NHS services will be removed*."

7.18 The Committee determined that, for the reasons set-out below, the bundle contained no references to face to face contact and concluded that the SOPs pertained to the Applicant's pharmacy.

7.19 The Committee first considered how the Applicant would provide essential services without interruption and noted the following information provided by the Applicant:

"*A full-time Responsible Pharmacist will be employed to be in attendance during the opening hours. He will be supported by a staff team of one full- time and one part-time dispenser. This level of staff will be able to cover initial trade levels once the pharmacy is open and will ensure an uninterrupted provision of essential services during the opening hours*. …..

Provision of service through the opening hours of the pharmacy will be maintained by having a Responsible Pharmacist present at all times during the pharmacy opening hours and having sufficient support staff at all times. …..

If the responsible pharmacist is required to leave the premises, a further pharmacist will be on hand to ensure that there is no break in pharmacist cover during the opening hours. This also includes any unforeseen circumstances in which case a pharmacist will be able to step in without notice to cover the opening hours and to ensure that the service is not interrupted.

7.20 On page 31 of the SOPs under "P3 Clinical check" it states:

"*Responsible pharmacist or second pharmacist*."

7.21 In its observations the Applicant states that:

"*A Responsible Pharmacist will be present on the premises at all times during these hours to supervise operations. …..*

Unplanned absences are managed through standard contingency planning, including the use of locum pharmacists, as is standard practice across the sector."

7.22 With regard to services being available to persons anywhere in England, the Committee noted the following information provided by the Applicant.

"*Patients anywhere in England can access these services via our pharmacy website a direct phone line to the pharmacy, fax, email as well as webcam. Internet connections at the pharmacy will be provided by the NHS HSCN network via BT*."

7.23 The Committee noted the information provided in the application bundle had sub headings for each section entitled "*Persons anywhere in England*" with an explanation under each to demonstrate how it intended to meet this requirement. Further, the Committee noted that the SOPs provided, particularly in relation to Disposal of Medicines and Discharge Medicine Services make reference to patients anywhere in England who can contact the pharmacy

7.24 The Committee considered how the Applicant would provide pharmaceutical services without face to face contact and noted:

"*Communication between the pharmacy and patients will be facilitated by phone, fax, email and webcam. …..*

The premises have been carefully chosen to prevent face to face contact for any person seeking the provision of essential services, in, or within the vicinity of the premises. . No person who is seeking essential services under the NHS contract will be allowed entry to the premises. All entrances and exits will remain inaccessible to members of the public who are seeking the provision of essential services. …..

This service will be delivered without face-to-face contact via the pharmacy website as a communication link as well as telephone post/email/fax/webcam."

7.25 Further, the Committee was mindful of the regulatory changes as of 1 October 2025, that distance selling pharmacies can no longer provide Directed services (Advanced, National Enhanced and Enhanced Services, with the exception of Covid-19 and Flu vaccination services) face to face with the patient at the pharmacy premises. As a result of this amendment, the Committee noted that the Applicant would not be able to provide any pharmaceutical services at its premises.

7.26 The Committee was aware that if 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.

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

7.28 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.

7.29 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:

7.29.1 Dispensing of drugs and appliances

7.29.2 Urgent supply without a prescription

7.29.3 Preliminary matters before providing ordered drugs or appliances

7.29.4 Providing ordered drugs or appliances

7.29.5 Refusal to provide drugs or appliances ordered

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

7.29.7 Disposal service in respect of unwanted drugs

7.29.8 Promotion of healthy lifestyles

7.29.9 Prescription linked intervention

7.29.10 Health campaigns

7.29.11 Signposting

7.29.12 Support for self-care

7.29.13 Discharge medicines service

7.29.14 Websites and health promotion zones

7.30 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

7.31 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).

7.32 The Committee noted that PCT Healthcare had queried this aspect of the Regulations and how the Applicant would comply with regard to missing a Schedule 2 CD delivery and returning a failed delivery to the pharmacy on the same trading day.

7.33 The Committee noted that in the application, the Applicant states:

7.34 "*All prescriptions dispensed will be delivered using a dedicated courier service provided by City Sprint (www.citysprinthealth.co.uk). This will include the delivery of prescriptions received via post, fax and EPS. City Sprint will also be delivering cold chain items and CDs*."

7.35 However, the Applicant then states:

7.36 "*The prescriptions medicines will be dispensed and despatched for delivery by our in-house delivery service or the courier without any delay*."

7.37 In its observations, the Applicant clarifies:

7.38 "*We reiterate that our services are comparable for every patient in England. The use of a delivery driver for local tasks and professional couriers (e.g., City Sprint) for national deliveries does not constitute a disparity in the quality of service, but rather a standard logistics adaptation. The delivery service that has been outlined uses validated cold-chain packaging for items like insulin to ensure integrity until delivery. Further, our SOPs for Schedule 2 CDs and fridge lines include specific protocols for secure returns or redelivery, ensuring we meet Regulation 64(3) requirements regardless of geography*."

7.39 The Committee noted further information in the application as follows:

7.40 "*If needed, Controlled Drug (CD) deliveries will be undertaken by City Sprint who are accredited to handle and transport CDs. Their drivers will deliver to patients at a pre-determined time and the CD's must be signed for on receipt. Their drivers will only deliver the CD to the named recipient and they will ask for photographic proof of ID. In the instance of a failed delivery attempt, City Sprint will return any CDs to their overnight safe storage facility and the pharmacy will be contacted to arrange alternative delivery date to patient*.

7.41 *City Sprint is approved by the MHRA and has fully trained couriers to deal with all pharmacy deliveries including controlled drugs and fridge items. As well as collecting prescriptions from surgeries and collection of unwanted waste medication from patients. This will ensure there is no face to face contact*.

7.42 *Delivery of Refrigerated Medicinal Products - For cold chain products, delivery times will always be pre-arranged with the patient to minimise the risk of failed delivery. The patient's contact number will be given to the City Sprint delivery driver so they can again call the patient approximately 15-30 minutes prior to so they can check that somebody will be at the address to receive the medication. Cold chain products will be packed in such a way as to ensure that the required temperatures are maintained throughout the journey and the medicines are transported in accordance with their labelling requirements to maintain product integrity*.

7.43 *For delivery of medication with short journey times of less than 3 hours, validated medical cool boxes will be used as recommended by the MHRA. For extended journeys, gels/ ice packs will be added to the packaging to maintain appropriate temperatures throughout. Extra caution will be taken with regards to the positioning of these packs within the consignments as this would be deemed extremely important as they must not be allowed to come into direct contact with the medicines being delivered. Temperatures will be strictly*

controlled and monitored with calibrated temperature probes to provide temperature data for the entire journey. This will be done by the courier driver. Temperatures will be recorded at the beginning of the journey and again at the point of delivery to ensure it stays between 2-8°C. If the temperature is outside of the required range, then the product will be deemed unsafe to deliver, marked as waste and returned to the pharmacy for destruction. Thermometer(s) will be calibrated annually against a certified standard to ensure safe and effective use. When used to deliver medication, the City Sprint delivery driver must only remove the item from cold storage once the patient has answered the door and verified their identity. In the event of failed delivery, the cold storage item must be returned to the pharmacy as soon as possible, with the maximum and minimum temperatures again being recorded at the point of return. Once again, if temperature monitoring suggests that the medication may have been transported outside of the required range, then the product will be destroyed by the pharmacy and then item will be re-dispensed by the pharmacy. Once again, a new delivery will be agreed with the patient prior to redelivery."

7.44 The Committee noted that the above references medicines that are being delivered by "City Sprint" but that the Applicant has also made reference to the use of local delivery drivers for the delivery of cold chain items. In this regard, the Committee considered the Applicant's SOPs.

7.45 Page 30 under the heading "Delivering medicines safely and effectively" states:

"*To ensure the safe and secure delivery of prescription. Note that the terms delivery driver and courier are used throughout this SOP and are interchangeable*."

7.46 Page 32 to 34 continues:

"*CDs subject to safe custody*

Check and supply the packaged CD to the delivery driver when delivery is imminent

Ensure that the driver signs the reverse of the prescription confirming that have delivered the item.

Make an appropriate supply entry in the CD register – in the column for the details of the person collecting the CD, enter the details of the delivery person and NOT the details of the patient.

P5 Delivery

Delivery Driver

While in transit, medicines must always be secured and remain in the drivers possession or left in the vehicle. The vehicle must be locked, the windows must be closed, and the medicines should be kept out of sight.

Medicines usually requiring storage in a fridge must be kept in a cool box during transit

Travel to the correct address

Politely introduce yourself and explain why you are present

Confirm your identity and hand over the medicines to the patient/carer or authorised designated person. Do not hand over medicines to someone who is not the patient/carer or authorised designated person

Ask the patient to check the name, address, and number of packages. Confirm exemption evidence if necessary

Ask the patient to check that the medicines received are required by the patient to help minimise wastage ……..

P6 Failure to Deliver

Driver

If the patient is not home during the agreed delivery slot:

Complete a 'Not at Home' Card detailing information about arranging a re-delivery

Post the pharmacy card through the letter box

Do NOT push through medicines through the letterbox

Do NOT leave the medicines outside the door

Inform the authorised pharmacy staff upon return to the pharmacy

Where schedule 2 or 3 CDs or fridge lines are not delivered, inform the pharmacist upon return to the pharmacy

Courier

Follow the procedure set out by the company who they are employed by

For CDs subject to safe custody

Return undelivered CDs to the CD Cupboard

For Schedule 2 CDs, re-enter the drug(s) back into the CD register with an explanation

Note – attempted deliveries by staff who are not employed by the pharmacy may not be entered back into the CD register and must be treated as a patient return

P7 Following delivery or attempted delivery

For packages which have not been delivered

Contact the patient to confirm the next details for a re-delivery

Return the package to the delivery storage area or the fridge if applicable

P8 Delivery via courier

Medicines should only be couriered when it is impractical to deliver via the delivery driver. CDs must NOT be couriered outside of the UK. City Sprint will be used for this purpose."

7.47 The Committee noted the above references to in-house delivery drivers delivering cold-chain items. Whilst the Applicant proposes to use a "cool-box" during transit, for cold chain items that are delivered by the Applicant's own drivers, the Committee was not satisfied that sufficient information had been provided by the Applicant to show how the temperature would actually be properly maintained during transit, how the temperature would be monitored, and what would be done in a situation where the cold chain was compromised during transit, or what would happen in the event of a missed/failed delivery.

7.48 The Committee was not therefore confident, as it is required to be, that all dispensed products would be delivered in a safe and effective manner. The Committee was therefore not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 8(1) of Schedule 4.

Other considerations

7.49 The Committee also considered the following aspects which had been raised as issue of concern by the Commissioner and / or interested parties:

Urgent supply without a prescription

7.50 The Commissioner stated in its decision letter "*There is no clear evidence of how the applicant would deal with Urgent supply without prescriptions*". The Committee considered whether the Applicant had explained how it proposes to safely and effectively receive requests from prescribers for urgent supplies of drugs and appliances.

7.51 The Committee had regard to the application form which stated:

"*Any acute, urgent medication received by ETP or directly via courier from a surgery for patients anywhere in England can be dispensed and dispatched the same day using City Sprint who offer a 24 hour, 365 day service for any type of delivery*."

7.52 Page 8 of the Applicant's SOPS under the heading "P7 Emergency Supply – Practitioners Request" states:

"*Check that the practitioner is either a doctor, dentist, supplementary prescriber, community practitioner nurse prescriber, nurse independent prescriber, optometrist independent prescriber, pharmacist independent prescriber, EEA or Swiss doctor, or an EEA or Swiss dentist.*

Confirm and be satisfied you are speaking directly with the practitioner

Where the practitioner is not known to you or where the surgery is not known to the Pharmacy, then with due diligence, check that the practitioner is genuine. (May involve checking registration status with the appropriate regulatory body)."

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

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

7.54 The Commissioner had stated "*There is no clear evidence that explains how dispensed items will be provided for repeat dispensing, and no structured or recorded method for providing information to patients about the benefits of repeat dispensing*." The Committee considered whether the Applicant had explained how appropriate advice about the benefits of repeat dispensing to be given to any patient who (i) has a long term, stable medical condition (that is, a medical condition that is unlikely to change in the short to medium term), and (ii) requires regular medicine in respect of that medical condition.

7.55 The Committee noted that the Applicant, in its application stated:

"*Essential Service - Repeat Dispensing …..*

This will be promoted to patients as a quick way to receive prescriptions from participating surgeries for nominated patients repeat and acute prescriptions for quick despatch of medicines without any delay.

Patients anywhere in England can access the Repeat Dispensing service by signing consent form which is available on the website for anyone wishing to use the service. This consent from can be emailed, faxed or posted directly to the pharmacy. Patients from surgeries that are ETP 2 compliant will have their prescriptions sent and received at the pharmacy electronically almost instantly after the Doctor signs off the electronic prescription. …..

Repeat Dispensing will be delivered safe and effectively via the staff completing sufficient clinical and legal assessments before dispensing the medicine. Once a patient signs up we will obtain the batch prescription (both the Repeat Authorising Prescription RA and the Repeat Dispensing Prescriptions RD) either from the surgery, electronically or via post. Either the patient will contact the pharmacy via phone, email post, website or webcam to dispense the next RD instalment prescription or the pharmacy contacts the patient when they are due their next RD instalment.

Before each RD dispensing activity we will contact the patient to clarify which items are required and whether or not there has been a change in medical condition. If treatment needs to be reviewed by the prescriber, the patient will be notified by telephone and/or email. We will keep records of dates of dispensing for each individual batch for each patient, to monitor compliance. Records of interventions made by the pharmacist considered by the pharmacist

to be clinically significant will be maintained on the PMR. These actions will ensure a safe and effective service is delivered for patients using the repeat dispensing service. ……

For patients who request our service and who are NOT signed up to the repeat dispensing service, we will request that they contact the pharmacy so that we can discuss their suitability for the service but also provide further information on the benefits of the service. The initial contact with the patient will be via a leaflet which will be included within their dispensed medication. Benefits will include saving time for the patient and the prescriber due to a decreased workload on both parties. A further benefit will include an improvement of medication safety as the pharmacy will check each and every request to ensure that the medication is still suitable before dispensing. During these checks, if a medication is flagged as being unsuitable or there are side effects, then the patient will be referred to the prescriber for discussion."

7.56 The Applicant's SOPs on pages 62 to 65 entitled "Repeat Dispensing" stated:

"*Procedure covers repeat dispensing services operated between this pharmacy and participating GP Practices for those patients who wish to take advantage of them. …..*

Check with the patient whether they want to keep the batch issues of wish them to be kept at the pharmacy (explain the benefits of pharmacy storage). …..

Remind the patient that the pharmacy may need to exchange information relating to pharmaceutical care with the GP, but that otherwise, all information remains confidential. …..

For patients with paper scripts, who decide to keep their own batch issues, explain that they need to remember to send them to the pharmacy using the pre-paid envelopes, for dispensing ahead of need and that they will not be able to them dispensed elsewhere. ……

Before Providing the first and subsequent repeat items to the patient

Contact the patient via their preferred method of non face to face contact. Check whether the patient:

Is taking or using the medicines, appliances or reagents properly

Requires each item to be dispensed

Is not suffering from any side-effects that suggest a need for review

Is taking any OTC medicines which could cause problems

Whether there are any other reasons why the items should not be supplied. ….

If the patient requires all items, is using medicines, appliances or reagents properly, and is not suffering any side-effects."

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

Prescription linked intervention

7.58 The Commissioner had stated "*There is no clear evidence of any trigger mechanism or documentation template or links to local or national lifestyle support services. ie heart disease, diabetes, etc*." The Committee considered whether the Applicant had explained how it will assess whether persons require prescription linked intervention advice because they have diabetes, are at risk of coronary heart disease, smoke or are overweight.

7.59 The Committee noted that the Applicant, in its application stated:

"*When the pharmacist identifies an intervention on a prescription he/she will communicate with the patient and other healthcare professionals. All interventions will be documented on their PMR record.*

Safe and effectively

This service will be delivered safe and effectively by pharmacists and appropriately trained staff. At risk patients will be targeted through prescription linked intervention. Opportunistic advice will be given by the pharmacist on specified healthy living/public health topics to patients who have their prescriptions fulfilled by the pharmacy. Staff will be trained to assess for prescription linked interventions and if any doubt will refer the matter to the pharmacist. In particular, patients with diabetes, coronary heart disease, high blood pressure, smokers and obesity. These patients will be identified through the type of medication being requested the patients PMR, or the online questionnaire completed by new patients. Once a prescription linked intervention has been made, a note will be made on the patient's PMR. This note will ensure continuity of advice and as a reference for future interactions with the patients."

7.60 Further, also on the application under the heading "Use of information to support clinical governance and health care delivery" the Applicant states:

"*Pharmacists will be using their own professional judgement to make records of interventions they have made and any advice they may have given*."

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

7.62 Finally, the Committee noted that on its application form, the Applicant had stated "NONE" in respect of whether it intended to provide appliances.

7.63 Further in its application, the Applicant stated:

"*If a prescription is received for an appliance which requires measuring and fitting, the patient will be telephoned and emailed to state that the pharmacy cannot provide this service because the pharmacy must operate without face*

to face contact. The patient will then be advised that they would need to have the prescription dispensed by a pharmacy where a pharmacist would be able to measure and fit the appliance. We would facilitate this by gaining the permission of the patient to contact their nominated pharmacy and explaining the situation."

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

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

Summary

7.66 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).

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

7.67.1 confirm the Commissioner's decision;

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

7.67.3 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.

7.68 The Committee has reached the same conclusion as the Commissioner regarding the application but for different reasons. In these circumstances the Committee determined that the decision of the Commissioner must be quashed.

7.69 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.

7.70 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.

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

8 Decision

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

8.2 The Committee:

8.2.1 quashes the decision of the Commissioner; and

8.2.2 redetermines the application as follows -

8.2.2.1 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;

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

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

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

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

8.2.3 The application is refused.

Case Manager
Primary Care Appeals