NHS Resolution

1 May 2026

REF: SHA/26840

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APPEAL AGAINST NHS HERTFORDSHIRE AND WEST ESSEX ICB DECISION TO REFUSE AN APPLICATION BY BACHU CONSULTANCY LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT UNIT 131, M25 BUSINESS CENTRE, 121 BROOKER ROAD, WALTHAM ABBEY, ESSEX, EN9 1JH 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:

Bachu Consultancy Ltd
PCSE, on behalf of Hertfordshire and West Essex ICB
North and South Essex LMCs
Boots UK Ltd

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1 The Application

By application dated 19 June 2025, Bachu Consultancy Ltd ("the Applicant") applied to Hertfordshire and West Essex ICB ("the Commissioner") for inclusion in the pharmaceutical list at Unit 131, M25 Business Centre, 121 Brooker Road, Waltham Abbey, Essex, EN9 1JH 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:

1.1.1 "None"

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

1.2.1 "**Although the proposed DSP premised** [sic] **are in close proximity to another listed pharmacy, this application should not be refused under Regulation 31.**

1.2.2 The nature of a Distance Selling Premised [sic] means there is **no physical walk-in access** for patients, and no services will be provided face-to-face at or from the premises. As such, our operation will not compete with or duplicate the services of any nearby bricks-and-mortar pharmacy.

1.2.3 Instead our focus is on **nationwide service delivery** using remote systems – including EPS, telephone, and web-based support to meet the needs of patients across England. We are confident that this model complies fully with NHS regulations and complements, rather than competed with existing community pharmacies."

1.3 In response to why the application should not be refused pursuant to Regulation 25(2)(a) the Applicant left the section blank.

Pharmacy procedures

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

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

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

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

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

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

1.8 “ANNEX A

1.9 **Executive Summary**

1.10 **Bachu Consultancy Ltd is submitting an application for an NHS Distance Selling Pharmacy (DSP) contract under the name Bachu’s Pharmacy, to be operated from newly acquired premises in Waltham Abbey, Essex.** The proposed pharmacy will be fully compliant with the Distance Selling model, delivering essential NHS pharmaceutical services remotely to patients across England. The premises are being purpose-fitted to meet GPhC and NHS standards, with robust systems in place for secure dispensing, national delivery, and virtual patient communication. This application reflects Bachu Consultancy’s commitment to expanding accessible, high quality pharmacy services in a safe and compliant manner.

1.11 **Provision of Essential Services without Face-to-Face Contact**

1.12 **Nationwide Delivery of Medicines**

1.13 We have secured partnerships with licensed, MHRA-compliant courier services, such as Royal Mail and Polar Speed, to ensure the safe and prompt delivery of all medicines, including:

1.13.1 **Ambient-temperature medications** via tracked 24-hour delivery.

1.13.2 **Fridge-line medications** using validated cold-chain packaging and logistics.

1.13.3 **Controlled Drugs (CDs)** are delivered using specialist secure courier services, such as a Healthcare Account with DPD, which ensures full audit trails and ID verification at the point of delivery. Deliveries cannot be left with neighbours or in unattended locations.

1.14 All deliveries are tracked, with proof of delivery recorded and reviewed by our Responsible Pharmacist.

1.15 **No Face-to-Face Interaction at or from the Premises**

1.16 The pharmacy will be a closed-door facility. Members of the public will not have access to the premises at any time.

1.17 Patients will not be permitted to collect prescriptions from the premises.

1.18 All communication, ordering, and service access to pharmacy services will be facilitated through:

1.18.1 A dedicated **pharmacy website** with prescription ordering and repeat request functionality.

1.18.2 **Telephone** and **email support**, manned by trained staff during all operating hours.

1.18.3 **On-site intercom system** at the premises for controlled visitor communication.

1.18.4 **A secure entrance door,** which can only be opened internally to ensure safety and controlled access.

1.19 **Prescription Collection from Patients**

1.20 There will be **no face-to-face collection** of prescriptions from patients.

1.21 Prescriptions will be received through the following methods:

1.21.1 **EPS (Electronic Prescription Service)** nomination.

1.21.2 Secure upload via patient portal (where appropriate).

1.21.3 **Postal delivery** to the pharmacy address.

1.21.4 **Dedicated driver** to collect Rx from surgeries if requested

1.22 **Provision of Other Essential Services**

1.23 We will deliver other essential NHS services, such as:

1.23.1 Public Health advice via website and telephone.

1.23.2 Repeat dispensing services.

1.23.3 Signposting patients to appropriate services.

1.23.4 Promotion of healthy lifestyles, accessible on our website and via printed materials included with deliveries.

1.24 **Safe Custody and Handling of CDs**

1.25 All CDs will be stored in line with Home Office requirements in a designated CD cabinet.

1.26 CDs (if dispensed) will be securely logged and tracked.

1.27 Dispensing and delivery of CDs will include ID verification and signature confirmation at delivery.

1.28 **Standard Operating Procedures (SOPs)**

1.29 SOPs are in place for all DSP operations, including:

1.29.1 Clinical checks, labelling, and assembly.

1.29.2 Handling of temperature-sensitive and CD medications.

1.29.3 Delivery failures, complaints, and emergency supply scenarios.

1.30 These SOPs are regularly reviewed and aligned with GPhC and NHS guidance.

1.31 **BACHU'S PHARMACY aims to deliver**

1.32 **The uninterrupted provision of essential services during opening hours of the premises, to persons anywhere in the United Kingdom who request those services.**

1.33 **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 applicants staff.**

1.34 During the operating hours of BACHU'S PHARMACY, all essential services will be made available and overseen by a Responsible Pharmacist (RP) through various communication channels such as telephone, fax, internet, and email. The RP will maintain continuous supervision both during core and supplementary hours. This oversight will be facilitated by the registration of the RP on both the Pharmacy Management System (PMR) and paper-based systems. This registration mechanism will allow verification of the pharmacist's presence at BACHU'S PHARMACY, including times when they might be temporarily away, such as during lunch breaks or emergencies. The pharmacists affiliated with BACHU'S PHARMACY will be accessible via phone and online platforms during the establishment's opening hours. If deemed necessary, BACHU'S PHARMACY will employ a dispenser, technician, and a qualified healthcare assistant to ensure the safe and effective delivery of essential services. In cases of temporary coverage, adherence to BACHU'S PHARMACY's Standard Operating Procedures (SOPs) will be maintained to prevent any service disruptions.

1.35 To ensure security and controlled access, the premises will be designed to prevent general public entry, with only authorized personnel being permitted.

1.36 A dedicated website will be developed, with The Pharmacy Mentor being a recommended option for consideration. Through the BACHU'S PHARMACY website, patients throughout the UK will be able to access the offered services. BACHU'S PHARMACY's scope of service will encompass the nationwide provision of all medicines that are typically available from a standard pharmacy, provided a prescription is furnished.

1.37 For the delivery of temperature-sensitive medicines, BACHU'S PHARMACY will utilize IGLOO (www.igloothermo.com), a courier service that has received approval from the Medicines and Healthcare products Regulatory Agency (MHRA). This will be complemented by BACHU'S PHARMACY's in-house driver for local deliveries. Proper training will be extended to the BACHU'S PHARMACY driver to ensure proficiency in handling such deliveries.

1.38 To safeguard the temperature-sensitive items during transit, BACHU'S PHARMACY will take careful measures. These will include removing items from the fridge only when the BACHU'S PHARMACY delivery driver is set to depart. These items will be stored in transparent bags and then placed within a freeze Medicol device bag. Detailed guidance will be provided to BACHU'S PHARMACY staff to ensure the preservation of product integrity.

1.39 BACHU'S PHARMACY's delivery drivers will be equipped with thermometer probes to constantly monitor the temperature of the items. If the temperature deviates from the appropriate range, the Responsible Pharmacist (RP) will be notified, and a decision will be made on whether to return the item and provide a replacement.

1.40 To align with guidelines from the General Pharmaceutical Council (GPhC) and NHS England, BACHU'S PHARMACY will implement robust systems to uphold the integrity of all supplied items.

1.41 **Dispensing Medicines**

1.42 When patients register for the first time, they will be asked to provide their personal details along with their preferred method of contact, which could include options like email, SMS, telephone, WhatsApp, and more.

1.43 BACHU'S PHARMACY's approach to prescription exemption verification involves reaching out to patients initially via telephone to confirm their exemption declarations. If a patient is indeed exempt, BACHU'S PHARMACY will request proof of exemption, which can be submitted to the pharmacy through fax, email, or text. To ensure completeness, the back of the prescription will be filled out in black ink. In cases where exemption evidence is not available, the "evidence not seen" box will be marked.

1.44 The nature of the exemption and its expiration date will be recorded in the Patient Medication Record. For non-exempt patients, secure online payment methods will be used to settle prescription charges.

1.45 Prescriptions will be received through various channels: by mail, collection from GP practices and patients' homes when applicable, as well as generated from EPS1 and EPS2 systems. BACHU'S PHARMACY will ensure that patients receive correctly labelled medications in accordance with the prescriber's directions.

1.46 The dispensing of prescriptions at BACHU'S PHARMACY will be under the supervision of the Responsible Pharmacist (RP). Core hours will see pharmacists available for patient inquiries via telephone and email. Patient and prescription details will be meticulously recorded and stored in compliance with the Data Protection Act within the Patient Medication Record (PMR).

1.47 In cases where BACHU'S PHARMACY is unable to provide a specific item, patients will be contacted to explore alternative options, particularly in urgent situations. If a patient agrees to a partial delivery of their prescription, an owing slip will be attached, and the patient will be informed about the expected delivery date.

1.48 All deliveries, whether by BACHU'S PHARMACY's in-house driver or a third-party courier service for national deliveries, will consistently adhere to regulations set by the General Pharmaceutical Council (GPhC).

1.49 Standard Operating Procedures (SOPs) will comprehensively cover all stages of the dispensing process, ensuring a structured and consistent approach.

1.50 BACHU'S PHARMACY will meticulously maintain records of all supplied medicines and appliances, along with any specific delivery requirements. Additionally, any advice, interventions, or referrals made in clinically appropriate cases will be documented.

1.51 To enhance patient support, BACHU'S PHARMACY will offer a live webcast portal to address concerns regarding medication usage, potential side effects, and more.

1.52 Before dispatching items, BACHU'S PHARMACY will communicate with patients via their preferred contact method to notify them about the impending delivery.

1.53 Emergency supply of medicines will always adhere to GPhC guidelines. Controlled drugs will not be supplied. Regular BACHU'S PHARMACY patients meeting the necessary criteria will have access to urgent medicines.

1.54 For dispensing items without prescriptions, BACHU'S PHARMACY will ensure the patient's familiarity with the medication and confirm its ongoing use, absence of side effects, unchanged medication regimen, and consistent well-being. BACHU'S PHARMACY will communicate with the patient before issuing an emergency supply, considering the use of video conferencing services like Skype for a more personalized interaction.

1.55 Regarding new patients requiring emergency supply, as long as they provide satisfactory evidence, BACHU'S PHARMACY will accommodate their needs. When BACHU'S PHARMACY is unable to provide an emergency supply, the patient will be directed to nearby pharmacies or out-of-hours services.

1.56 Dispensing Controlled Drugs (CD) and temperature-sensitive medicines involves thorough processes. Upon receipt of a prescription meeting legal requirements, BACHU'S PHARMACY will ensure delivery through an MHRA approved courier service, with the customer signing for the item upon receipt. Patients will be contacted to schedule suitable delivery times. In cases of CD non-delivery, the item will be promptly returned to BACHU'S PHARMACY.

1.57 **Repeat Dispensing**

1.58 BACHU'S PHARMACY's repeat dispensing service offers patients the convenience of receiving their regular medications without requiring multiple visits to their GP. Our stringent protocols ensure that our pharmacists are highly skilled in providing this repeat dispensing service.

1.59 To facilitate patient awareness, BACHU'S PHARMACY communicates the availability of the repeat dispensing service through its website, providing comprehensive operational details and guidance. Patients are encouraged to request only the necessary items, promoting efficient and responsible medication management.

1.60 Enabling patients to choose BACHU'S PHARMACY as their designated pharmacy involves a simple process, with a downloadable consent form available on our website. This form grants BACHU'S PHARMACY authorization to manage patients' Repeat Authorizations (RAs), facilitating the streamlined dispensing of Repeat Dispensing (RD) prescriptions.

1.61 BACHU'S PHARMACY's secure retention of patients' RAs and corresponding RD prescriptions ensures a robust system for continuity of care. We ensure safe storage and transportation, employing our dedicated delivery infrastructure. Whether through our BACHU'S PHARMACY delivery drivers or a trusted courier service, patients receive their medicines promptly and securely.

1.62 For prescriptions not immediately accessible due to distance, we proactively engage with GPs through pre-paid envelopes, ensuring timely prescription submission. In cases of prescription delays, our flexible approach accepts fax submissions within 72 hours to prevent medication interruptions, assessed on a case-by-case basis.

1.63 Requests for repeat dispensing can be made through various channels, including email, website, telephone, and fax. BACHU'S PHARMACY assumes full responsibility for delivering medications safely, maintaining their quality, and upholding their effectiveness. We provide an auditable trail from prescription initiation to final delivery or return, emphasizing patient privacy and confidentiality in packaging.

1.64 Delivery logistics are optimized for integrity, encompassing in-house local deliveries and nationwide special delivery services, all equipped with tracking mechanisms. Our adherence to stringent licensing standards and validation requirements for healthcare products guarantees controlled drug delivery reliability.

1.65 Controlled Drug (CD) deliveries align with stringent regulatory and quality standards, leveraging couriers with specialized facilities and licenses for safe custody and recordkeeping compliance. The secure delivery process is fortified by continuous monitoring, audits, and validation.

1.66 BACHU'S PHARMACY's environmentally conscious approach extends to waste disposal, with contracted waste management company SRCL ensuring proper handling of unused medicines. Patients can request collection through phone or email, with courier deployment if needed, safeguarding the environment and public health.

1.67 **Public Health (Promotion of Healthy Lifestyles)**

1.68 At BACHU'S PHARMACY, our dedication to public health goes beyond the conventional. We are deeply committed to instilling healthy lifestyles and fostering well-being in every aspect of our service. This commitment is tangible through our multi-faceted strategy that empowers patients to embark on their journey towards a healthier life.

1.69 Virtual Wellness Hub

1.70 Our website stands as a dynamic hub of well-being, providing patients with a wealth of resources to embark on their pursuit of a healthy lifestyle. With an array of comprehensive insights, practical tips, and educational content, patients have a reservoir of knowledge at their fingertips. To enhance this experience, we facilitate direct connections to authoritative external sources for in-depth information, ensuring that patients possess a holistic toolkit for informed decision-making.

1.71 Empowerment through Tangible Outreach

1.72 Recognizing the power of tangible materials, BACHU'S PHARMACY goes above and beyond to ensure that the message of healthy living resonates deeply with patients. We complement our digital offerings by delivering informative leaflets alongside medications, thereby cultivating engagement and empowerment. This approach guarantees that patients have tangible references readily accessible, further solidifying their commitment to overall well-being.

1.73 Collaborating for Nationwide Impact

1.74 Our commitment to promoting healthy living finds new dimensions through collaboration with NHS England. By aligning ourselves with national campaigns focused on fostering healthy lifestyles, we harness the collective strength of healthcare providers, reaching a broader audience and driving transformative change. Through various online platforms, we proactively champion these campaigns, magnifying the message of health and well-being to resonate strongly across communities.

1.75 In summation, BACHU'S PHARMACY's commitment to public health is vividly expressed through our comprehensive strategy that champions healthy lifestyles. By furnishing comprehensive virtual resources, tangible materials,

and forging partnerships with NHS England, we empower patients to make informed decisions that pave the way for healthier, more enriched lives.

1.76 **Disposal of Unwanted Medicines**

1.77 At BACHU'S PHARMACY, we recognize the importance of responsible disposal when it comes to unwanted medications. While patients won't be able to physically bring waste medicines to our premises, we are committed to providing comprehensive guidance on how households and individuals can safely dispose of these medications.

1.78 Patients in need of safe medication disposal can reach out to us via telephone or email. Should distance pose a challenge, rest assured that BACHU'S PHARMACY is prepared to address this concern. If our BACHU'S PHARMACY delivery driver is unable to collect the unwanted medicines, a specialized courier service will be engaged to facilitate the disposal process. To ensure a seamless experience, patients are encouraged to provide detailed information regarding the types, forms, and quantities of medicines requiring collection.

1.79 In conclusion, BACHU'S PHARMACY's commitment to the responsible disposal of unwanted medications reinforces our dedication to patient well-being and environmental stewardship. Through accessible guidance and convenient disposal solutions, we strive to ensure that the lifecycle of medications aligns with our commitment to safety and sustainability.

1.80 **Signposting**

1.81 Our commitment to comprehensive patient care is exemplified through our signposting service, offered nationally without the need for face-to-face interactions. This extensive support is facilitated through diverse channels, encompassing postal communication, our website, and email correspondence. Every interaction and counsel provided to patients is meticulously documented in the Patient Medication Record (PMR), ensuring a holistic approach that harmonizes with our health promotion and self-care initiatives.

1.82 Moreover, the BACHU'S PHARMACY website will serve as a portal, linking patients to an array of specialized support organizations. These include a network of healthcare professionals, social services, as well as community and voluntary groups, offering tailored assistance on a national level.

1.83 Highlighting our dedication, our application underscores that BACHU'S PHARMACY extends its involvement to encompass advice on the proper usage of non-prescription medications. These interventions are also duly recorded in the patients' PMR. This valuable service seamlessly aligns with our overarching strategy of signposting and health promotion.

1.84 With this in mind, it is worth reiterating that the principle of offering signposting on a national scale, void of face-to-face engagement, will be steadfastly maintained. This is facilitated through various mediums - postal correspondence, our website, and email communication - all of which contribute to the robust documentation of interventions and advice within the PMR. This approach harmoniously integrates with our commitment to fostering healthy lifestyles and encouraging self-care practices.

1.85 As part of our forward-thinking approach, we are actively exploring avenues to conduct assessments in a manner that does not necessitate physical presence, employing tools such as post, website interactions, email correspondence, and even telephone discussions. While we acknowledge the potential of technologies like Skype to enhance engagement, we recognize that certain demographics, particularly the elderly, may face limitations in accessing such platforms.

1.86 Our approach to offering opportunistic guidance concerning health, lifestyle, signposting, and self-care is meticulous. Drawing insights from patients' PMRs - considering factors such as age, medical conditions, and prescribed medications – we provide tailored advice to promote health enhancements, including smoking cessation, balanced nutrition, diabetes management, weight control, and the assessment of cardiovascular risk factors. Additional guidance covers areas such as sexual health and travel-related care. Communication mediums span telephone consultations, email correspondence, postal communication, and our website. Supplementary resources, such as informative leaflets, bolster the advice given. In cases where necessary, patients may be referred to other healthcare professionals or alternative sources of information. It is imperative to note that all advice provided is meticulously recorded, ensuring an auditable format that aligns with best practices.

1.87 **Support for Self-Care**

1.88 At BACHU'S PHARMACY, our commitment to patient well-being extends to empowering individuals to take charge of their own health journey. We recognize the significance of fostering self-care practices, and thus offer a comprehensive range of support services designed to enhance patients' ability to care for themselves effectively.

1.89 Understanding that minor ailments and chronic conditions can impact daily life, we extend our assistance through convenient communication channels such as telephone and email. Our dedicated team of healthcare professionals is equipped to provide valuable insights, guidance, and recommendations to address a diverse array of health concerns. This service empowers patients to manage their health proactively and make informed decisions about their well-being.

1.90 In line with our holistic approach, BACHU'S PHARMACY is committed to ensuring optimal usage of non-prescription medicines. We offer expert advice tailored to each patient's needs, promoting safe and effective medication practices. These interventions are meticulously recorded in the Patient Medication Record (PMR), ensuring a comprehensive overview of the care provided. This service operates synergistically with our signposting and health promotion initiatives, reinforcing a unified approach to patient well-being.

1.91 Our website serves as a valuable resource hub, offering comprehensive guidance to individuals with long-term conditions. From self-care strategies to practical insights on managing both conditions and medications, our website equips patients with the knowledge needed to navigate their health journey confidently.

1.92 To ensure patient transparency and autonomy, we prioritize obtaining consent for all interactions. We've streamlined this process by offering a national consent mechanism that doesn't require face-to-face contact. Patients can provide consent conveniently through our website's dedicated form or by utilizing a postal consent form, available for delivery or download. This commitment to obtaining informed consent ensures that patients are actively engaged in their healthcare decisions.

1.93 In conclusion, our Support for Self-Care program embodies our dedication to empowering patients with the tools and knowledge to effectively manage their health. By fostering self-care practices, providing expert advice, and offering comprehensive guidance, we empower patients to thrive on their unique health journeys while ensuring their informed consent and active participation throughout the process.

1.94 **Clinical Governance**

1.95 Elevated Clinical Governance: Pioneering Excellence

1.96 At BACHU'S PHARMACY, our commitment to meticulous clinical governance stands as a testament to our unwavering dedication to delivering uncompromised healthcare services. Guided by our identifiable Clinical Governance Lead, we uphold and exceed expected standards to ensure optimal patient care and safety.

1.97 Transparent Complaints Handling

1.98 Our commitment to transparency is evident in our comprehensive approach to complaints handling. We provide accessible avenues for patients to voice their concerns through an easily accessible Complaints Procedure on our website. Additionally, our Practice Leaflet not only outlines how to initiate a complaint but also sheds light on BACHU'S PHARMACY's essential services, promoting a clear understanding of our offerings.

1.99 Proactive Risk Management

1.100 BACHU'S PHARMACY prioritizes proactive risk management. Every member of our team is equipped with the knowledge and skills to record incidents accurately and report them to the National Reporting and Learning Services (NRLS). This ensures a culture of accountability and continuous improvement, contributing to enhanced patient safety.

1.101 Vigilant Drug Alerts and Recalls

1.102 Our commitment to patient safety extends to vigilant monitoring of drug alerts and product recalls. With daily checks in place, we swiftly respond to any developments, safeguarding patients from potential risks associated with medication use.

1.103 Robust Staff Development

1.104 Investing in our staff's competence and knowledge, we provide thorough Staff Induction processes for all new team members. Comprehensive training equips

them with proficiency across all aspects of their roles, including a comprehensive understanding of relevant Standard Operating Procedures (SOPs). Ensuring continuous growth, our pharmacists and locums are mandated to maintain Continuing Professional Development (CPD) records.

1.105 Enabling Advanced Services

1.106 Should the scope of our services expand to include Advanced or Enhanced offerings, BACHU'S PHARMACY's commitment to excellence remains unwavering. We facilitate this growth through partnerships with training providers like CPPE, ensuring that our team remains well-prepared and knowledgeable.

1.107 Holistic Audits for Excellence

1.108 Our commitment to excellence is upheld through regular Clinical Audits, including the yearly patient satisfaction questionnaire recommended by NHS England. In addition, we conduct internal audits to ensure seamless provision of essential services during opening hours, catering to patients across the United Kingdom.

1.109 Data Security and Accessibility

1.110 BACHU'S PHARMACY places paramount importance on data security. All data stored on computers and the internet is rigorously safeguarded to ensure patient confidentiality. Access is granted exclusively to authorized staff, guaranteeing the utmost integrity in handling patient information.

1.111 Inclusivity and Accessibility

1.112 We remain steadfast in our pledge to inclusivity. Discrimination against individuals with disabilities is unequivocally rejected. Our commitment to fair treatment is exemplified through reasonable adjustments, such as larger print labels and compliance aids, ensuring equitable access to our services. A comprehensive needs analysis is conducted for every new patient registering with BACHU'S PHARMACY, further underscoring our dedication to personalized care.

1.113 Convenient Access to Medications

1.114 Through our website, BACHU'S PHARMACY extends the convenience of purchasing P and GSL medicines. Our secure online payment system ensures safe transactions, while telephone orders provide an additional avenue for patients to access their needed medications seamlessly.

1.115 In summary, BACHU'S PHARMACY's commitment to elevated clinical governance underscores our dedication to excellence, transparency, and patient-centric care. Through robust protocols, comprehensive training, proactive risk management, and accessibility initiatives, we strive to provide a healthcare experience that sets new standards for quality and compassion.

1.116 The pharmacy premises will operate under a **strict closed-door policy**, in line with Distance Selling Pharmacy (DSP) requirements. No face-to-face services

will be provided, and the public will not have access to the premises at any time.

1.117 However, in the unlikely event that a patient attends the premises and requests one or more essential services, they will be politely informed that:

1.117.1 **No services can be provided on-site**

1.117.2 The pharmacy operates on a **distance-selling model only**, and

1.117.3 Services must be accessed remotely via the **website, telephone, or email**

1.118 Clear signage will be displayed outside the premises to reinforce this message, including contact details and instructions on how to access services. If necessary, a staff member will communicate this via an intercom system or controlled entry point without allowing the patient inside.

1.119 All interactions will be recorded in the pharmacy's incident log, and reviewed as part of our ongoing clinical governance and SOP compliance processes.

1.120 **Non-Disclosure of Standard Operating Procedures:**

1.121 While this application form does not include the submission of standard operating procedures (SOPs), the pharmacy recognizes the possibility of their disclosure to interested parties. However, the pharmacy asserts that the full disclosure principle does not apply in this case due to the sensitive nature of proprietary information and business practices. The pharmacy will cooperate with NHS England to provide any necessary assurances regarding the protection of confidential information.

1.122 In summary, the pharmacy is committed to ensuring the clear separation of advanced services from essential services. By implementing physical separation, dedicated personnel, appointment scheduling, and effective communication, the pharmacy will provide advanced services while safeguarding against any overlap with essential services. The provided information in this application form is intended to satisfy NHS England's requirements while respecting the confidentiality of standard operating procedures."

Clarification letter dated 5 July 2025

1.123 "Thank you for your letter dated 4th July 2025 regarding the above application for inclusion in the pharmaceutical list for a Distance Selling Pharmacy (DSP).

1.124 I would like to provide further clarification regarding the provision of Advanced and Enhanced Services without face-to-face contact at, or in the vicinity of, the pharmacy premises.

1.125 In the originally submitted Annex A, we outlined our intent to operate in full compliance with DSP requirements, including maintaining a closed-door policy and not providing services to persons present at or near the pharmacy.

1.126 However, we acknowledge that our explanation on how Advanced and Enhanced Services will be practically delivered may not have been sufficiently explicit. Please allow us to expand on this below:

1.127 **How Advanced and Enhanced Services Will Be Delivered**

1.128 **1. New Medicine Service (NMS)**

1.128.1 Patients will be identified through prescription history or referral.

1.128.2 Consultations will be carried out **via telephone or video call** at an agreed time.

1.128.3 Full notes and intervention records will be maintained on our PMR system.

1.128.4 All follow-ups will also be conducted remotely, ensuring full adherence to DSP regulations.

1.129 **2. Hypertension Case-Finding Service**

1.129.1 Patients will be identified via online health assessments or from existing prescription data.

1.129.2 A trained pharmacist will conduct an **initial consultation remotely** to assess suitability.

1.129.3 Blood pressure readings will be collected using **home monitoring kits** delivered to the patient, or through collaboration with local care providers.

1.129.4 Ambulatory Monitoring (if required) will be arranged through **partnered mobile clinicians or domiciliary visits**, ensuring **no contact at or near the pharmacy premises**.

1.130 **3. Smoking Cessation Services**

1.130.1 Eligible patients will be referred from NHS trusts or signposted via our website.

1.130.2 Consultations and behavioural support sessions will be conducted via video or phone.

1.130.3 Nicotine replacement therapies will be **dispensed and delivered directly to the patient**.

1.131 **4. Flu Vaccination (when eligible under DSP)**

1.131.1 Where permitted, vaccinations will not take place on-site. Instead, services will be delivered:

1.131.1.1 **Via mobile vaccination units**, or

1.131.1.2 Through **visiting care homes, supported living environments**, or workplace vaccination clinics where appropriate and allowed under NHS contracts.

1.131.1.3 All logistics and patient safety protocols will be managed off site in line with regulatory requirements.

1.132 **5. Care Home Support**

1.132.1 Regular medication reviews, MAR chart audits, and clinical support for care home staff will be provided via secure digital channels or arranged visits **to the care home**, never at the DSP premises.

1.132.2 Dispensing and delivery will follow DSP protocols via a national courier system with tracking and temperature control where required.

1.133 **Compliance Statement**

1.134 We confirm that:

1.134.1 No services will be delivered **at** or **in the vicinity of** the pharmacy premises.

1.134.2 The pharmacy premises will remain **inaccessible to the public** at all times.

1.134.3 All patient-facing services will be delivered remotely or in **external locations**, in full compliance with Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1.135 Should you require any further detail or would like us to resubmit a revised Annex A reflecting the above, we are more than happy to comply."

2 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 19 December 2026 states:

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

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

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

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

Decision report

2.4 "The Pharmaceutical Services Regulations Committee (hereafter referred to as "the Committee") considers all pharmaceutical services applications for the 6 Integrated Care Boards (ICB) within the East of England footprint. NHS Hertfordshire and West Essex ICB (HWE ICB) hosts the meeting on behalf of the 6 ICBs, in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended (hereafter referred to as "the Regulations")

2.5 The Committee considered this excepted application in respect of distance selling premises, which was determined under the following Regulations:

2.6 **Regulation 31: Refusal: same or adjacent premises**

2.7 The Committee noted there is no person on the pharmaceutical list providing or undertaking to provide pharmaceutical services from or adjacent to the premises.

2.8 The Committee agreed it was not required to refuse the application under the provisions of Regulation 31.

2.9 **Regulation 25A: Transitional provision: distance selling premises applications for new inclusions made before 23rd June 2025**

2.10 The Committee noted that the application was made before 23rd June 2025.

2.11 **Regulation 25: Distance selling premises applications.**

2.12 **Regulation 25(2)(a)**

2.13 The Committee noted that where the application was asked at section 6.1, "*In my/our view this application should not be refused pursuant to Regulation 25(2)(a) for the following reasons:"*, the applicant did not provide a response.

2.14 The Committee noted that the premises in respect of which the application is made, is not on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

2.15 The Committee agreed it is not required to refuse the application under the provisions of Regulation 25(2)(a).

2.16 **Regulation 25(2)(b)**

2.17 The Committee considered the information which had been provided by the applicant in relation to its procedures for the provision of essential services, including any Standard Operating Procedures (SOPs) that it intends to use at the proposed pharmacy premises.

2.18 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, in a safe and effective way, across England, and without face-to-face contact. As of June 2025, the Regulations were amended and therefore also required the Committee to be satisfied the pharmacy premises are likely to secure the safe and effective provision of all pharmaceutical services (not just essential services) without face-to-face contact at the pharmacy premises.

2.19 The Committee considered the documents provided in the Committee Report, namely:

2.19.1 'Amended Ch 18 DSP App Form 01.07.2025'

2.19.2 'Bachu Pharmacy Annex A'

2.19.3 'Clarification on Provision of Advanced Enhanced'

2.20 The Committee noted the full representations/comments made, embedded within the representations section of the Committee Report which are summarised below:

2.21 **Boots UK Limited** – who respectfully request that members of the deciding committee are satisfied that this application fully meets the criteria set out in Regulation 25 when determining this application.

2.22 **PSC Pharmacy Sales & Consultancy** – who on behalf of Echo Healthcare Services Ltd state in summary:

2.23 **1. Incomplete Standard Operating Procedures (SOPs)**

2.24 *"The applicant does not appear to have provided a full set of Standard Operating Procedures (SOPs). This leaves significant doubt in respect of the applicant's compliance with the requirements of an application made under Regulation 25."*

2.25 *"Whilst the applicant has provided some supporting information in respect of this application there are many gaps in the information provided."*

2.26 **2. Essential Services Delivery Concerns**

2.27 **a) Uninterrupted Service During Opening Hours**

2.28 *"There is no reference in the information provided to show how services will be provided during any unplanned absences of the pharmacist during the core opening hours."*

2.29 *"The applicants' proposed trading hours are 9am to 5pm but yet they make reference to the RP not being available during lunch breaks."*

2.30 *"We would suggest that the ICB should request additional evidence from the applicant that such cover will be provided or the application should fail under this part of the Regulatory test…"*

2.31 **b) Accessibility for All Patients in England**

2.32 *"From the information provided, it is not clear how certain patient groups such as those with severe disabilities, sight loss or hearing loss will have equal access to the services offered by this pharmacy."*

2.33 *"Where these patients are discriminated against, through lack of access to the pharmaceutical services provided by this pharmacy, it cannot be said that services are available to anyone in England who wants to use them."*

2.34 **c) Safe and Effective Service Delivery**

2.35 *"In the absence of a full set of SOPs we do not believe that the ICB can be confident that the requirements of Regulation 25(2)(b) will be met."*

2.36 **d) Non-Face-to-Face Contact Requirement**

2.37 *"The applicant refers to either a staff driver or a courier but fails to describe in more detail the decision-making process between the two routes available and how the applicant will ensure that deliveries by courier will be met with reasonable promptness."*

2.38 **3. Additional Contractual and Regulatory Issues**

2.39 **a) Unwanted Medicines Collection**

2.40 *"They have made no reference to this service being free of charge. If this is paid for service, then they are not able to fully meet the contractual terms of service."*

2.41 **b) Urgent Supply Without Prescription**

2.42 *"The applicant has stated that should a request for an urgent supply without a prescription be made with follow GPhC guidelines but has failed to describe what the process is."*

2.43 **c) Pharmacy First Service**

2.44 *"The application form stated the Pharmacy First is a service that will be offered but has failed to describe how this service will be delivered remotely…"*

2.45 *"…the applicant has also failed to exclude the Otitis Media clinical pathway from this service which requires face to face is required."* [sic]

2.46 **Conclusion of the Objection**

2.47 *"In our opinion, the applicant has failed to provide sufficient information to enable NHS England to be confident that the application meets the requirements of Regulation 25. That being the case the application must be refused."*

2.48 **Community Pharmacy Essex (CPE)** – who states in summary:

2.49 **1. Premises Concerns**

2.50 *"The proposed premises are located on the first floor of a serviced office building. It will be for the regulator to determine whether the premises will allow, for example, for the secure storage of controlled drugs."*

2.51 *"There is no consultation room identified on the floor plan which is a pre-requisite for delivering the Pharmacy First service and the pharmacy contraception service."*

2.52 **2. Terms of Service for Distance Selling Pharmacies**

2.53 *"We note the extensive documentation supplied with the application, and trust that the ICB will consider whether this provides adequate assurances that the terms of service for Distance Selling premises will be met."*

2.54 *"We were surprised to see several references to the use of fax machines to communicate with GP practices, as this technology has not been acceptable within the NHS for some time."*

2.55 *"There is also a reference to the Community Pharmacy Patient Questionnaire which was retired from the Community Pharmacy Contractual Framework in 2022."*

2.56 **3. Advanced and Enhanced Services Concerns**

2.57 **a) Hypertension Service**

2.58 *"The applicant has suggested that the Community Pharmacy Hypertension service will be delivered remotely, with patients taking their own blood pressure recordings. This is not permitted by the service specification for this service."*

2.59 **b) Seasonal Flu Vaccination**

2.60 *"The Seasonal Flu vaccination service specification for 2025/26 season requires permission from NHS England for off-site vaccination."*

2.61 *"We would request that this permission is NOT granted if the offsite provision risks compromising pharmacies that have not been exempt from usual market entry processes."*

2.62 **c) Care Home Support**

2.63 *"Care Home Support is not a commissioned service in Hertfordshire and West Essex ICB area."*

2.64 **4. Overall Concerns**

2.65 *"We therefore have some serious concerns both the proposed premises and to the applicant's understanding of the terms of service for Distance Selling premises, despite an opportunity to provide further information."*

2.66 **North & South Essex Local Medical Committees (LMC)** who states:

2.67 "*The LMC has no comments but notes that this is an excepted application and seeks assurances that NHS England will clarify that all provisions set out in Regulation 25 and Regulation 64 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 in respect of distance selling premises will be met before granting the application.*"

2.68 The Committee noted that the applicant did not respond to those representations received.

2.69 The Committee noted that North & South Essex LMC were the only respondent who confirmed they have, *"…no further comments at this time and looks forward to receiving notification of the outcome in due course."*

2.70 The Committee considered each essential service in paragraphs 3 to 28C of Schedule 4 of the Regulations as this is the approach of NHS Resolution (NHSR).

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

2.71.1 Dispensing of drugs and appliances.

2.71.2 Urgent supply without a prescription.

2.71.3 Preliminary matters before providing ordered drugs or appliances.

2.71.4 Providing ordered drugs or appliances.

2.71.5 Refusal to provide drugs or appliances ordered.

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

2.71.7 Disposal service in respect of unwanted drugs.

2.71.8 Promotion of healthy lifestyles.

2.71.9 Prescription linked intervention.

2.71.10 Public health campaigns.

2.71.11 Signposting.

2.71.12 Support for self-care.

2.71.13 Discharge Medicine Service.

2.71.14 Websites and health promotion zones.

2.71.15 Discharge Medicine Service.

2.71.16 Websites and health promotion zones.

2.72 **Dispensing of drugs and appliances**

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

2.74 The Committee noted the following in summary:

2.75 **Document:** Bachu Pharmacy Annex A

2.76 **Relevant Information**

2.77 **Section:** Prescription Collection from Patients

2.78 Page: 3

2.79 *"Prescriptions will be received through the following methods:*

2.79.1 EPS (Electronic Prescription Service) nomination.

2.79.2 Secure upload via patient portal (where appropriate).

2.79.3 Postal delivery to the pharmacy address.

2.79.4 *Dedicated driver to collect Rx from surgeries if requested."*

2.80 The Committee noted that this confirms that non-electronic prescriptions can be sent by post or collected by a dedicated driver, addressing how they will be presented by the patient.

2.81 **Product Provision**

2.82 **Section:** *Nationwide Delivery of Medicines* and *Dispensing Medicines*

2.83 Pages: 2–5

2.84 Medicines are delivered via:

2.84.1 MHRA-compliant couriers (e.g., Royal Mail, Polar Speed, DPD).

2.84.2 In-house drivers for local deliveries.

2.84.3 Temperature-sensitive items handled with validated cold-chain packaging.

2.84.4 Controlled Drugs delivered with ID verification and audit trails.

2.85 **Document:** Advanced Services Clarification

2.86 **Relevant Information**

2.86.1 Section: *Compliance Statement*

2.86.2 Page: 3

2.87 *"Dispensing and delivery will follow DSP protocols via a national courier system with tracking and temperature control where required."*

2.88 The Committee noted the representation made on behalf of Echo Healthcare Services Ltd, which states:

2.88.1 *The applicant "refers to either a staff driver or a courier but fails to describe in more detail the decision-making process between the two routes available and how the applicant will ensure that deliveries by courier will be met with reasonable promptness."*

2.89 The Committee noted that the applicant has stated on page 2 the following:

2.89.1 *"We have secured partnerships with licensed, MHRA-compliant courier services, such as Royal Mail and Polar Speed, to ensure the safe and prompt delivery of all medicines…."*

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

2.91 **Urgent supply without a prescription**

2.92 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.

2.93 **Document:** Bachu Pharmacy Annex A

2.94 **Section:** *Emergency Supply of Medicines*

2.95 **Page: 6**

2.96 *"Emergency supply of medicines will always adhere to GPhC guidelines. Controlled drugs will not be supplied. Regular BACHU'S PHARMACY patients meeting the necessary criteria will have access to urgent medicines. … Regarding new patients requiring emergency supply, as long as they provide satisfactory evidence, BACHU'S PHARMACY will accommodate their needs. When BACHU'S PHARMACY is unable to provide an emergency supply, the patient will be directed to nearby pharmacies or out-of-hours services."*

2.97 The Committee noted this section outlines the process for handling urgent supply requests, including verification, communication, and redirection when necessary.

2.98 The Committee noted that the representation made on behalf of Echo Healthcare Services Ltd, which states:

2.98.1 *"The applicant has stated that should a request for an urgent supply without a prescription be made with follow GPhC guidelines but has failed to describe what the process is. As I am sure the ICB will be aware*

there are strict process in place that must be followed and in the absence of SOPs or more detailed descriptions of how this service or any essential service will be delivered it would be difficult for the ICB to fully satisfied that the regulatory test is fully met."

2.99 The Committee noted that the applicant had not explained how it proposes safely and effectively to receive requests from prescribers for urgent supplies of drugs and appliances.

2.100 Based on the information before it, the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 6 of Schedule 4.

2.101 **Preliminary matters before providing ordered drugs or appliances.**

2.102 The Committee considered whether the applicant had explained how evidence will be sought and provided with regards to the patients' entitlement to exemption or remissions from NHS Charges.

2.103 **Document:** Bachu Pharmacy Annex A

2.104 **Section:** *Dispensing Medicines*

2.105 **Page: 5**

2.106 *"Bachu's Pharmacy's approach to prescription exemption verification involves reaching out to patients initially via telephone to confirm their exemption declarations. If a patient is indeed exempt, Bachu's Pharmacy will request proof of exemption, which can be submitted to the pharmacy through fax, email, or text. To ensure completeness, the back of the prescription will be filled out in black ink. In cases where exemption evidence is not available, the 'evidence not seen' box will be marked. The nature of the exemption and its expiration date will be recorded in the Patient Medication Record."*

2.107 The Committee noted that this outlines the process for verifying exemption status, including:

2.107.1Initial contact via telephone

2.107.2Acceptable formats for submitting evidence (fax, email, text)

2.107.3Documentation procedures

2.107.4Recording in the PMR

2.108 The Committee noted that Community Pharmacy Essex (CPE) made reference to the applicants' use of fax machines when communicating to GPs. It is correct that a fax machine is not an approved method of communication to both patients and GPs.

2.109 Based on the information before it, the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 7(3) of Schedule 4.

2.110 **Providing ordered drugs or appliances**

2.111 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).

2.112 **Document:** Bachu Pharmacy Annex A

2.113 **Section:** *Convenient Access to Medications / Temperature-Sensitive Medicines*

2.114 **Page: 4**

2.115 *"For the delivery of temperature-sensitive medicines, Bachu's Pharmacy will utilize IGLOO (www.igloothermo.com), a courier service that has received approval from the Medicines and Healthcare products Regulatory Agency (MHRA). This will be complemented by Bachu's Pharmacy's in-house driver for local deliveries. … Items will be stored in transparent bags and then placed within a freeze Medicol device bag.*

2.116 *Delivery drivers will be equipped with thermometer probes to constantly monitor the temperature of the items. If the temperature deviates from the appropriate range, the Responsible Pharmacist (RP) will be notified"*

2.117 The Committee noted that this section outlines validated cold-chain logistics, temperature monitoring, and response protocols**.**

2.118 **Controlled Drugs & Misuse of Drugs Regulations Compliance**

2.119 **Pages:** 2, 5, 6, and 7

2.120 **Sections:**

2.120.1 *Nationwide Delivery of Medicines* (Page 2)

2.120.2 *Dispensing Medicines* (Page 5)

2.120.3 *Emergency Supply & CD Delivery* (Page 6)

2.120.4 *Delivery Logistics & CD Handling* (Page 7)

2.121 Key points include:

2.121.1 Use of specialist secure courier services (e.g., DPD Healthcare Account) for Controlled Drugs (CDs).

2.121.2 ID verification and signature confirmation at point of delivery.

2.121.3 Audit trails and secure storage in designated CD cabinets.

2.121.4 Return protocols for undelivered CDs.

2.121.5 Compliance with Home Office requirements and GPhC standards.

2.122 The Committee noted that these provisions align with Regulation 14 (safe custody) and Regulation 16 (record keeping and delivery controls) of the Misuse of Drugs Regulations 2001.

2.123 The Committee noted that no representation was made against this regulatory test.

2.124 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 to this regard.

2.125 **Refusal to provide drugs or appliances ordered.**

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

2.127 **Document:** Bachu Pharmacy Annex A

2.128 **Section:** *Repeat Dispensing*

2.129 **Page: 6**

2.129.1 *"To facilitate patient awareness, Bachu's Pharmacy communicates the availability of the repeat dispensing service through its website... Patients are encouraged to request only the necessary items, promoting efficient and responsible medication management."*

2.130 **Page: 10**

2.130.1 **Section: *Support for Self-Care***

2.130.2 *"For dispensing items without prescriptions, Bachu's Pharmacy will ensure the patient's familiarity with the medication and confirm its ongoing use, absence of side effects, unchanged medication regimen, and consistent well-being. Bachu's Pharmacy will communicate with the patient before issuing an emergency supply, considering the use of video conferencing services like Skype for a more personalized interaction."*

2.131 The Committee noted that although this section is under *emergency supply*, it outlines the checks made before issuing repeat supplies, including:

2.131.1 Confirming ongoing use

2.131.2 Checking for side effects

2.131.3 Ensuring no changes in medication or health status

2.132 The Committee noted that no representation was made against this regulatory test.

2.133 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 9(4) of Schedule 4.

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

2.135 The Committee considered whether the applicant had explained how appropriate advice about the benefits of repeat dispensing is given to any patient who (i) has 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.

2.136 **Document:** Bachu Pharmacy Annex A

2.137 **Advice on Repeat Dispensing for Long-Term Conditions**

2.138 **Section:** *Repeat Dispensing*

2.139 **Page: 6**

2.139.1 *"Bachu's Pharmacy's repeat dispensing service offers patients the convenience of receiving their regular medications without requiring multiple visits to their GP. Our stringent protocols ensure that our pharmacists are highly skilled in providing this repeat dispensing service. To facilitate patient awareness, Bachu's Pharmacy communicates the availability of the repeat dispensing service through its website, providing comprehensive operational details and guidance. Patients are encouraged to request only the necessary items, promoting efficient and responsible medication management."*

2.140 The Committee noted that no representation was made against this regulatory test.

2.141 The Committee noted that little detail has been provided on this matter and the applicant did not mention how it will communicate the availability of the repeat dispensing service through its website.

2.142 Based on the information before it, the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with 10(1) of Schedule 4.

2.143 **Disposal service in respect of unwanted drugs**

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

2.145 **Document:** Bachu Pharmacy Annex A

2.146 **Section:** *Disposal of Unwanted Medicines*

2.147 **Page: 8**

2.147.1 *"While patients won't be able to physically bring waste medicines to our premises, we are committed to providing comprehensive guidance on how households and individuals can safely dispose of these medications. Patients in need of safe medication disposal can reach out to us via telephone or email. Should distance pose a challenge, rest assured that Bachu's Pharmacy is prepared to address this concern. If our Bachu's Pharmacy delivery driver is unable to collect the unwanted medicines, a specialized courier service will be engaged to facilitate the disposal process. To ensure a seamless experience, patients are encouraged to provide detailed information regarding the types, forms, and quantities of medicines requiring collection."*

2.148 The Committee noted that this section confirms:

2.148.1 No on-site disposal due to DSP model.

2.148.2 Remote coordination via phone/email.

2.148.3 Collection by in-house driver or specialist courier.

2.148.4 Guidance and documentation of items for safe disposal.

2.149 The Committee noted that the representation made on behalf of Echo Healthcare Services Ltd, which states:

2.149.1 *"The applicant has stated that they will arrange for unwanted medicines which aren't able to be collected by a driver to be collected by a specialised courier, but they have made no reference to this service being free of charge. If this is paid for service, then they are not able to fully meet the contractual terms of service."*

2.150 The Committee agreed, that with the omission of whether the courier service mentioned above is free of charge to patients, it cannot be satisfied on this regulatory test.

2.151 Based on the information before it, the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 13 - 15 of Schedule 4.

2.152 **Promotion of healthy lifestyles**

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

2.154 **Document:** Bachu Pharmacy Annex A

2.155 **Section:** *Public Health (Promotion of Healthy Lifestyles)*

2.156 **Pages: 3, 7–8**

2.156.1 *"Our website stands as a dynamic hub of well-being, providing patients with a wealth of resources to embark on their pursuit of a healthy lifestyle… We complement our digital offerings by delivering informative leaflets alongside medications… Through various online platforms, we proactively champion national campaigns focused on fostering healthy lifestyles… Our commitment to promoting healthy living finds new dimensions through collaboration with NHS England…"*

2.157 The Committee noted that this section outlines.

2.157.1 Digital resources via the pharmacy website.

2.157.2 Printed materials included with deliveries.

2.157.3 Support for national campaigns.

2.157.4 Collaboration with NHS England to amplify health promotion efforts.

2.158 The Committee noted that no representation was made against this regulatory test.

2.159 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 16 – 18 of Schedule 4.

2.160 **Prescription linked intervention.**

2.161 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.

2.162 **Document:** Bachu Pharmacy Annex A

2.163 **Assessment for Prescription-Linked Intervention Advice**

2.164 **Section:** *Signposting*

2.165 **Page: 9**

2.165.1 *"Our approach to offering opportunistic guidance concerning health, lifestyle, signposting, and self-care is meticulous. Drawing insights from patients' PMRs – considering factors such as age, medical conditions, and prescribed medications – we provide tailored advice to promote health enhancements, including smoking cessation, balanced nutrition, diabetes management, weight control, and the assessment of cardiovascular risk factors."*

2.166 The Committee noted this confirms that.

2.166.1 The pharmacy uses Patient Medication Records (PMRs) to identify patients who may benefit from intervention advice.

2.166.2 Advice is tailored based on age, medical conditions, and prescribed medications.

2.166.3 Specific areas of intervention include:

2.166.3.1 Diabetes management

2.166.3.2 Smoking cessation

2.166.3.3 Weight control

2.166.3.4 Cardiovascular risk assessment

2.167 The Committee noted that no representation was made against this regulatory test.

2.168 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 17 of Schedule 4.

2.169 **Public health campaigns**

2.170 The Committee considered whether the applicant had explained how it will safely and effectively participate in public health campaigns, if and to the extent required by NHS England.

2.171 **Document:** Bachu Pharmacy Annex A

2.172 **Participation in Public Health Campaigns**

2.173 **Section:** *Public Health (Promotion of Healthy Lifestyles)*

2.174 **Page: 8**

2.174.1 *"Collaborating for Nationwide Impact*

2.174.2 *Our commitment to promoting healthy living finds new dimensions through collaboration with NHS England. By aligning ourselves with national campaigns focused on fostering healthy lifestyles, we harness the collective strength of healthcare providers, reaching a broader audience and driving transformative change. Through various online platforms, we proactively champion these campaigns, magnifying the message of health and well-being to resonate strongly across communities."*

2.175 The Committee noted this confirms that.

2.175.1 Active collaboration with NHS England on public health campaigns.

2.175.2 Use of online platforms to promote campaign messages.

2.175.3 A strategy to reach patients nationally, in line with DSP requirements.

2.176 The Committee noted that no representation was made against this regulatory test.

2.177 Based on the information before it, the Committee was satisfied that it has been provided with information sufficient to show that there would be compliance with paragraph 18 of Schedule 4.

2.178 **Signposting**

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

2.180 **Document:** Bachu Pharmacy Annex A

2.181 **Information About Other Health and Social Care Providers**

2.182 **Section:** *Signposting*

2.183 **Page: 9**

2.183.1 *"Moreover, the Bachu's Pharmacy website will serve as a portal, linking patients to an array of specialized support organizations. These include a network of healthcare professionals, social services, as well as community and voluntary groups, offering tailored assistance on a national level."*

2.184 The Committee noted this confirms that:

2.184.1 The pharmacy will use its website as a central hub to provide access to:

2.184.1.1 Healthcare professionals

2.184.1.2 Social services

2.184.1.3 Community and voluntary groups

2.184.2 The support is tailored and nationally accessible, in line with DSP requirements.

2.185 The Committee noted that no representation was made against this regulatory test.

2.186 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 paragraphs 19 – 20 of Schedule 4.

2.187 **Support for self-care**

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

2.189 **Document:** Bachu Pharmacy Annex A

2.190 **Support for Family Carers**

2.191 **Section:** *Support for Self-Care*

2.192 **Page: 10**

2.192.1 *"Our dedicated team of healthcare professionals is equipped to provide valuable insights, guidance, and recommendations to address a diverse array of health concerns. This service empowers patients to manage their health proactively and make informed decisions about their well-being."*

2.192.2 *"In conclusion, our Support for Self-Care program embodies our dedication to empowering patients with the tools and knowledge to effectively manage their health. By fostering self-care practices, providing expert advice, and offering comprehensive guidance, we empower patients to thrive on their unique health journeys while ensuring their informed consent and active participation throughout the process."*

2.193 The Committee noted that while the section does not explicitly use the term *carers*, it outlines:

2.193.1 Guidance and support provided by healthcare professionals.

2.193.2 Accessible communication channels (telephone and email).

2.193.3 A focus on empowering individuals to manage health concerns, which includes those caring for family members.

2.194 This implies that carers can access advice and support relevant to their role in managing others' health.

2.195 The Committee noted that no representation was made against this regulatory test.

2.196 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 paragraphs 21 – 22 of Schedule 4.

2.197 **Discharge Medicine Service**

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

2.199 Furthermore, the Committee considered whether the applicant has explained what procedures it has in place for checking referrals for the Discharge Medicines Service.

2.200 The Committee noted that no information had been provided by the applicant in its documentation with regard to the Discharge Medicine Service and no explanation had been given as to how the applicant was proposing to provide advice, assistance or support and that there was also no explanation regarding any procedures in place for checking referrals for the discharge medicine service.

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

2.202 **Websites and health promotion zones**

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

2.204 **Document:** Bachu Pharmacy Annex A

2.205 **Public Health (Promotion of Healthy Lifestyles)**

2.206 **Page**: 7–8

2.206.1 The applicant confirms the website will serve as a "Virtual Wellness Hub," offering:

2.206.1.1 A wealth of resources promoting healthy lifestyles.

2.206.1.2 Comprehensive insights, practical tips, and educational content.

2.206.1.3 Direct links to authoritative external sources for further information.

2.206.1.4 Printed materials included with deliveries to reinforce health promotion.

2.207 The website is described as a dynamic hub of well-being, suggesting interactivity and regular updates.

2.208 **Support for Self-Care**

2.209 **Page**: 9–10

2.209.1 The website is again referenced as a resource hub for:

2.209.1.1Self-care strategies.

2.209.1.2Guidance for managing long-term conditions and medications.

2.209.1.3A dedicated consent form for service access, implying interactive functionality.

2.210 **Provision of Essential Services without Face-to-Face Contact**

2.211 **Page**: 2

2.211.1The pharmacy confirms it will operate a dedicated pharmacy website with:

2.211.1.1Prescription ordering and repeat request functionality.

2.211.1.2Public access to services across the UK

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

2.213 The Committee considered any advanced or enhanced services proposed to being undertaken. Those listed on the application form are:

2.213.1New Medicine Service

2.213.2Pharmacy First Service

2.213.3Pharmacy Contraception Service

2.213.4Smoking Cessation Service

2.214 The Committee noted that all are advanced services.

2.215 **New Medicine Service**

2.216 **Page: 2 - Advanced Services Clarification.pdf**

2.217 **Section: *How Advanced and Enhanced Services Will Be Delivered***

2.218 *"1. New Medicine Service (NMS)*

2.218.1Patients will be identified through prescription history or referral.

2.218.2Consultations will be carried out via telephone or video call at an agreed time.

2.218.3Full notes and intervention records will be maintained on our PMR system.

2.218.4 *All follow-ups will also be conducted remotely, ensuring full adherence to DSP regulations.*

2.219 The Committee noted that this confirms:

2.219.1 Remote delivery of NMS via telephone or video.

2.219.2 No face-to-face contact at or near the pharmacy premises.

2.219.3 Documentation of interventions in the PMR system.

2.219.4 Follow-up consultations are also remote.

2.220 **Pharmacy First Service**

2.221 **Page: 2 - Advanced Services Clarification.pdf**

2.222 **Section: How Advanced and Enhanced Services Will Be Delivered**

2.223 While the Pharmacy First Service is not explicitly named, the document outlines how advanced services will be delivered remotely:

2.223.1 *"Consultations will be carried out via telephone or video call at an agreed time. Full notes and intervention records will be maintained on our PMR system. All follow-ups will also be conducted remotely, ensuring full adherence to DSP regulations."*

2.224 The Committee noted that the representations from Echo Healthcare Ltd stated:

2.224.1 "*the applicant has also failed to exclude the Otitis Media clinical pathway from this service which requires face to face is required."*

2.225 The Committee noted that as there is no specific information provided relating to this advanced service, it was not satisfied that Pharmacy First will be provided safely and effectively without face-to-face contact at the pharmacy premises between the patient (or their representative) and the pharmacy staff.

2.226 **Pharmacy Contraception Service**

2.227 **Pages: 2–3 - Advanced Services Clarification.pdf**

2.228 **Section: *How Advanced and Enhanced Services Will Be Delivered***

2.229 Although the Pharmacy Contraception Service is not explicitly named, the applicant provides a general framework for delivering all advanced services remotely, which would include contraception if commissioned.

2.229.1 *"Consultations will be carried out via telephone or video call at an agreed time. Full notes and intervention records will be maintained on our PMR system. All follow-ups will also be conducted remotely, ensuring full adherence to DSP regulations."*

2.229.2 Additionally, the Compliance Statement on page 3 confirms:

2.229.3 *"All patient-facing services will be delivered remotely or in external locations, in full compliance with Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013."*

2.230 The Committee noted that as there is no specific information provided relating to this advanced service, it was not satisfied that Contraceptive Services will be provided safely and effectively without face-to-face contact at the pharmacy premises between the patient (or their representative) and the pharmacy staff.

2.231 **Smoking Cessation Service**

2.232 **Page: 2 - Advanced Services Clarification.pdf**

2.233 **Section: *3. Smoking Cessation Services***

2.233.1 *"Eligible patients will be referred from NHS trusts or signposted via our website. Consultations and behavioural support sessions will be conducted via video or phone. Nicotine replacement therapies will be dispensed and delivered directly to the patient."*

2.234 The Committee noted that this confirms:

2.234.1 No face-to-face contact at or near the pharmacy.

2.234.2 Remote consultations via video or phone

2.234.3 Direct delivery of smoking cessation products

2.235 The Committee noted that the services listed on the application form do not coincide with the services provided on the documentation titled, "Clarification on Provision of Advanced Enhanced" submitted by the applicant.

2.236 The Committee noted that the applicant had included, Hypertension Case-Finding Service, Flu Vaccination (when eligible under DSP) and Care Home Support.

2.237 The Committee considered the representation from CPE which stated:

2.237.1 *"The applicant has suggested that the Community Pharmacy Hypertension service will be delivered remotely, with patients taking their own blood pressure recordings. This is not permitted by the service specification for this service."*

2.238 The Committee noted that there is no provision for remote (telehealth) consultations for the initial clinic blood pressure check portion of the service. A purely virtual consultation cannot substitute the physical blood pressure check, which is core to this service per the specification.

2.239 **Other matters**

2.240 The Committee noted the comment raised by PSC Pharmacy Sales & Consultancy on behalf of Echo Healthcare Services Ltd regarding uninterrupted service during opening hours. This stated:

2.240.1 *"There is no reference in the information provided to show how services will be provided during any unplanned absences of the pharmacist during the core opening hours. It is inevitable that occasions will arise when the pharmacist is absent and unless suitable contingency procedures are in place the above obligation will not be complied with.*

2.240.2 *It is worth noting that the Responsible Pharmacist rules, allowing a break of 30 minutes or up to 2 hours in an emergency, do not apply to Distance Selling pharmacies and they must be open for all of the core hours. The applicants' proposed trading hours are 9am to 5pm but yet they make reference to the RP not being available during lunch breaks."*

2.241 The Committee noted that the applicant acknowledges that the Responsible Pharmacist (RP) may be temporarily away during lunch breaks or emergencies and that SOPs will be followed to prevent service disruption, however:

2.241.1 No specific explanation is provided about how cover will be arranged during these absences.

2.242 The Committee noted that the applicant was provided with all the comments raised by interested parties and failed to provide any response during the 14-day period.

2.243 The Committee agreed that it cannot be satisfied that all essential services are likely to be secured without interruption during the opening hours.

2.244 **Regulation 25 – Distance Selling Premises Requirements**

2.245 Regulation 25 requires that NHS England must refuse an application for a distance selling pharmacy unless it is satisfied that,

2.245.1 The pharmacy will provide uninterrupted essential services during opening hours to persons anywhere in England.

2.245.2 The pharmacy will provide safe and effective pharmaceutical services without face-to-face contact at the pharmacy premises between the patient (or their representative) and the pharmacy staff.

2.246 In conclusion, the Committee agreed that the applicant had not satisfied Regulation 25.

2.247 **Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS England/the ICB's Public Sector Equality Duty**

2.248 The Committee agreed this would not be affected if granting this application.

2.249 All decision makers agreed that the applicant had not provided evidence to demonstrate that their application meets the requirements of Regulation 25.

2.250 The Chair asked whether all decision makers agreed to refuse this application. All decision makers confirmed agreement.

2.251 **Decision**

2.252 The Committee refused the application as not all the requirements set out in Regulation 25 have been met.

2.252.1 The Committee was not required to refuse the application under the provisions of Regulation 31 as the proposed premises are not adjacent to or in close proximity to other chemist premises.

2.252.2 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.

2.252.3 The Committee was not satisfied that all essential services are likely to be secured without interruption during the opening hours.

2.252.4 The Committee was satisfied that all essential services are likely to be secured for persons anywhere in England.

2.252.5 The Committee was not satisfied that all pharmaceutical services are likely to be secured in a safe and effective manner.

2.252.6 The Committee was not satisfied that all pharmaceutical services are likely to be secured without face-to-face contact.

2.253 The Committee agreed that Bachu Consultancy Limited, Unit 131, M25 Business Centre, 121 Brooker Road, Waltham Abbey, Essex, EN9 1JH has the right to appeal the decision."

3 The Appeal

By the online form for pharmacy application appeals dated 22 December 2025, the Applicant appealed against the Commissioner's decision. The grounds of appeal are:

3.1 "This appeal is brought on the grounds of procedural unfairness and material error in the decision-making process.

3.2 **1. Failure to provide the applicant with an opportunity to respond to representations**

3.3 The Committee report states that representations were received from interested parties - and that the applicant "did not respond" to those representations. The applicant did not receive any such representations, nor any invitation or time window to respond, in respect of this application.

3.4 The correspondence email address used for this application [redacted] is the same email address used in multiple other contemporaneous distance selling pharmacy applications submitted by the applicant, in which representations were received and responded to in full. In this case, no representations were

received. It was therefore reasonable for the applicant to believe that no objections had been made.

3.5 It is procedurally unfair for the Committee to rely on an alleged "failure to respond" where the applicant was not served with the representations and was denied a fair opportunity to be heard.

3.6 **2. Material reliance on the alleged non-response in refusing the application**

3.7 The Committee's conclusions under Regulation 25 expressly relied on the existence of representations and the applicant's supposed non-response when determining that it was "not satisfied" as to certain aspects of service provision. The decision was therefore materially influenced by a procedural defect.

3.8 **3. Failure to seek clarification where matters were capable of resolution**

3.1 Had representations been served, or had the Committee sought clarification directly applicant would have been able to address the matters raised, including continuity arrangements, urgent supply processes, and confirmation that disposal of unwanted medicines is provided free of charge in accordance with the Terms of Service.

3.2 The refusal was therefore premature and disproportionate.

3.3 **4. Request for disclosure and appropriate remedy**

3.4 The applicant has requested disclosure from PCSE/Hertfordshire and West Essex ICB of copies of all representations relied upon and evidence of how and when they were served. The applicant respectfully requests that the decision be set aside and the matter remitted for redetermination following proper service of representations and a fair opportunity to respond."

4 Summary of Representations

The Committee noted the Applicant's comments that it had not received copies of the 45 day representations made to the Commissioner. In the interests of transparency and fairness, NHS Resolution sought to rely on the discretion afforded in paragraph 7 of Schedule 3 of the Regulations to vary the normal procedures and to allow the Applicant to make representations on the 45 day representations.

This is a summary of representations received.

4.1 North & South Essex LMCs

4.1.1 "Thank you for your e-mail dated 19th January 2026.

4.1.2 The LMC notes that this is an excepted application and seeks assurances that NHS England will clarify that all provisions set out in Regulation 25 and Regulation 64 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 in respect of distance selling premises will be met before granting the application.

4.1.3 We look forward to receiving notification of the outcome of the appeal in due course."

4.2 The Commissioner

4.2.1 "Please note that from the 1 April 2023, community pharmacy contracting and commissioning has been delegated to Integrated Care Boards (ICBs). Hertfordshire and West Essex (HWE) ICB are hosting the function on behalf of the six East of England ICBs. The six ICBs have formed one Pharmaceutical Services Regulation Committee (PSRC) which is also hosted by HWE ICB.

4.2.2 Thank you for your letter dated 16 January 2026 advising that Bachu Consultancy Ltd (the Appellant) has submitted an appeal against the decision to refuse their application for inclusion in the pharmaceutical list to provide pharmaceutical services as a distance selling pharmacy under Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the Regulations).

4.2.3 The grounds for the appeal are that the ICB did not circulate the representations to the Appellant, providing an opportunity for them to comment on the representations. The Appellant notes our decision was based on the representations received which the Appellant had not seen. This is incorrect. Comments received during the 45 days representation period were circulated via email on the 16 September 2025. The Appellant's email address [redacted] was bcc'd into the email along with other parties.

4.2.4 Evidence is enclosed with this correspondence. [Attached at Appendix A for Committee]

4.2.5 Whilst representations made by interested parties are noted by the PSRC, a determination is always made based on the Regulations and whether the applicant has complied with the relevant Regulations. NHS Resolution will note from the Committee Report and minutes from the PSRC, that there were a number of areas where the PSRC were not satisfied. The Appellant notes:

4.2.6 *"Had representations been served, or had the Committee sought clarification directly, the applicant would have been able to address the matters raised, including continuity arrangements, urgent supply processes, and confirmation that disposal of unwanted medicines is provided free of charge in accordance with the Terms of Service."* (Appeal, Page 3).

4.2.1 It is not the role of the Committee to seek additional information from the applicant where information is missing or unsatisfactory. As noted above, representations were circulated. The Appellant has not taken the opportunity via the appeal process to address the areas where the PSRC were not satisfied. The ICB therefore remains of the opinion that the application should be refused.

4.3 The Applicant

4.3.1 “Introduction

4.3.2 These representations are submitted further to the appeal lodged by the applicant against NHS England’s refusal of the distance selling pharmacy application for Bachu Consultancy Ltd, and in accordance with Schedule 3 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”).

4.3.3 The applicant is grateful for the opportunity to provide further representations, to address the matters raised in the 45-day representations relied upon by The Pharmaceutical Services Regulations Committee (“the Committee”), and to demonstrate how the application satisfies the tests in Regulation 25 and Schedule 4 of the Regulations.

4.3.4 In particular, Regulation 25(2)(b) requires NHS England (and on appeal, NHS Resolution) to be satisfied that there are adequate arrangements in place for the safe provision of pharmaceutical services, the protection of patient safety and wellbeing, and the maintenance of continuity of care; these matters are addressed in detail in [paragraphs 4.3.17 - 4.3.47] below.

4.3.5 [Paragraphs 4.3.17 - 4.3.47] set out detailed information about the proposed operating model, including how pharmaceutical services will be delivered from the distance-selling premises.

4.3.6 These representations are structured to respond directly to all points raised in the 45-day representations submitted by PSC/Echo, Community Pharmacy Essex, Boots UK Ltd and the North & South Essex LMC, including: incomplete SOPs; uninterrupted cover; accessibility and equality; urgent supplies; unwanted medicines and disposal charges; driver versus courier arrangements and reasonable promptness; the Pharmacy First service (including the otitis media pathway); premises and consultation facilities; hypertension, vaccination and care-home services; and the removal of references to fax and other legacy processes in a distance-selling compliant model.

4.3.7 Responding to representations from interested parties

4.3.8 The applicant has carefully considered the 45-day representations submitted by Echo/PSC, Community Pharmacy Essex (CPE), Boots UK Ltd and the North & South Essex LMC. This section summarises the principal issues raised by each party and signposts where they are addressed in detail in [paragraphs 4.3.17 - 4.3.47] below.

4.3.9 A. Echo / PSC (7 August 2025)

4.3.10 Echo/PSC’s representations raise concerns about: incomplete SOPs and missing operational detail; uninterrupted RP cover and unplanned absences; urgent supply without a prescription; disposal of unwanted medicines and whether this is free of charge; courier versus driver

decisions and “reasonable promptness”; accessibility and equality for disabled patients; and the provision of advanced services, including Pharmacy First and the Otitis Media pathway. These issues are addressed in [paragraphs 4.3.17 - 4.3.47] below.

4.3.11 B. Community Pharmacy Essex (2 September 2025)

4.3.12 CPE’s comments relate to premises and consultation room requirements; hypertension case-finding; Pharmacy First pathways; vaccination services; “care-home support” as a service; and references to fax and other outdated processes. These matters are addressed in [paragraphs 4.3.17 - 4.3.47], including clarification and exclusion of any services that are not compatible with a DSP model or not commissioned by the ICB.

4.3.13 C. Boots UK Ltd (21 August 2025)

4.3.14 Boots UK does not identify specific operational gaps but requests assurance that the criteria in Regulation 25 are fully met, particularly in relation to regulatory compliance, patient safety and continuity of care. Those points are addressed across [paragraphs 4.3.17 - 4.3.47] and through the strengthened SOP-based operating model described below.

4.3.15 D. North & South Essex LMC (29 August 2025)

4.3.16 The North & South Essex LMC raises no substantive objection but seeks assurance that Regulation 25 and Regulation 64 will be met before the application is granted. The sections below demonstrate how those requirements are satisfied within a DSP-compliant, remote-only model.

4.3.17 Service scope, explicit exclusions and October 2025 DSP changes

4.3.18 Bachu’s Pharmacy is a GPhC registered pharmacy; registration number: 9013026.

4.3.19 Echo/PSC and Community Pharmacy Essex raised concerns about advanced services which may require face-to-face contact or physical examination, including Pharmacy First, the Pharmacy Contraception Service, hypertension case-finding, vaccinations and care-home-type work, and about the absence or use of a consultation room; Echo/PSC also raised concerns about essential services.

4.3.20 For clarity, some services referenced in the original application pack (including the Chapter 18 application form and Annex A) and the July 2025 clarification letter – in particular hypertension case-finding, smoking cessation and vaccination services – are no longer proposed from this DSP contract. This intentional narrowing of scope reflects the current regulatory framework for distance-selling premises and ensures that only services which can safely and effectively be delivered in a remote-only DSP model are included.

4.3.21 The description of Pharmacy First in the original application form, Annex A and the July 2025 clarification letter has been superseded to reflect the applicant's original intention under the updated DSP regime. From these distance-selling premises, the applicant will only provide Pharmacy First pathways that can be delivered entirely remotely in accordance with the current NHS England service specification for DSPs; the otitis media pathway is explicitly excluded. No element of any Pharmacy First pathway provided from this DSP will involve face-to-face contact at, or in the vicinity of, the premises between patients (or their representatives) and pharmacy staff; where a pathway requires physical examination or other in-person assessment, patients will be signposted to appropriate bricks-and-mortar providers or other suitable services. Pharmacy First will be provided safely and effectively by delivering consultations in line with the national Pharmacy First service specification and clinical pathways, using NHS-assured IT systems to record structured assessments, apply inclusion and exclusion criteria, and generate contemporaneous clinical records with post-event messages to GPs to support continuity of care. Pharmacists delivering the service will be trained and competent in the use of the clinical pathways and PGDs, will take a full history (including allergies and concurrent medicines), and will give clear safety-netting advice, including when and how to seek urgent or further medical help. The service will offer timely appointments, provide evidence-based self-care advice and, where appropriate, NHS-funded treatment under PGDs for eligible conditions, so that patients receive a complete, guideline-based episode of care in pharmacy when clinically suitable. Clinical records will be subject to regular audit and review to ensure adherence to pathways, support antimicrobial stewardship, and drive ongoing quality improvement, thereby maximising both patient safety and clinical effectiveness.

4.3.22 From these distance-selling premises the Pharmacy Contraception Service will be provided in a remote-only model in accordance with the national service specification, using structured telephone or video consultations for clinical assessment, safeguarding and consent. Where blood pressure measurement or other physical measurements are required, patients will be signposted to appropriate face-to-face services, and no consultations will take place at or near the DSP premises. Pharmacy contraception services will be delivered safely and effectively by providing structured consultations in line with the national NHS Pharmacy Contraception Service specification and associated PGDs, with full clinical assessment, documentation, and communication with other services where appropriate. Pharmacists providing the service will be trained and competent in contraceptive history-taking, eligibility assessment, and use of the relevant PGDs for initiation and ongoing supply of oral contraception and oral emergency contraception, ensuring that inclusion and exclusion criteria and safeguarding considerations are applied consistently. Each consultation will include discussion of the person's preferences, adherence, side effects and risks, advice on more effective methods such as LARC, and clear safety-netting and signposting to sexual health or GP services when a more complex assessment, alternative

contraception, or urgent care is needed. All consultations will generate contemporaneous clinical records using our NHS-assured IT system, and these records will be audited regularly to assure quality, support continuity of care, and help reduce unintended pregnancy by improving timely, equitable access to effective contraception.

4.3.23 New Medicine Service (NMS) will be delivered remotely via structured telephone or video consultations, in line with the national NMS service specification, with clinical records, documented consent, planned follow-up, full contemporaneous notes, and GP communication where appropriate to support continuity of care. The pharmacy will improve both patient safety and treatment effectiveness by providing structured remote consultations when a new medicine is started. Through early and planned follow-up, the pharmacist can identify side effects, potential interactions, and practical problems with taking the medicine, reducing the risk of harm and avoidable hospital admissions. At the same time, we will support adherence by exploring the patient's understanding, beliefs, and concerns, reinforcing correct use, and providing clear, tailored counselling or referral to their prescriber where clinically appropriate. This will help ensure that medicines for long-term conditions are taken as intended, leading to better symptom control and clinical outcomes, while empowering patients to be more confident and engaged in managing their own treatment.

4.3.24 For the avoidance of doubt, from these distance-selling pharmacy premises the applicant will only provide services that can be delivered safely and effectively without face-to-face contact at or in the vicinity of the premises, in line with Regulation 25 and the DSP changes introduced in 2025.

4.3.25 Services to be provided (remotely):

4.3.25.1 Essential pharmaceutical services under the distance-selling model.

4.3.25.2 New Medicine Service (NMS) via telephone or video consultation.

4.3.25.3 Pharmacy First (remote only), limited to clinical pathways that can be delivered entirely without physical examination and excluding otitis media, provided via secure live video in line with the NHS England DSP service specification.

4.3.25.4 Pharmacy Contraception Service (remote), relying on appropriate clinical data from external sources or patient-provided data where clinically appropriate, and excluding any elements that require on-site clinical measurement by this DSP.

4.3.26 As set out in the SOPs and Business Continuity Plan, all remote directed services from this DSP (including Pharmacy First and the Pharmacy Contraception Service) will be delivered via remote consultations governed by patient communication choice where possible (telephone, another live audio link or live video), supported by

robust arrangements for confidentiality, identity-checking, contemporaneous record-keeping and appropriate safety-netting.

4.3.27 Services explicitly excluded from this DSP premises:

4.3.27.1 Community Pharmacy Hypertension Case-Finding Service.

4.3.27.2 Smoking Cessation Service.

4.3.27.3 Vaccination services (including flu vaccination).

4.3.27.4 Any “care-home support” service, as this is not a commissioned NHS service with the ICB.

4.3.27.5 Any service requiring physical examination, use of medical equipment to obtain clinical data, vaccination, or face-to-face consultation at or in the vicinity of the DSP premises.

4.3.28 Patients needing those elements will be signposted to suitable walk-in pharmacies or other providers, ensuring clinical safety while remaining within DSP constraints.

4.3.29 Essential services: Schedule 4 service-by-service analysis

4.3.30 In its decision, the Committee stated that it had “considered each essential service in paragraphs 3 to 28C of Schedule 4 of the Regulations”. In order to assist the Committee on reconsideration, the pharmacy now sets out, service-by-service, how each of those essential services will be secured from the distance-selling premises in accordance with Regulation 25 and Regulation 64(3).

4.3.31 For ease of reference, this section follows the structure of Schedule 4 of the 2013 Regulations and explains how the pharmacy procedures for the distance-selling premises (DSP) will secure the uninterrupted, safe and effective provision of each essential service, in line with Regulation 25 and Regulation 64(3).

4.3.32 **Paragraph 3 – Provision of pharmaceutical services**

4.3.33 The DSP will provide the full range of essential services to persons anywhere in England who request those services, without face-to-face contact at or in the vicinity of the GPhC-registered premises. This is achieved through remote ordering channels (website, app, telephone and secure messaging), EPS nomination, secure electronic clinical records, a robust responsible-pharmacist model and SOPs that ensure continuity of service across all contracted opening hours. Medicines will be supplied to patients’ chosen addresses under the delivery model described below, so that essential services remain available without any patient attending at or near the premises.

4.3.34 For urgent supplies requested by prescribers, the pharmacy will safely and effectively receive such requests via a dedicated telephone line and monitored NHSmail account, available throughout core opening hours.

Prescribers will be asked to clearly identify urgent requests and provide key clinical details (indication, dose, timing of last dose and any relevant monitoring). On receipt, staff will follow the “Urgent prescriptions and emergency supplies” SOP: calls and emails are immediately escalated to the responsible pharmacist, who will assess clinical urgency, agree the supply route with the prescriber where necessary and authorise prioritised dispensing and accuracy-checking. The patient’s location and circumstances will then determine the delivery method, using same-day local delivery by the in-house driver or the fastest appropriate tracked courier option, and in all cases delivery to the patient will be provided free of charge so that clinically urgent medicines are supplied without unsafe delay.

4.3.35 In relation to NHS prescription charges, the pharmacy will follow NHS England and NHSBSA guidance on exemptions and remissions. As all services are provided remotely, patients will confirm their charge status (payer, exemption category or pre-payment certificate) via the website, app, secure messaging or telephone and, where they claim exemption or remission, provide acceptable evidence (for example, pre-payment certificate details). Pharmacy staff will check evidence where reasonably available, remind patients of their legal responsibility to provide accurate information and complete electronic declarations in line with current NHS requirements. Where appropriate evidence cannot be supplied at the time of dispensing, patients will be treated as charge-paying and advised how to reclaim charges if entitlement is subsequently confirmed, in accordance with NHS guidance. Where available in the PMR, the pharmacy will also use the NHS Real Time Exemption Checking (RTEC) service to confirm exemption or remission status directly with NHSBSA records, treating a positive RTEC confirmation as satisfactory evidence and otherwise following standard NHS England and NHSBSA guidance on manual declarations, evidence checks and charge collection. As a remote pharmacy, all NHS fees will be collected via remote payment methods; the DSP will not collect cash or use an in-person card terminal.

4.3.36 **Paragraphs 4–9 – Proper and sufficient drugs and related dispensing requirements**

4.3.37 For all NHS prescriptions received (electronic and paper), the pharmacy will provide proper and sufficient drugs in accordance with paragraphs 4–9, using in-house stock management supported by MHRA-authorised wholesalers and contingency suppliers to minimise stock-out risk. Patients wishing to use non-electronic (paper) prescriptions will do so without attending at or near the DSP by using pre-addressed Freepost envelopes supplied by the pharmacy, posting prescriptions directly to the pharmacy’s NHS-registered address or, where appropriate, asking their GP practice to send the prescription on their behalf. On receipt, paper prescriptions will be processed under the same clinical and accuracy-checking SOPs as electronic prescriptions, and dispensed items will then be supplied using the delivery arrangements described below.

4.3.38 For local deliveries within a 20-mile radius, the pharmacy will normally use its in-house trained driver; if that option is unavailable, Royal Mail tracked services will be used. For patients outside the 20-mile radius, Royal Mail tracked services will be standard. All fridge lines and controlled drugs will be delivered by GDP-compliant contracted couriers under a formal SLA, providing cold-chain or chain-of-custody protection as required, with end-to-end tracking, proof of delivery and defined delivery windows. These arrangements are underpinned by SOPs that reflect the requirements of the Misuse of Drugs Regulations 2001 (including Regulations 14 and 16), so that the possession, storage, transport and delivery of controlled drugs remain lawful and secure throughout the supply chain.

4.3.39 Clinical checks, labelling, accuracy-checking and counselling will be undertaken remotely by or under the supervision of the responsible pharmacist, with clear SOPs for high-risk medicines and urgent prescriptions. For clarity, this pharmacy will not supply NHS appliances, so the appliance-specific obligations in paragraphs 5–9 and 12 do not arise; all arrangements described in this section relate to the dispensing of medicines/drugs.

4.3.40 **Paragraphs 10–11 – Repeat dispensing**

4.3.41 The pharmacy will provide repeat dispensing services for suitable patients in accordance with paragraphs 10 and 11, making full use of electronic repeat dispensing (eRD). Remote channels (online account, secure messaging, email and telephone) will allow patients to request issues, pause supplies and update clinical information without attending the premises, improving access for people who are housebound, work irregular hours or live in rural areas. SOPs will ensure regular clinical review of eRD patients, appropriate liaison with prescribers and proactive recall where adherence concerns, side-effects or safeguarding issues are identified.

4.3.42 Before each subsequent issue of a repeatable prescription, staff will follow a repeat-dispensing checklist to confirm that the patient is still taking the medicine as prescribed, is not experiencing significant side-effects, and that there have been no changes to the prescribed regimen or relevant changes in the patient's health; where these checks indicate that a clinical review may be desirable, the patient will be referred to the prescriber. In line with paragraphs 10 and 11, patients with long-term, stable conditions who require regular medicines will be identified through clinical review and dispensing records and proactively offered advice on the benefits of repeat dispensing (including improved convenience, reduced risk of interruption to therapy and better planning of reviews), so that appropriate patients can make an informed decision about using repeat dispensing with their prescriber's agreement. The availability and benefits of repeat dispensing will also be explained clearly on the website, including a dedicated information page and prompts within the online ordering and repeat-request journey.

4.3.43 **Paragraphs 12–13 – Disposal of unwanted medicines**

4.3.44 The pharmacy will accept unwanted patient-returned medicines for safe disposal in accordance with paragraphs 12 and 13, using a model that does not involve members of the public attending at, or in the vicinity of, the DSP. Options will include pre-arranged collections via delivery drivers, use of approved returns containers or pre-paid returns arrangements where appropriate, backed by SOPs that govern safety, segregation, controlled drug handling and environmental requirements. Patients will be informed of the returns process via the website, patient information leaflets and during counselling contacts, ensuring that the essential disposal service remains accessible despite the absence of walk-in facilities. This disposal service, including collection or return arrangements, will be provided free of charge to NHS patients in line with essential service requirements.

4.3.45 **Paragraph 14 – Promotion of healthy lifestyles (public health)**

4.3.46 The pharmacy will provide the health promotion essential service remotely, by identifying relevant public health campaigns (for example, weight management, cancer screening and antimicrobial stewardship) and delivering tailored information, signposting and brief advice through its website, email/SMS campaigns, telephone consultations and printed materials enclosed with prescriptions. Lifestyle questionnaires and targeted prompts will be integrated into remote consultations, enabling pharmacists to provide opportunistic health-promotion interventions that mirror or improve on those available in a traditional walk-in setting. The pharmacy will not provide smoking cessation support or vaccination services from the DSP; instead, it will offer remote advice on these topics and signpost patients to local providers that deliver those services face-to-face. When dispensing prescriptions, the pharmacy will use clinical records, indication, medicine types and structured lifestyle questions within remote consultations to identify patients who have diabetes, are at risk of coronary heart disease, smoke or are overweight, and will provide targeted prescription-linked lifestyle advice to those patients in accordance with paragraph 14.

4.3.47 **Paragraph 15 – Signposting**

4.3.48 The DSP will provide a comprehensive signposting service to other health and social care providers, using structured triage algorithms and local/national directories to direct patients to the most appropriate service. Patients will be able to access signposting via telephone, secure messaging and video consultations, with staff trained to recognise red-flag symptoms and to escalate to urgent and emergency services where required. Because patients from anywhere in England can access the DSP, signposting protocols will include national services (NHS 111, NHS 111 online, urgent care and national helplines) and, where possible, localised signposting based on the patient's postcode.

4.3.49 **Paragraph 16 – Support for self-care**

4.3.50 Through remote consultations and written digital resources, the pharmacy will provide advice and support for self-care of minor illnesses

and long-term conditions, including tailored support for people caring for children or other family members and advice on appropriate OTC medicines, non-pharmacological measures and when to seek further medical help. Staff will follow SOPs that ensure safe triage (including agreed symptom checklists and escalation criteria) and appropriate recording of all advice given, in line with clinical governance requirements. This remote self-care support improves access for patients who may find it difficult to visit a community pharmacy because of mobility issues, caring responsibilities, work commitments or geographic isolation.

4.3.51 **Paragraphs 17–22 – Clinical governance and associated requirements**

4.3.52 The DSP will comply with all clinical governance requirements in paragraphs 17–22, including having a written clinical governance framework, incident reporting and learning processes, patient satisfaction surveys, complaint handling, staff training and continuing professional development. Risk assessments and SOPs will specifically address risks associated with remote provision (identity verification, medicines delivery failures, remote consultations, safeguarding and cyber security), and mitigation plans will be regularly reviewed by the superintendent pharmacist. The pharmacy will participate in NHS England-required clinical audits and patient safety initiatives and will use data from incident reports, near-misses and complaints to drive continuous quality improvement.

4.3.53 The pharmacy will provide the Discharge Medicines Service (DMS) as an essential service in line with NHS England guidance and the DMS toolkit. Patients recently discharged from hospital, or otherwise referred as part of transfer-of-care arrangements by staff of an NHS trust or NHS foundation trust, will be accepted via secure electronic referral systems (for example, DMS platforms or NHSmail) and the referral will be checked against local DMS referral criteria. On receipt of a referral, the pharmacist will follow a DMS SOP: promptly reviewing the referral, reconciling the patient's discharge medicines with their pre-admission regimen, identifying and resolving discrepancies with the referring team or GP where necessary, and arranging a remote consultation with the patient and/or carer to provide advice, assistance and support with their medicines regimen. Referral sources will be routinely monitored and all DMS referrals will be logged and checked daily to ensure that no discharge referrals are missed or left unprocessed. Where a DMS patient expresses a preference for a face-to-face consultation, the pharmacist will explain that this DSP can only provide the service remotely and will, where appropriate, signpost or refer the patient to a suitable local community pharmacy or other provider for an in-person review.

4.3.54 **Paragraph 23 – Opening hours (DSP context)**

4.3.55 The DSP will provide at least 40 core opening hours per week, during which the full range of essential services will be available to persons

anywhere in England who request them, in line with paragraph 23 and Regulation 64(3). Opening hours, contact details and information about how to access services will be clearly displayed on the website, recorded telephone message and NHS website entry, ensuring patients understand how and when to obtain support. The responsible-pharmacist model and staffing rota will ensure that pharmaceutical advice is available throughout opening hours and that there is resilience for sickness, annual leave and peaks in demand.

4.3.56 **Paragraphs 24–28 – Participation in public health campaigns, prescription-linked requirements and information governance**

4.3.57 The pharmacy will safely and effectively participate in public health campaigns and other activities reasonably required by NHS England under paragraphs 24–28, adapting them to a remote format. Patient information materials, website content and targeted messaging will be used to promote campaign themes and to encourage uptake of relevant NHS services, including services delivered elsewhere such as vaccinations and screening. Information governance will comply with UK GDPR and NHS information governance standards, with secure systems for EPS, clinical records, messaging and document storage.

4.3.58 **Paragraphs 28A–28C – Additional healthy living and DSP requirements**

4.3.59 As a distance-selling premises, the pharmacy will meet the additional healthy-living and DSP-specific requirements introduced by paragraphs 28A–28C. This includes having a clear plan for providing public health and healthy-living information remotely, ensuring staff are trained to deliver health promotion and brief interventions, and making appropriate use of digital channels to reach patients. The website and other remote platforms will provide accessible, evidence-based information on healthy living, long-term condition management and medicines optimisation, and will support patients to make informed decisions about their health.

4.3.60 The pharmacy will maintain a dedicated website for use by the public in accessing pharmaceutical services from the DSP, which will include a clearly promoted, interactive “Healthy Living” page shown prominently when users first access the site. This page will provide public access to a reasonable range of up-to-date materials promoting healthy lifestyles and addressing a broad range of health issues (for example, cardiovascular risk, diabetes, respiratory health, mental wellbeing, smoking, weight management and vaccinations).

4.3.61 **Pharmacy First and other directed services (contextual note)**

4.3.62 In addition to the above essential services, the DSP will deliver eligible directed services such as Pharmacy First, the New Medicine Service and the Pharmacy Contraception Service via remote consultations only, excluding any elements that require physical examination or other face-to-face contact, in accordance with the relevant NHS England service

specifications. These services will be provided without face-to-face contact at or in the vicinity of the premises between patients (or their representatives) and pharmacy staff, using secure remote consultation platforms and the delivery arrangements described above, and will complement, rather than replace, the core essential services described in paragraphs 3–28C.

4.3.63 For the Pharmacy Contraception Service, the pharmacist may obtain clinical data from sources such as the National Care Records Service, GP Connect Access Record or data taken from another healthcare professional, or from patient-provided data where clinically appropriate. The pharmacist will review whether these sources are clinically appropriate, taking into account when and how the data was obtained. SOPs will exclude any parts of the service where medical equipment or biometric measurements would be required on-site at the DSP; such patients will be referred to a walk-in pharmacy or another appropriate healthcare professional.

4.3.64 **Summary of Schedule 4 compliance**

4.3.65 The foregoing service-by-service analysis demonstrates that the pharmacy has comprehensive, detailed procedures in place to secure the uninterrupted, safe and effective provision of all essential services to persons anywhere in England who request those services, without face-to-face contact at or in the vicinity of the premises, in accordance with Regulation 25(2)(b) and Schedule 4 paragraphs 3–28C.

4.3.66 These representations, together with the SOPs referenced throughout, provide information sufficient to satisfy the Committee, with good cause, that no relevant information or documentation is missing as required by paragraph 10 of Schedule 2 of the Regulations. The Committee can therefore be satisfied that the pharmacy procedures are likely to secure compliance with all essential service requirements under the Terms of Service.

4.3.67 Accordingly, both essential and directed pharmaceutical services from these premises are structured so that they are provided safely and effectively without face-to-face contact at, or in the vicinity of, the premises, satisfying Regulation 25(2)(b) as amended in June 2025.

4.3.68 SOP framework and uninterrupted provision of essential services

4.3.69 **SOP framework and regulatory assurance**

4.3.70 The representation from Pharmacy Advice & Consultancy Services Ltd (PSC), on behalf of Echo Healthcare Services Ltd, suggests that the Committee could not be satisfied as to Regulation 25 without a “full set” of SOPs and that there are “many gaps” in the information provided.

4.3.71 The premises are GPhC-registered and have been inspected and approved as meeting the GPhC’s standards for a safe and effective registered pharmacy, including review of the SOP suite (covering uninterrupted cover, delivery – including CDs and fridge lines – urgent

supplies, unwanted medicines, repeat dispensing, DMS and all directed services to be provided). This gives additional assurance about the robustness of the procedures supporting essential and directed services from these premises.

4.3.72 During the original application process, the applicant indicated that it was willing to provide SOPs or further procedural detail if requested, but no such request was made by the Committee before refusal. If the Committee or NHS Resolution now considers that reviewing particular SOPs would assist in decision-making, the applicant remains willing to make those SOPs available to Primary Care Appeals for consideration in this appeal, recognising that any documents relevant to the determination may need to be shared with other parties in line with NHS Resolution's guidance.

4.3.73 Accordingly, there is no evidential basis to suggest that SOPs do not exist or that the Committee could not be satisfied without every SOP being annexed; any residual concerns about procedural robustness can be addressed by targeted SOP review, not by refusing the application outright.

4.3.74 Safe and effective provision without face-to-face contact (Regulation 25(2)(b)(ii))

4.3.75 Regulation 25(2)(b)(ii) requires NHS England (and on appeal, NHS Resolution) to be satisfied that the pharmacy procedures are likely to secure the safe and effective provision of pharmaceutical services without face-to-face contact at the pharmacy premises between any person receiving the services and the applicant or the applicant's staff.

4.3.76 **Prevention of face-to-face contact at the premises**

4.3.77 The pharmacy confirms that it will not provide essential or directed services at or from the premises on a face-to-face basis to any person. Physical and procedural controls are in place to prevent face-to-face contact, including:

4.3.77.1 A manned front desk on entering the building, a secure key-fob access system to the first floor, and a locked door restricting access the pharmacy to authorised staff only.

4.3.77.2 Clear external signage stating that the pharmacy operates as a distance-selling pharmacy, that no NHS services are provided face to face at the premises or in the vicinity, and directing patients to contact the pharmacy by telephone, website or post for all services.

4.3.77.3 Pharmacy premises, including any consultation area or enclosed pod, are not accessible to the public.

4.3.77.4 Staff training and SOPs requiring that any person who attends at the premises uninvited is politely informed that no face-to-face NHS services are provided and is directed to the pharmacy's

remote contact channels or, if appropriate, signposted to their nearest community pharmacy.

4.3.78 These physical and procedural controls, documented in the pharmacy's SOPs and aligned with GPhC guidance for registered pharmacies providing services at a distance, ensure that the Regulation 25(2)(b)(ii) requirement for provision without face-to-face contact at the pharmacy premises is met at all times.

4.3.79 **Remote clinical model and safe service delivery**

4.3.80 The pharmacy is designed and operated as a distance-selling pharmacy and delivers safe and effective pharmaceutical services remotely through the following systems and safeguards:

4.3.80.1 Clinical screening and pharmacist oversight: All prescriptions and medicine requests received remotely are clinically screened by a registered pharmacist using the PMR system. Where consent permits, the PMR is used alongside NHS Spine access to Summary Care Records to review current medicines, allergies and relevant medical history. The pharmacist applies the same clinical judgement and safety checks that would be applied in a face-to-face setting, including assessing appropriateness, drug interactions, contraindications and clinical red flags, and will contact the patient by telephone or video consultation for further information where needed before supply.

4.3.80.2 Secure processing of digital and paper prescriptions: EPS is used for the majority of prescriptions, retrieving prescriptions directly from the NHS Spine. Paper prescriptions received by post are validated using standard clinical and legal checks (prescriber details, patient identity, date, signatures and clinical appropriateness) and stored securely in line with GPhC standards, NHS contractual requirements and record-retention legislation.

4.3.80.3 Patient identity verification and consent: Before medicines are supplied, patient identity is verified using NHS number (where available), date of birth, address and contact details cross-checked against the prescription and NHS records. Patients provide explicit consent for remote service provision and, where used, for access to their Summary Care Record; consent is recorded and auditable.

4.3.80.4 Secure communication channels: Patient consultations and clinical communications are conducted via secure telephone lines and, where appropriate, encrypted video consultation platforms that comply with relevant NHS digital and information-governance standards. Unencrypted or insecure channels are not used for clinical discussions.

4.3.80.5 Comprehensive audit trails and clinical governance: All clinical interventions, pharmacist decisions, patient contacts and supplies are recorded in the PMR with time-stamped entries identifying the responsible pharmacist, creating a full audit trail to support clinical governance review, incident investigation and regulatory inspection, as expanded in Section 4.15–4.18. All dispensing incidents and near-misses are recorded, investigated and, where required, reported to NHS England and the GPhC, with regular accuracy-checking audits to ensure that the remote model maintains standards at least equivalent to face-to-face pharmacy services.

4.3.80.6 Controlled drug safeguards: For controlled drugs, additional safeguards are applied, including enhanced identity checks, direct contact with the prescriber where clinically or legally necessary, and secure dispatch via GDP-compliant contracted couriers with appropriate chain-of-custody, proof-of-delivery and age-verification processes, as described [above], ensuring that medicines reach the intended patient securely.

4.3.80.7 Patient counselling and information: All patients receive written medicine information with each supply, including PILs as required by the Human Medicines Regulations. Where new medicines, high-risk medicines or adherence concerns are identified, the pharmacist provides telephone or video counselling and follow-up, mirroring the counselling that would be given in a walk-in setting.

4.3.81 Taken together with the service-by-service arrangements in Section 4, these procedures and safeguards demonstrate that the pharmacy has robust systems to ensure the safe and effective provision of pharmaceutical services without face-to-face contact at the premises, satisfying Regulation 25(2)(b)(ii).

4.3.82 **Remote access routes and support for patients with limited digital capability**

4.3.83 To comply with Regulation 25(2)(b)(i) and to support patients who cannot or do not wish to use digital channels, the pharmacy provides multiple non-face-to-face access routes:

4.3.83.1 Telephone service: A dedicated NHS pharmacy telephone line operates during all contracted opening hours, allowing patients to access the full range of essential services (including ordering, clinical advice and delivery arrangements) entirely by telephone, with voicemail and call-back when lines are busy or outside hours.

4.3.83.2 Postal service: Patients can submit paper prescriptions by post, with dispensed medicines returned via GDP-compliant courier or Royal Mail, ensuring access for those without digital access or preferring traditional methods.

4.3.83.3 Electronic channels (optional, not mandatory): A website and secure electronic channels are available for those who wish to use them, but there is no requirement to register online or use apps to access services.

4.3.84 Staff are trained to support patients with limited digital skills, provide clear telephone explanations on how to use services and ensure patients understand delivery and contact arrangements. All deliveries include clear printed contact details and simple instructions on how to reach the pharmacy by telephone for advice, re-orders or queries. These arrangements ensure that patients anywhere in England – including those with limited digital skills, disabilities affecting digital access, or who prefer non-digital communication – can access uninterrupted essential services without face-to-face contact, in line with Regulation 25(2)(b) and the public sector equality duty.

4.3.85 **Uninterrupted RP cover and business continuity**

4.3.86 The applicant accepts that relying on the Responsible Pharmacist (RP) absence provisions is not compatible with the duty to provide essential services throughout core opening hours from a distance-selling premises, and will not rely on RP-absence rules; there is no such provision in the SOPs.

4.3.87 The pharmacy will be open and able to provide all essential services throughout its contracted hours to persons anywhere in England, without face-to-face contact at or in the vicinity of the premises. The operating model and SOPs expect a pharmacist to be available at all times to provide professional oversight and supervise every transaction for all tasks delegated to others, and to be in a position to intervene where necessary. A second pharmacist will be rostered so that there is always an RP physically present on the premises: where one RP needs to leave, the second pharmacist immediately signs in as RP and services continue without interruption.

4.3.88 A written Business Continuity Plan (BCP) sets out the steps to be taken in the event of unplanned RP absence. The senior team member follows a checklist that includes contacting the Superintendent Pharmacist (SP), who either attends personally as RP or arranges alternative cover via an internal locum pool, digital locum platforms, emergency agencies and local professional networks. The SP will communicate any RP absence that affects essential services to relevant stakeholders as necessary, in line with NHS England's approved particulars on temporary suspensions. In exceptional circumstances, the RP will take a working lunch on the premises to maintain continuity of essential services, rather than relying on formal RP-absence provisions.

4.3.89 To support ongoing assurance of service quality and contractual compliance, an external company will periodically conduct "mystery shopper" checks of the pharmacy's remote services against patient-safety and contractual requirements. Findings will be reviewed through

the clinical governance process described in Section 4.15–4.18 and used to drive continuous improvement.

4.3.90 **Business continuity plan (Schedule 4 paragraph 29D) – distance-selling premises**

4.3.91 As a distance-selling premises, the pharmacy's Business Continuity Plan has been designed specifically to meet the requirements of paragraph 29D of Schedule 4 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) and to support the additional conditions in Regulation 64(3) for uninterrupted, remote provision of essential services. Paragraph 29D requires an NHS pharmacy to have at all times an up-to-date BCP for the premises, available at those premises, to deal with temporary suspensions of pharmaceutical services that is proportionate to the needs of people who are accustomed to receiving services from the contractor and which includes specified components.

4.3.92 The BCP satisfies each component of paragraph 29D(2) in a way that is tailored to a distance-selling model. It sets out arrangements for promptly notifying NHS England/ICB of any likely or actual temporary suspension, in the manner required by the approved particulars, including timing, anticipated duration and reasons for the suspension, and for promptly updating the NHS Directory of Services profile to reflect any suspension and subsequent resumption of services so that commissioners and NHS 111 have accurate information about availability.

4.3.93 Because the pharmacy is a DSP, the BCP focuses on the continuity of remote service delivery and provision. It includes specific contingencies for website or platform outages, EPS or PMR downtime, telephony and internet failures, premises incidents affecting safe operation of the dispensary, data-security incidents and courier or delivery failures, with clear mitigations such as failover hosting, backup communication channels, business-grade connectivity, alternative courier arrangements and, where necessary, signposting patients to other NHS pharmacies so that they can still access essential services during any disruption.

4.3.94 Where the pharmacy provides (or may in future provide) any directed or urgent-care-related services that generate referrals (for example via NHS 111), the BCP makes provision to ensure that, so far as practicable, patients are not inappropriately referred to the pharmacy during any period of suspension, by using timely DoS updates and commissioner notifications. In line with NHS England's approved particulars, the BCP includes a standard notification template capturing contractor identifiers, dates and times of the suspension, its anticipated duration, reasons, key actions taken to limit impact on users and actions to ensure resumption of services, and commits the contractor to using all reasonable endeavours to implement the BCP whenever a likely or actual suspension occurs.

4.3.95 The GPhC's guidance for registered pharmacies providing pharmacy services at a distance highlights the need for robust business-continuity arrangements covering websites, data security, equipment and governance of remote services. The pharmacy's BCP is fully integrated with its IT, information-governance and dispensing SOPs, assigns named roles and escalation triggers and is reviewed regularly so that it remains up to date "at all times" as required by paragraph 29D(1).

4.3.96 On this basis, all essential services will be provided without interruption during opening hours save in genuinely exceptional circumstances covered by the BCP, satisfying Regulation 25(2)(b) and paragraphs 3–5 and 29D of Schedule 4.

4.3.97 Delivery, unwanted medicines and urgent supplies

4.3.98 **Delivery decisions and "reasonable promptness"**

4.3.99 PSC raised concerns about how staff decide between using a driver or a courier and how "reasonable promptness" is ensured. The pharmacy's delivery SOP defines how the delivery method is chosen for each prescription and how timeliness is maintained.

4.3.100 For local deliveries within a 20-mile radius, the pharmacy normally uses its in-house trained driver; if that option is unavailable, Royal Mail tracked services are used. For patients outside the 20-mile radius, Royal Mail tracked services are used as standard. All fridge lines and controlled drugs are delivered by GDP-compliant contracted couriers under a formal SLA, providing cold-chain or chain-of-custody protection as required, with end-to-end tracking, proof of delivery and defined delivery windows.

4.3.101 Internal maximum dispatch and delivery time-frames are set by clinical priority (urgent, time-sensitive, routine), and only delivery options that can meet those time-frames with reasonable promptness are used. Courier performance is monitored daily via exception reports; delayed consignments are chased, patients contacted proactively, and any failed consignments are returned for pharmacist review with decisions based on handling and temperature data. These arrangements directly address PSC's concern about driver versus courier decisions and provide assurance of compliance with paragraph 5 of Schedule 4 on proper and sufficient supply in a timely manner.

4.3.102 **Unwanted medicines – free of charge and multiple return routes**

4.3.103 PSC questioned whether the collection service for unwanted medicines is free. The safe disposal of unwanted medicines will be provided free of charge to patients, in line with the NHS pharmaceutical Terms of Service. Patients will not hand medicines directly to the delivery driver, courier or into the DSP premises; instead, they contact the dispensary team, who log the request, assess the items (including any controlled drugs or hazardous waste) and agree the most appropriate return route.

4.3.104 Patients will be offered several options:

4.3.104.1 For patients within a 20-mile radius, unwanted medicines can be collected at an agreed time by the pharmacy's trained delivery driver, free of charge, as one of the available disposal routes.

4.3.104.2 Returning unwanted medicines to the pharmacy using a courier service arranged by the pharmacy at its expense, or, where the responsible pharmacist has confirmed it is safe and appropriate, by Royal Mail in tamper-evident packaging supplied by the pharmacy.

4.3.104.3 Direct collection by the contracted specialist waste provider, who will transport, store and destroy the medicines under licensed arrangements.

4.3.105 For each route, the pharmacy will keep an auditable record of items returned, with pharmacists personally overseeing any returns involving controlled drugs to ensure correct denaturing and documentation before destruction. Where a patient prefers not to use any of the above options, the team will explain alternative ways to dispose of medicines safely and signpost the patient to an appropriate local walk-in pharmacy or service near their home. In line with national arrangements, patient sharps (for example insulin needles) will not be returned to the DSP; patients will be directed to use their local authority sharps collection service or an appropriate local provider, as set out in the SOPs. These arrangements ensure that unwanted medicines are accepted and disposed of safely and effectively, at no cost to the patient, meeting the requirements of paragraphs 12–13 of Schedule 4.

4.3.106 On receipt into the pharmacy, all unwanted medicines will be checked by trained staff, recorded as pharmaceutical waste and never reused for supply. Medicines will then be segregated into clearly labelled waste streams in line with national healthcare waste guidance and the instructions of the licensed contractor, for example: non-hazardous medicinal waste, hazardous medicinal waste, liquids, aerosols and inhalers, and any other categories required.

4.3.107 Patient-returned controlled drugs will be identified and segregated immediately, stored securely, and denatured using an approved CD denaturing kit by the pharmacist or an authorised member of staff before the denatured material is placed into the appropriate medicines waste container. A separate CD destruction record will be maintained to demonstrate compliant handling and destruction of all returned controlled drugs. All pharmaceutical waste containers used on site will be UN-approved and provided or authorised by the NHS-appointed or licensed waste contractor. Containers will be kept closed when not in active use, stored in a secure area, and clearly marked to distinguish patient-returned waste from pharmacy stock waste.

4.3.108 Completed containers will be labelled with the correct waste description and retained only until the next scheduled collection by the licensed

contractor, with consignment or transfer documentation retained in accordance with environmental and NHS requirements.

4.3.109 All staff will be trained at induction and at regular intervals on how to identify different medicine types, segregate waste correctly, handle controlled drugs and sharps safely, and use the correct personal protective equipment. Internal checks and periodic audits will be used to monitor compliance with this segregation process, and any incidents or near-misses will result in remedial training and, where necessary, updates to the relevant SOPs.

4.3.110 **Urgent supply without a prescription**

4.3.111 PSC and the Committee considered that the application had not adequately explained how urgent supply requests would be received and managed. The urgent-supply SOP explains how requests from prescribers are received and handled without face-to-face contact and in accordance with legal and professional requirements.

4.3.112 Key safeguards include:

4.3.112.1 Prescribers use a dedicated healthcare-professional line to make verbal urgent-supply requests, which are prioritised and immediately referred to a pharmacist.

4.3.112.2 The pharmacist confirms that the situation is an emergency, that the medicine can be legally supplied, that stock is available, and that the prescriber is genuine (for example by checking professional registers or using other appropriate verification methods).

4.3.112.3 The prescriber is asked to follow up promptly via secure written communication (for example NHSmail or a trusted clinical communication platform); in exceptional circumstances the pharmacist may proceed on verbal information alone, documenting the rationale in the PMR.

4.3.112.4 No Schedule 1, 2 or 3 controlled drugs are supplied under emergency arrangements except where specifically permitted (for example phenobarbital/phenobarbital sodium for epilepsy), in line with the Human Medicines Regulations and professional guidance.

4.3.112.5 Once authorised, urgent supplies follow the delivery SOP; drivers and couriers are instructed to prioritise the consignment and no delivery cost is passed to the patient, so that clinically urgent medicines are supplied without unsafe delay.

4.3.113 This provides a clear, safe and effective process for urgent supplies in line with paragraph 6 of Schedule 4 and addresses PSC's concerns about urgent supplies without a prescription.

4.3.114 **Controlled drugs delivery procedures**

4.3.115 A GDP-compliant specialist courier will be used for all controlled-drug deliveries. The courier holds appropriate licences and provides secure transport and storage that meet legal requirements for controlled drugs.

4.3.116 CD delivery protocols include:

4.3.116.1 Recording all dispatched CDs in the CD register with dispatch date, patient details, courier tracking number and pharmacist signature.

4.3.116.2 Real-time courier tracking with proof of delivery requiring a signature from the patient or authorised representative.

4.3.116.3 For unsuccessful deliveries, CDs are returned to the pharmacy as soon as possible (normally the same day) and re-entered into the CD register with an explanatory note; where same-day return is not possible, CDs are stored overnight in secure facilities that meet Home-Office-licensed standards.

4.3.116.4 Cross-referencing all CD movements between the prescription, CD register and courier delivery documentation.

4.3.116.5 Automatic pharmacy notification of failed deliveries, immediate patient contact to arrange redelivery and investigation of any anomalies in transit.

4.3.117 These arrangements ensure that controlled drugs remain within a secure chain of custody from pharmacy to patient and support compliance with the Misuse of Drugs Regulations 2001 and associated safe-custody guidance, in line with Schedule 4 requirements on safe and secure supply.

4.3.118 **Cold-chain (temperature-sensitive medicines) delivery**

4.3.119 A cold-chain courier provides GDP-compliant temperature-controlled delivery services for all refrigerated and other temperature-sensitive medicines. Validated packaging and transport systems are used to maintain the required temperature range (for example 2–8°C) throughout transit, with real-time temperature monitoring and automated breach-alert systems.

4.3.120 Cold-chain procedures include a defined maximum delivery window (for example up to 48 hours) to maintain product integrity, continuous temperature data logging from pharmacy to patient and immediate alerting of any temperature excursion. Driver notification of a cold-chain breach triggers automatic cancellation of the delivery and return of the item to the pharmacy or courier cold-store, with the pharmacist reviewing temperature data before deciding whether the product can still be supplied. Failed deliveries are held in temperature-controlled facilities for redelivery within the defined window; if redelivery cannot be achieved safely, items are returned to the pharmacy for assessment and appropriate action. Specialist validated packaging is used rather than ad-hoc ice packs that might risk freezing medicines.

4.3.121 No refrigerated medicines are transported in standard, non-validated delivery conditions. These arrangements maintain cold-chain integrity from collection through to final delivery and ensure product efficacy and patient safety for temperature-sensitive medicines, consistent with GDP principles and Schedule 4 obligations on proper and sufficient supply.

4.3.122 DMS and other essential services

4.3.123 **Discharge Medicines Service (DMS)**

4.3.124 The Committee found that no information had been provided about the Discharge Medicines Service (DMS). The DMS will be provided as an essential service in accordance with paragraphs 22B and 22C of Schedule 4 and NHS England guidance.

4.3.125 The pharmacy follows a three-stage DMS process:

4.3.125.1 Clinical review of the discharge medication list against the patient's pre-admission records and Summary Care Record, resolving any discrepancies and clarifying intended ongoing therapy with the referring trust and/or GP where necessary.

4.3.125.2 Review of the first post-discharge prescription to ensure that it aligns with the hospital's discharge instructions, with liaison with the GP practice where discrepancies or safety concerns are identified.

4.3.125.3 A remote consultation (telephone or video) with the patient or carer to explain the new regimen, confirm which medicines to stop, discuss potential side-effects, monitoring requirements and adherence support, and to answer questions.

4.3.126 All interventions and outcomes will be documented in the PMR, and any clinically relevant issues will be communicated to the GP or referring trust as appropriate via secure channels (for example NHSmail or DMS IT platforms). As with all essential and directed services where referrals are received to the NHS-assured IT system or NHSmail account, the pharmacy team will check these referral routes regularly throughout contracted hours and promptly action referrals within appropriate time-frames, with daily checks to ensure that no discharge referrals are missed or left unprocessed. This process is captured in the DMS SOP and is designed to comply fully with paragraphs 22B and 22C of Schedule 4.

4.3.127 **Repeat dispensing and advice before refusing supply**

4.3.128 The Committee considered that more detail was needed on advice about repeat dispensing and checks before dispensing further instalments. The Repeat Dispensing SOP sets out how suitable patients are identified, counselled and monitored, and how supplies are authorised or refused in line with paragraphs 9 and 10 of Schedule 4.

4.3.129 Under this SOP:

4.3.129.1 Suitable patients (for example those with long-term, stable conditions requiring regular medicines) are proactively identified through clinical review and dispensing records and are counselled on the nature and benefits of repeat dispensing via telephone, video consultation or written information, with this discussion recorded in the PMR.

4.3.129.2 Patients are encouraged to request only the medicines they need, in order to promote adherence and reduce waste, and this message is reinforced in delivery leaflets and on the pharmacy's website.

4.3.129.3 Before dispensing a repeatable prescription (other than on the first occasion), the pharmacist must confirm with the patient that they are still taking the medicine as prescribed, are not experiencing significant side-effects, have had no material changes in health and that there have been no intervening changes to their prescribed regimen. Only if these checks are satisfactory will the supply be made.

4.3.130 Where, following these checks, the pharmacist considers that a further issue should not be supplied (for example because of side-effects, adherence problems or changes in therapy), the reasons for refusal will be documented in the PMR and the prescriber will be informed so that a clinical review can take place. These arrangements meet the requirements of paragraphs 9(4) and 10(1) of Schedule 4 and address the Committee's concerns regarding advice on repeat dispensing and checks before issuing further supplies.

4.3.131 Premises, consultation facilities, accessibility and equality

4.3.132 **Premises and consultation area**

4.3.133 The GPhC-registered premises comply with the GPhC's premises standards and the Misuse of Drugs (Safe Custody) Regulations, including secure CD storage, appropriate environmental controls, intruder alarms and CCTV. The premises, including the consultation area, have been inspected and approved by the GPhC as suitable for the safe and effective practice of pharmacy. Being on the access-controlled first floor of a secure office building does not preclude secure operation; many distance-selling pharmacies operate safely in similar environments. Security procedures require that the pharmacy entrance door is kept locked to prevent unauthorised access.

4.3.134 The pharmacy has a designated consultation area providing privacy for remote consultations, used solely for confidential communication and record-keeping, not for walk-in services. This will be enhanced with an enclosed consultation pod or booth with an ISO 23351-1 Class A/B acoustic rating (around 28–30 dB speech reduction), with IT permanently available for contemporaneous records in NHS-assured IT systems for any relevant services (for example Pharmacy First and DMS). The purpose of the booth is to enhance privacy, sound-proofing

and information-governance compliance for remote consultations, not to facilitate in-person access. No patient or member of the public will attend the consultation pod or any other area of the premises; it is used solely by pharmacy staff to conduct remote consultations and maintain contemporaneous clinical records. If the Committee considers it helpful, an updated floor plan identifying this meeting pod can be provided once the fit-out is complete.

4.3.135 A detailed floor plan can be submitted on request, showing the controlled-access entry system, consultation pod location and acoustic specifications, secure CD storage, and a workflow layout that prevents any patient access to the premises. The premises are on the first floor of an office building with controlled access; the public cannot enter the pharmacy area. SOPs and staff training explicitly prohibit providing any NHS pharmaceutical service to persons at or in the vicinity of the premises. Any person who attends the building is informed (via scripted signage and intercom) that no services are available on-site and is directed to access services remotely, with such encounters recorded in the incident log as described in Annex A. These arrangements ensure that the premises, including the consultation area, are suitable for secure DSP operation while maintaining full compliance with Regulation 25's prohibition on face-to-face services at or in the vicinity of the pharmacy.

4.3.136 For clarity, any reference to "fax" in the original Annex A was intended to mean a modern cloud-hosted, secure "fax-by-email" solution that meets the Data Security and Protection Toolkit (DSPT) and UK GDPR requirements, not a stand-alone physical fax machine. In practice, this operates as secure encrypted email or secure electronic document transmission that is compliant with the DSPT and the NHS Secure Email Standard (DCB1596). The sender attaches a photo or scan of their document to an email and sends it to the secure address, or uploads a photo or PDF via an online form or patient portal on the website over HTTPS. There will be no physical fax machine on the premises to communicate with patients or prescribers. We believe there should be consistency, as applications for inclusion in the pharmaceutical list across England routinely refer to fax as a communication method, yet these references are not ordinarily questioned by local pharmaceutical committees or commissioning bodies.

4.3.137 **Accessibility, equality and remote-only model**

4.3.138 PSC suggested that the model may discriminate against patients with severe disabilities, sight loss or hearing loss, and those without internet access. All NHS pharmaceutical services from this DSP will only be provided remotely and will be available, free at the point of use, to any person anywhere in England who wishes to access them. Delivery is free of charge for all patients irrespective of postcode, and SOPs and training emphasise that the pharmacy must be able to serve patients who cannot reasonably attend bricks-and-mortar pharmacies.

4.3.139 During onboarding, all team members will be trained by the Superintendent Pharmacist on how the distance-selling pharmacy model differs from a traditional “bricks-and-mortar” pharmacy and on key NHS contractual requirements. All training materials and advertising will emphasise that NHS pharmaceutical services are provided only remotely across England and that delivery is free of charge irrespective of postcode. All essential services will be clearly described on an interactive website, which will be regularly updated to support informed patient choice about their care. Each essential service will have its own dedicated service page containing: an overview of what the service includes, short embedded videos or step-by-step guides, links to official NHS and professional resources, clear instructions on how to access the service remotely and concise FAQs addressing common questions.

4.3.140 Multiple channels are used to accommodate different needs and preferences, including secure video, telephone, secure email/SMS, post, website/app, video or text relay for deaf and hard-of-hearing users and access to BSL interpreting platforms where required. Removing the need to travel, navigate steps or queues and providing longer consultation options where necessary reduces barriers for disabled patients, including those with mobility, sensory or communication impairments. The DSP model is particularly beneficial for disabled, housebound and rural patients who may find it difficult or impractical to access traditional walk-in pharmacies.

4.3.141 Reasonable adjustments will be made on a case-by-case basis (for example offering telephone instead of video, extended appointment times, and involvement of carers or representatives) where the relevant service specifications allow; where a patient cannot safely or appropriately be managed remotely, they will be referred or signposted to a suitable walk-in pharmacy or other appropriate healthcare professional. By absorbing work that can be safely managed remotely and delivering medicines and advice into patients’ homes, the DSP will complement, rather than compete with, bricks-and-mortar pharmacies. This allows traditional pharmacies to focus on urgent, walk-in and highly hands-on clinical work, while the DSP maintains continuity for vulnerable patients who struggle to reach those premises, including many with long-term stable conditions suitable for repeat dispensing.

4.3.142 These arrangements demonstrate that services are accessible to all groups and that the DSP model supports, rather than undermines, NHS England’s equality duties, while remaining fully compliant with Regulation 25’s prohibition on face-to-face contact at or near the premises.

4.3.143 Procedural fairness, proportionality and requested outcome

4.3.144 The original application was submitted on 19 June 2025 and the ICB’s decision letter is dated 19 December 2025. The ICB and PCSE rely on a letter dated 29 July 2025 (ref CAS-370648-Z9G7P7), said to have been sent via email to all interested parties, inviting written

representations within 45 days (by 12 September 2025). The applicant has carefully checked records for that period, including inboxes, spam/junk folders and mail-routing rules for the email addresses provided with the application, and can find no trace of that email or any attachment. In practice, the applicant was unaware that an invitation to make representations had been issued or that a 45-day window had been set. The contact details given on the application are actively monitored and routinely used for pharmacy market-entry correspondence; had the 29 July 2025 email been received, the applicant would have engaged with it and submitted representations within the 45-day period.

4.3.145 The applicant therefore maintains that the representations relied upon by the Committee were not received prior to determination of the application and that, as a result, there was in practice no meaningful opportunity to respond at application stage. Apart from correspondence limited to fitness-to-practise checks, no reminder or follow-up communication inviting market-entry representations was received before the ICB determined the application.

4.3.146 The Committee's decision records that the absence of a response to those representations contributed materially to its lack of confidence in the application and to its conclusion that it was "not satisfied" under Regulation 25. Had the applicant been given a genuine opportunity to respond at that stage, the matters raised were readily capable of clarification and resolution, as demonstrated by the responses now provided.

4.3.147 The consequence is that, although the ICB may have intended to offer a 45-day period for representations, the applicant was effectively deprived of any opportunity to be heard on the market-entry element before the refusal of 19 December 2025. Treating non-receipt of an email as if it were a failure to engage, and then placing weight on that as a reason for refusal, is, in the applicant's submission, procedurally unfair and disproportionate, given the importance of the decision and the expectations of fair process in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, in Hertfordshire and West Essex ICB's Primary Care Local Dispute Resolution procedure and in NHS Resolution's guidance for pharmacy market-entry appeals.

4.3.148 Primary Care Appeals has now exercised its discretion under Schedule 3 to permit the applicant to make representations at this stage, and the applicant is grateful for that opportunity. The further representations now submitted show that all of the matters raised by interested parties and the Committee were (and are) capable of straightforward clarification. The strengthened explanations, underpinned by detailed internal SOPs which can be provided on request, demonstrate that essential services will be provided safely, effectively and without interruption during opening hours to persons anywhere in England; that all pharmaceutical services from this distance-selling premises will be delivered without face-to-face contact at or in the vicinity of the pharmacy; and that services not compatible with a DSP model (such as

hypertension case-finding, examination-based Pharmacy First elements and vaccinations) are expressly excluded from these premises, with patients signposted appropriately.

4.3.149 In light of the clarifications and commitments set out above, the applicant submits that refusal of the application without prior engagement on the representations was disproportionate and that the Regulation 25 and Schedule 4 tests are now met on the evidence before Primary Care Appeals. The applicant respectfully invites Primary Care Appeals to allow the appeal and, in the alternative, remit the application to the Committee for reconsideration in light of the full information now available and with no adverse weight attached to the earlier absence of representations, which arose from non-receipt of the 29 July 2025 email rather than any lack of engagement by the applicant."

5 Summary of Observations

This is summary of observations received.

5.1 The Applicant

5.1.1 "**Introduction**

5.1.2 These observations are submitted in response to NHS Resolution's letter dated 24 February 2026 and, in particular, the representations of Hertfordshire and West Essex ICB dated 28 January 2026. The Appellant confines this submission strictly to rebuttal of matters raised in that correspondence and raises no new issues.

5.1.3 The appeal now turns on whether, in light of the detailed representations submitted on 14 February 2026, the requirements of Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended in 2025) are satisfied. For completeness, the Appellant also relies on its representations dated 14 February 2026, which responded in detail to all representations listed in Appendix A to NHS Resolution's letter of 24 February 2026, including North & South Essex LMC and other interested parties.

5.1.4 **Circulation of Representations**

5.1.5 The ICB maintains that representations were circulated on 16 September 2025. The Appellant does not seek to pursue that procedural issue further in these final observations.

5.1.6 Any perceived procedural defect has been overtaken by the comprehensive appeal submission of 14 February 2026, which directly addressed the substantive concerns relied upon in the refusal decision. The appeal should therefore be determined on the substantive regulatory position.

5.1.7 **Assertion That Concerns Were Not Addressed**

5.1.8 The ICB states:

5.1.8.1 "The Appellant has not taken the opportunity via the appeal process to address the areas where the PSRC were not satisfied."

5.1.9 With respect, that assertion is not supported by the appeal documentation.

5.1.10 The 14 February 2026 submission was structured specifically to address:

5.1.10.1 Responsible Pharmacist continuity and uninterrupted provision.

5.1.10.2 Urgent supply procedures.

5.1.10.3 Disposal of unwanted medicines free of charge.

5.1.10.4 Delivery methodology and courier oversight.

5.1.10.5 Equality of access.

5.1.10.6 Clarification of Pharmacy First scope.

5.1.10.7 Explicit exclusion of services incompatible with a DSP model.

5.1.10.8 Confirmation of compliance with Regulation 25 and Schedule 4.

5.1.11 Each issue previously raised by objectors was dealt with directly and in detail. The ICB's response does not identify any specific point within that submission that remains deficient.

5.1.12 **Refinement of Service Model and October 2025 Regulatory Changes**

5.1.13 A material feature of the appeal is the refinement of the proposed service model to align with the changes to the distance-selling pharmacy framework that came into effect in October 2025.

5.1.14 The Appellant has:

5.1.14.1 Removed hypertension case-finding.

5.1.14.2 Removed vaccination services.

5.1.14.3 Removed smoking cessation services.

5.1.14.4 Removed care home support.

5.1.14.5 Explicitly excluded the otitis media pathway.

5.1.14.6 Confirmed that no face-to-face services will be provided at or in the vicinity of the premises.

5.1.15 These refinements directly respond to concerns raised regarding incompatibility with a distance-selling framework and reflect the updated requirements introduced by the 2025 amendments to Regulation 25, which clarified the obligations on distance-selling premises to provide services entirely without face-to-face contact. The proposed model is clearly aligned with Regulation 25 as amended.

5.1.16 **Responsible Pharmacist and Continuity of Service**

5.1.17 Concerns were previously expressed regarding uninterrupted provision during opening hours.

5.1.18 The appeal submission clarified that:

5.1.18.1 A second pharmacist will be engaged to ensure continuity.

5.1.18.2 Business continuity arrangements are in place.

5.1.18.3 Essential services will not be interrupted during opening hours.

5.1.18.4 Supervision will be maintained in accordance with regulatory requirements.

5.1.19 No specific remaining deficiency has been identified by the ICB in relation to these clarified arrangements.

5.1.20 **Essential Services, Delivery and Equality of Access**

5.1.21 The appeal submission addressed:

5.1.21.1 Delivery arrangements (staff driver and licensed courier framework).

5.1.21.2 Free collection and disposal of unwanted medicines.

5.1.21.3 Telephone access and non-digital access pathways.

5.1.21.4 Availability of services to any person in England.

5.1.21.5 Urgent supply procedures consistent with regulatory requirements.

5.1.22 The ICB's response does not identify any particular aspect of these clarifications that fails to meet the regulatory test.

5.1.23 **Regulatory Test Under Regulation 25**

5.1.24 The question before the Committee is whether it can be satisfied that:

5.1.24.1 All essential services will be provided without interruption.

5.1.24.2 All essential services will be made available to any person in England.

5.1.24.3 All essential services will be provided safely and effectively.

5.1.24.4 Services will be provided without face-to-face contact at or from the premises.

5.1.25 The Appellant respectfully submits that, following refinement and clarification in light of the October 2025 regulatory changes, the proposed model satisfies each limb of that test. The ICB's representations maintain a general position of dissatisfaction but do not identify a specific continuing breach of Regulation 25. In these circumstances, the Appellant respectfully submits that the Pharmacy Appeals Committee can now determine the appeal on its merits, on the basis of a complete and clarified service model which satisfies each limb of Regulation 25 as amended.

5.1.26 **Absence of Identified Remaining Deficiency**

5.1.27 The Appellant respectfully notes that the ICB has not articulated any precise regulatory requirement which, following the 14 February 2026 submission, remains unmet. Where detailed clarification has been provided addressing each previously raised concern, a general assertion that the application should still be refused is insufficient.

5.1.28 If the Committee considers that any specific element of Regulation 25 remains unsatisfied, the Appellant respectfully requests that such element be clearly identified.

5.1.29 **Conclusion**

5.1.30 The Appellant respectfully submits that:

5.1.30.1 The appeal submission of 14 February 2026 comprehensively addressed the issues relied upon in the refusal.

5.1.30.2 The service model has been refined to remove ambiguity and incompatibility, and to align with the October 2025 amendments to the distance-selling pharmacy framework.

5.1.30.3 The requirements of Regulation 25 as amended are clearly met.

5.1.31 The Appellant therefore invites the Pharmacy Appeals Committee to quash the Commissioner's decision and allow the appeal."

5.2 The Commissioner

5.2.1 "Thank you for your letter, providing the ICB with the opportunity to make observations on representations submitted.

5.2.2 The ICB notes that that Appellant has advised that they have changed their original application and now do not propose to provide the Hypertension Case Finding Service, Smoking Cessation or a Vaccination Service.

5.2.3 In relation to comments made by the Appellant about procedural fairness, we would reiterate that the decision to refuse the application was made following an assessment of the relevant regulations. Whilst the Pharmaceutical Services Regulations Committee (PSRC) review representations made, they are not the basis for the decision.

5.2.4 NHS Resolution will note the evidence we provided in our representations showing that representations were circulated to the Appellant."

6 Consideration

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

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

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

6.4 As a preliminary matter, the Committee noted that the Applicant had stated in its appeal that "*The [Commissioner's] report states that representations were received from interested parties and that the applicant "did not respond" to those representations. The applicant did not receive any such representations, nor any invitation or time window to respond, in respect of this application.*" The Committee noted the Commissioner's response in its representations that "*The Appellant notes our decision was based on the representations received which the Appellant had not seen. This is incorrect. Comments received during the 45 days representation period were circulated via email on the 16 September 2025. The Appellant's email address* [redacted] *was bcc'd into the email along with other parties. Evidence is enclosed with this correspondence.*" Having regard to the email dated 16 September 2025 by which the Commissioner circulated the 45 day representations received on the application, the Committee noted that it did appear to have been sent to the Applicant. However, in the interests of transparency and fairness, the Committee noted that NHS Resolution had relied on the discretion afforded in paragraph 7 of Schedule 3 of the Regulations to vary the normal procedures and to allow the Applicant to make representations on the 45 day representations. The Committee considered that any unfairness alleged by the Applicant had been remedied on appeal and therefore it did not consider the matter further.

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

Regulation 31

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

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

(2) This paragraph applies where -

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

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

(ii) adjacent premises; and

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

6.7 The Committee noted that in the application the Applicant states "*Although the proposed DSP premised are in close proximity to another listed pharmacy, this application should not be refused under Regulation 31…*". The Commissioner in its determination had noted that "*…there is no person on the pharmaceutical list providing or undertaking to provide pharmaceutical services from or adjacent to the premises*" and the Committee noted there was no dispute on the matter from other parties.

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

Regulation 25

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

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

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

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

in respect of pharmacy premises that are distance selling premises.

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

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

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

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

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

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

Additional information to be included with excepted applications

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

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

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

Nature of details to be supplied

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

Regulation 25(1)

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

Regulation 25(2)(a)

6.12 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 premises in respect of which the application is made, is not on the same site or in the same building as the premises of a provider of primary medical services with a patient list.*" Based on the information available to it, which has not been disputed, the Committee 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)

6.13 As far as Regulation 25(2)(b) is concerned, the Committee considered the information which had been provided by the Applicant in relation to its procedures for the provision of essential services and pharmaceutical services.

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

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

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

6.17 With regard to the uninterrupted provision of essential services, the Committee noted Annex A provided with the application states:

6.17.1 "*7.1 BACHU'S PHARMACY aims to deliver*

6.17.2 *The uninterrupted provision of essential services during opening hours of the premises…*"; and

6.17.3 "*During the operating hours of BACHU'S PHARMACY, all essential services will be made available and overseen by a Responsible Pharmacist (RP) through various communication channels such as telephone, fax, internet, and email. The RP will maintain continuous supervision both during core and supplementary hours. This oversight will be facilitated by the registration of the RP on both the Pharmacy Management System (PMR) and paper-based systems. This*

registration mechanism will allow verification of the pharmacist's presence at BACHU'S PHARMACY, including times when they might be temporarily away, such as during lunch breaks or emergencies. The pharmacists affiliated with BACHU'S PHARMACY will be accessible via phone and online platforms during the establishment's opening hours. If deemed necessary, BACHU'S PHARMACY will employ a dispenser, technician, and a qualified healthcare assistant to ensure the safe and effective delivery of essential services. In cases of temporary coverage, adherence to BACHU'S PHARMACY's Standard Operating Procedures (SOPs) will be maintained to prevent any service disruptions."

6.18 The Committee noted the Commissioner had stated in the determination that:

6.18.1 "*… the applicant acknowledges that the Responsible Pharmacist (RP) may be temporarily away during lunch breaks or emergencies and that SOPs will be followed to prevent service disruption, however:*

6.18.1.1 *No specific explanation is provided about how cover will be arranged during these absences.*"

6.19 The Applicant states further in its representations:

6.19.1 "*The pharmacy will be open and able to provide all essential services throughout its contracted hours to persons anywhere in England, without face-to-face contact at or in the vicinity of the premises. The operating model and SOPs expect a pharmacist to be available at all times to provide professional oversight and supervise every transaction for all tasks delegated to others, and to be in a position to intervene where necessary. A second pharmacist will be rostered so that there is always an RP physically present on the premises: where one RP needs to leave, the second pharmacist immediately signs in as RP and services continue without interruption.*

6.19.1 *A written Business Continuity Plan (BCP) sets out the steps to be taken in the event of unplanned RP absence. The senior team member follows a checklist that includes contacting the Superintendent Pharmacist (SP), who either attends personally as RP or arranges alternative cover via an internal locum pool, digital locum platforms, emergency agencies and local professional networks. The SP will communicate any RP absence that affects essential services to relevant stakeholders as necessary, in line with NHS England's approved particulars on temporary suspensions. In exceptional circumstances, the RP will take a working lunch on the premises to maintain continuity of essential services, rather than relying on formal RP-absence provisions.*"

6.20 Based on the information before it, the Committee was satisfied that the provision of essential services would be without interruption.

6.21 With regard to services being available to persons anywhere in England, the Committee noted the Applicant states in Annex A:

6.21.1 *"1.* ***Nationwide Delivery of Medicines***

6.21.2 *We have secured partnerships with licensed, MHRA-compliant courier services, such as Royal Mail and Polar Speed, to ensure the safe and prompt delivery of all medicines, including:*

6.21.2.1***Ambient-temperature medications*** *via tracked 24-hour delivery.*

6.21.2.2***Fridge-line medications*** *using validated cold-chain packaging and logistics.*

6.21.2.3***Controlled Drugs (CDs)*** *are delivered using specialist secure courier services, such as a Healthcare Account with DPD, which ensures full audit trails and ID verification at the point of delivery. Deliveries cannot be left with neighbours or in unattended locations.*

6.21.3 *All deliveries are tracked, with proof of delivery recorded and reviewed by our Responsible Pharmacist."*

6.22 The Committee also noted the Applicant states "*…all essential services will be made available and overseen by a Responsible Pharmacist (RP) through various communication channels such as telephone, fax, internet, and email.*"

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

6.24 The Committee next considered how the Applicant would provide pharmaceutical services without face to face contact.

6.25 The Committee noted Annex A states:

6.25.1 "***No Face-to-Face Interaction at or from the Premises***

6.25.2 *The pharmacy will be a closed-door facility. Members of the public will not have access to the premises at any time.*

6.25.3 *Patients will not be permitted to collect prescriptions from the premises.*

6.25.4 *All communication, ordering, and service access to pharmacy services will be facilitated through:*

6.25.4.1*A dedicated* ***pharmacy website*** *with prescription ordering and repeat request functionality.*

6.25.4.2***Telephone*** *and* ***email support****, manned by trained staff during all operating hours.*

6.25.4.3***On-site intercom system*** *at the premises for controlled visitor communication*

6.25.4.4***A secure entrance door,*** *which can only be opened internally to ensure safety and controlled access.*"; and

6.25.5 "*The pharmacy premises will operate under a **strict closed-door policy**, in line with Distance Selling Pharmacy (DSP) requirements. No face-to-face services will be provided, and the public will not have access to the premises at any time.*

6.25.6 *However, in the unlikely event that a patient attends the premises and requests one or more essential services, they will be politely informed that:*

6.25.6.1 ***No services can be provided on-site***

6.25.6.2 *The pharmacy operates on a **distance-selling model only**, and*

6.25.6.3 *Services must be accessed remotely via the **website, telephone, or email***

6.25.7 *Clear signage will be displayed outside the premises to reinforce this message, including contact details and instructions on how to access services. If necessary, a staff member will communicate this via an intercom system or controlled entry point without allowing the patient inside.*

6.25.8 *All interactions will be recorded in the pharmacy's incident log, and reviewed as part of our ongoing clinical governance and SOP compliance processes.*"

6.26 The Committee noted the Commissioner had identified concerns in the determination, specifically with regard to the provision of advanced services.

6.27 The Committee was mindful of the regulatory changes as of 1 October 2025 and 31 March 2026, that distance selling pharmacies can no longer provide Directed services (Advanced, National Enhanced and Enhanced Services) face to face with the patient at the pharmacy premises. As a result of this amendment, the Committee noted that the Applicant would not be able to provide any pharmaceutical services to patients present at its premises.

6.28 The Committee noted that in its application the Applicant had stated that it proposed to provide the New Medicine Service, Pharmacy First Service, Pharmacy Contraceptive Service and Smoking Cessation Service. In a further letter to the Commissioner dated 5 July 2025 the Applicant added the Hypertension Case-Finding Service, Flu Vaccination and Care Home Support.

6.29 In its representations, the Applicant amends this as follows:

6.29.1 "*For the avoidance of doubt, from these distance-selling pharmacy premises the applicant will only provide services that can be delivered safely and effectively without face-to-face contact at or in the vicinity of the premises, in line with Regulation 25 and the DSP changes introduced in 2025.*

6.29.2 *Services to be provided (remotely):*

6.29.2.1 *Essential pharmaceutical services under the distance-selling model.*

6.29.2.2 *New Medicine Service (NMS) via telephone or video consultation.*

6.29.2.3 *Pharmacy First (remote only), limited to clinical pathways that can be delivered entirely without physical examination and excluding otitis media, provided via secure live video in line with the NHS England DSP service specification.*

6.29.2.4 *Pharmacy Contraception Service (remote), relying on appropriate clinical data from external sources or patient-provided data where clinically appropriate, and excluding any elements that require on-site clinical measurement by this DSP.*"

6.30 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.

6.31 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.

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

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

6.33.1 Dispensing of drugs and appliances

6.33.2 Urgent supply without a prescription

6.33.3 Preliminary matters before providing ordered drugs or appliances

6.33.4 Providing ordered drugs or appliances

6.33.5 Refusal to provide drugs or appliances ordered

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

6.33.7 Disposal service in respect of unwanted drugs

6.33.8 Promotion of healthy lifestyles

6.33.9 Prescription linked intervention

6.33.10Health campaigns

6.33.11Signposting

6.33.12Support for self-care

6.33.13Discharge medicines service

6.33.14Websites and health promotion zones

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

Providing ordered drugs or appliances

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

6.36 The Committee noted that whilst the Applicant had referred to the use of "*validated cold chain packaging*" for cold chain items and "*confidentiality in packaging*" generally, it had not provided any other information to indicate what containers would be suitable for posted/delivered items which were not cold chain items.

6.37 Based on the information before it, the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 8(15) of Schedule 4.

Other considerations

6.38 The Committee noted that the Applicant had indicated on the application form that it did not intend to provide any appliances. The Committee noted that in the event that the application is granted, the Applicant would not be able to provide to patients any appliances that require measuring or fitting.

6.39 The Committee noted that the Commissioner was not satisfied that the Applicant had provided sufficient information to show that it was likely to secure the safe and effective provision of services under paragraphs 6, 7(3), 10(1), 13-15, or 22B and 22C of schedule 4 of the Regulations. The Committee was mindful that the Applicant had supplied further information on appeal that had not been available to the Commissioner at the time it made its decision.

Urgent supply without a prescription

6.40 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.

6.41 The Committee noted the Commissioner had stated in its decision that "*…the applicant had not explained how it proposes safely and effectively to receive requests from prescribers for urgent supplies of drugs and appliances.*"

6.42 The Committee noted the information in the Applicant's representations under the heading 'Urgent Supply without a prescription' which describes how the Applicant will process such a request. The Committee noted that the Applicant refers to pharmaceutical services being delivered by several means of non-face to face communication including telephone and email, and considered that it was reasonable to infer that these methods would be used to receive requests from prescribers for the urgent supply of drugs.

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

Preliminary matters before providing ordered drugs or appliances

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

6.45 The Committee noted the Commissioner had noted in its decision that "*…Community Pharmacy Essex (CPE) made reference to the applicants' use of fax machines when communicating to GPs. It is correct that a fax machine is not an approved method of communication to both patients and GPs.*"

6.46 The Committee noted Annex A states:

6.46.1 "*BACHU'S PHARMACY's approach to prescription exemption verification involves reaching out to patients initially via telephone to confirm their exemption declarations.*

6.46.2 *If a patient is indeed exempt, BACHU'S PHARMACY will request proof of exemption, which can be submitted to the pharmacy through fax, email, or text. To ensure completeness, the back of the prescription will be filled out in black ink. In cases where exemption evidence is not available, the "evidence not seen" box will be marked.*

6.46.3 *The nature of the exemption and its expiration date will be recorded in the Patient Medication Record.*"

6.47 The Committee also noted the Applicant's representations state:

6.47.1 "*In relation to NHS prescription charges, the pharmacy will follow NHS England and NHSBSA guidance on exemptions and remissions. As all services are provided remotely, patients will confirm their charge status (payer, exemption category or pre-payment certificate) via the website, app, secure messaging or telephone and, where they claim exemption or remission, provide acceptable evidence (for example, pre-payment certificate details). Pharmacy staff will check evidence where reasonably available, remind patients of their legal responsibility to provide accurate information and complete electronic declarations in line with current NHS requirements. Where appropriate evidence cannot be supplied at the time of dispensing, patients will be treated as charge-paying and advised how to reclaim charges if entitlement is*

subsequently confirmed, in accordance with NHS guidance. Where available in the PMR, the pharmacy will also use the NHS Real Time Exemption Checking (RTEC) service to confirm exemption or remission status directly with NHSBSA records, treating a positive RTEC confirmation as satisfactory evidence and otherwise following standard NHS England and NHSBSA guidance on manual declarations, evidence checks and charge collection."

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

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

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

6.50 The Committee noted the Commissioner's view that "*…little detail has been provided on this matter and the applicant did not mention how it will communicate the availability of the repeat dispensing service through its website.*"

6.51 The Committee noted the Applicant's representations state:

6.51.1 "*In line with paragraphs 10 and 11, patients with long-term, stable conditions who require regular medicines will be identified through clinical review and dispensing records and proactively offered advice on the benefits of repeat dispensing (including improved convenience, reduced risk of interruption to therapy and better planning of reviews), so that appropriate patients can make an informed decision about using repeat dispensing with their prescriber's agreement. The availability and benefits of repeat dispensing will also be explained clearly on the website, including a dedicated information page and prompts within the online ordering and repeat-request journey.*"

and

6.51.2 "*Suitable patients (for example those with long-term, stable conditions requiring regular medicines) are proactively identified through clinical review and dispensing records and are counselled on the nature and benefits of repeat dispensing via telephone, video consultation or written information, with this discussion recorded in the PMR.*"

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

Disposal service in respect of unwanted drugs

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

6.54 The Committee noted the Commissioner's statement that "*…with the omission of whether the courier service mentioned above is free of charge to patients, it cannot be satisfied on this regulatory test.*"

6.55 The Committee noted Annex A states:

6.55.1 "*At BACHU'S PHARMACY, we recognize the importance of responsible disposal when it comes to unwanted medications. While patients won't be able to physically bring waste medicines to our premises, we are committed to providing comprehensive guidance on how households and individuals can safely dispose of these medications.*

6.55.2 *Patients in need of safe medication disposal can reach out to us via telephone or email. Should distance pose a challenge, rest assured that BACHU'S PHARMACY is prepared to address this concern. If our BACHU'S PHARMACY delivery driver is unable to collect the unwanted medicines, a specialized courier service will be engaged to facilitate the disposal process. To ensure a seamless experience, patients are encouraged to provide detailed information regarding the types, forms, and quantities of medicines requiring collection.*

6.55.3 *In conclusion, BACHU'S PHARMACY's commitment to the responsible disposal of unwanted medications reinforces our dedication to patient well-being and environmental stewardship. Through accessible guidance and convenient disposal solutions, we strive to ensure that the lifecycle of medications aligns with our commitment to safety and sustainability.*"

6.56 Further, the Applicant's representations state:

6.56.1 "*The pharmacy will accept unwanted patient-returned medicines for safe disposal in accordance with paragraphs 12 and 13, using a model that does not involve members of the public attending at, or in the vicinity of, the DSP. Options will include pre-arranged collections via delivery drivers, use of approved returns containers or pre-paid returns arrangements where appropriate, backed by SOPs that govern safety, segregation, controlled drug handling and environmental requirements. Patients will be informed of the returns process via the website, patient information leaflets and during counselling contacts, ensuring that the essential disposal service remains accessible despite the absence of walk-in facilities. This disposal service, including collection or return arrangements, will be provided free of charge to NHS patients in line with essential service requirements.*"

and

6.56.2 "*The safe disposal of unwanted medicines will be provided free of charge to patients, in line with the NHS pharmaceutical Terms of*

Service. Patients will not hand medicines directly to the delivery driver, courier or into the DSP premises; instead, they contact the dispensary team, who log the request, assess the items (including any controlled drugs or hazardous waste) and agree the most appropriate return route.

6.56.3 *Patients will be offered several options:*

6.56.3.1 *For patients within a 20-mile radius, unwanted medicines can be collected at an agreed time by the pharmacy's trained delivery driver, free of charge, as one of the available disposal routes.*

6.56.3.2 *Returning unwanted medicines to the pharmacy using a courier service arranged by the pharmacy at its expense, or, where the responsible pharmacist has confirmed it is safe and appropriate, by Royal Mail in tamper-evident packaging supplied by the pharmacy*

6.56.3.3 *Direct collection by the contracted specialist waste provider, who will transport, store and destroy the medicines under licensed arrangements.*

6.56.4 *For each route, the pharmacy will keep an auditable record of items returned, with pharmacists personally overseeing any returns involving controlled drugs to ensure correct denaturing and documentation before destruction. Where a patient prefers not to use any of the above options, the team will explain alternative ways to dispose of medicines safely and signpost the patient to an appropriate local walk-in pharmacy or service near their home. In line with national arrangements, patient sharps (for example insulin needles) will not be returned to the DSP; patients will be directed to use their local authority sharps collection service or an appropriate local provider, as set out in the SOPs. These arrangements ensure that unwanted medicines are accepted and disposed of safely and effectively, at no cost to the patient, meeting the requirements of paragraphs 12–13 of Schedule 4.*

6.56.5 *On receipt into the pharmacy, all unwanted medicines will be checked by trained staff, recorded as pharmaceutical waste and never reused for supply. Medicines will then be segregated into clearly labelled waste streams in line with national healthcare waste guidance and the instructions of the licensed contractor, for example: non-hazardous medicinal waste, hazardous medicinal waste, liquids, aerosols and inhalers, and any other categories required.*

6.56.6 *Patient-returned controlled drugs will be identified and segregated immediately, stored securely, and denatured using an approved CD denaturing kit by the pharmacist or an authorised member of staff before the denatured material is placed into the appropriate medicines waste container. A separate CD destruction record will be maintained to demonstrate compliant handling and destruction of all returned controlled drugs. All pharmaceutical waste containers used on site will be UN-approved and provided or authorised by the NHS-appointed or*

licensed waste contractor. Containers will be kept closed when not in active use, stored in a secure area, and clearly marked to distinguish patient-returned waste from pharmacy stock waste.

6.56.7 *Completed containers will be labelled with the correct waste description and retained only until the next scheduled collection by the licensed contractor, with consignment or transfer documentation retained in accordance with environmental and NHS requirements.*

6.56.8 *All staff will be trained at induction and at regular intervals on how to identify different medicine types, segregate waste correctly, handle controlled drugs and sharps safely, and use the correct personal protective equipment. Internal checks and periodic audits will be used to monitor compliance with this segregation process, and any incidents or near-misses will result in remedial training and, where necessary, updates to the relevant SOPs.*"

6.57 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 paragraphs 13 - 15 of Schedule 4.

Discharge medicines service

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

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

6.60 The Committee noted the Commissioner's statement that "*…no information had been provided by the applicant in its documentation with regard to the Discharge Medicine Service and no explanation had been given as to how the applicant was proposing to provide advice, assistance or support and that there was also no explanation regarding any procedures in place for checking referrals for the discharge medicine service.*"

6.61 The Committee noted the Applicant's representations state:

6.61.1 "*The pharmacy will provide the Discharge Medicines Service (DMS) as an essential service in line with NHS England guidance and the DMS toolkit. Patients recently discharged from hospital, or otherwise referred as part of transfer-of-care arrangements by staff of an NHS trust or NHS foundation trust, will be accepted via secure electronic referral systems (for example, DMS platforms or NHSmail) and the referral will be*

checked against local DMS referral criteria. On receipt of a referral, the pharmacist will follow a DMS SOP: promptly reviewing the referral, reconciling the patient's discharge medicines with their pre-admission regimen, identifying and resolving discrepancies with the referring team or GP where necessary, and arranging a remote consultation with the patient and/or carer to provide advice, assistance and support with their medicines regimen. Referral sources will be routinely monitored and all DMS referrals will be logged and checked daily to ensure that no discharge referrals are missed or left unprocessed. Where a DMS patient expresses a preference for a face-to-face consultation, the pharmacist will explain that this DSP can only provide the service remotely and will, where appropriate, signpost or refer the patient to a suitable local community pharmacy or other provider for an in-person review."

and

6.61.2 "*The DMS will be provided as an essential service in accordance with paragraphs 22B and 22C of Schedule 4 and NHS England guidance.*

6.61.3 *The pharmacy follows a three-stage DMS process:*

6.61.3.1 *Clinical review of the discharge medication list against the patient's pre-admission records and Summary Care Record, resolving any discrepancies and clarifying intended ongoing therapy with the referring trust and/or GP where necessary.*

6.61.3.2 *Review of the first post-discharge prescription to ensure that it aligns with the hospital's discharge instructions, with liaison with the GP practice where discrepancies or safety concerns are identified.*

6.61.3.3 *A remote consultation (telephone or video) with the patient or carer to explain the new regimen, confirm which medicines to stop, discuss potential side-effects, monitoring requirements and adherence support, and to answer questions.*

6.61.4 *All interventions and outcomes will be documented in the PMR, and any clinically relevant issues will be communicated to the GP or referring trust as appropriate via secure channels (for example NHSmail or DMS IT platforms). As with all essential and directed services where referrals are received to the NHS-assured IT system or NHSmail account, the pharmacy team will check these referral routes regularly throughout contracted hours and promptly action referrals within appropriate time-frames, with daily checks to ensure that no discharge referrals are missed or left unprocessed. This process is captured in the DMS SOP and is designed to comply fully with paragraphs 22B and 22C of Schedule 4.*"

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

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

Summary

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

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

6.65.1 confirm the Commissioner's decision;

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

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

6.66 Although the Committee had reached the same overall decision as the Commissioner, it was mindful that it had received additional information in the Applicant's submissions and had therefore done so for different reasons. The Committee therefore determined that the decision of the Commissioner must be quashed.

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

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

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

7 Decision

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

7.2 The Committee:

7.2.1 quashes the decision of the Commissioner; and

7.2.2 redetermines the application as follows -

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

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

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

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

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

7.2.3 The application is refused.

Case Manager
Primary Care Appeals