15 May 2026

**REF: SHA/26847**

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

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

**APPEAL AGAINST SOMERSET ICB DECISION TO REFUSE AN APPLICATION BY MEDLINK CARE LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT UNIT 3B-C, ROBINS DRIVE, BRIDGWATER TA6 4DL 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:

Medlink Care Ltd
PCSE on behalf of Somerset ICB

NHS Resolution

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

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

**REF: SHA/26847**

**APPEAL AGAINST SOMERSET ICB DECISION TO REFUSE AN APPLICATION BY MEDLINK CARE LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT UNIT 3B-C, ROBINS DRIVE, BRIDGWATER TA6 4DL UNDER REGULATION 25**

## 1 The Application

By application dated 9 July 2026, Medlink Care Ltd ("the Applicant") applied to Somerset ICB ("the Commissioner") for inclusion in the pharmaceutical list at Unit 3B – C, Robins Drive, Bridgwater, TA6 4DL 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 "Drug Tariff part IX* *Except items that require measuring or fitting."

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

1.2.1 "Information in support of the application."

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

1.3.1 "Not applicable as no other pharmacy in the same or adjacent premises."

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 “See attached information”

“7.1 Pharmacy Procedures for Securing Essential Services (Distance Selling Pharmacy)

a) Uninterrupted Provision of Essential Services During Opening Hours to Patients Anywhere in England

1.9 As a distance selling pharmacy, we have implemented the following procedures to ensure seamless and uninterrupted delivery of essential services throughout our contractual opening hours, to any person in England:

1.10 Nationwide Accessibility: Services are offered to all patients in England, regardless of location, by DSP regulations. No services are provided on a face-to-face basis at the premises.

1.11 Staffing & Shift Management: Adequate numbers of GPhC-registered pharmacists and trained staff are scheduled to ensure full coverage during all opening hours, with contingency plans for sickness, leave, and peak periods.

1.12 Electronic Prescription Service (EPS): We are fully integrated with EPS, allowing receipt and processing of prescriptions from patients nationwide without any in-person contact.

1.13 Secure Online Ordering and Communication: Patients can request prescriptions and access services through our secure website, mobile app, and NHSmail. Clear patient information and assistance are available remotely.

1.14 Delivery Infrastructure: A reliable, auditable, and secure delivery system (including cold chain logistics) ensures timely supply of medicines and appliances to patients anywhere in England.

1.15 Business Continuity Plans: Systems are in place to respond to IT failures, delivery delays, or public health emergencies, ensuring service continuity.

b) Safe and Effective Provision Without Face-to-Face Contact

1.16 In compliance with DSP regulations, all services are delivered exclusively remotely via the following means:

1.17 Remote Consultations: Telephone and/or video consultations are used to support the safe provision of clinical services such as advice, prescription interventions, and signposting.

1.18 Secure Messaging and Consent: Patient communications are conducted via secure platforms (email, website forms, telephone), with robust consent and verification procedures. Verbal consent is documented where written consent is not feasible.

1.19 Private and Confidential: Remote services are delivered with full respect to patient confidentiality, using encrypted communication and private working environments.

1.20 Clinical Governance: All services are regularly audited to ensure clinical safety, effectiveness, and compliance with NHS and GPhC guidelines.

1.21 Accessible Services: Interpretation services and disability-accessible platforms are in place to ensure that patients with diverse needs can access all essential services remotely.

7.2 Procedure When a Patient Requests Essential Services

1.22 As a distance selling pharmacy, patients are not permitted to attend the premises in person. All requests for essential services are handled remotely in line with NHS Terms of Service for DSPs. The procedure is as follows:

1.23 Remote Access Only: Patients access the pharmacy via telephone, website, email, NHSmail, or mobile app. All interactions are managed without face-to-face contact.

1.24 Request Handling: A trained member of the pharmacy team triages the request to determine which essential service is needed (e.g., dispensing, advice, repeat dispensing).

1.25 Remote Provision of Services:

1.25.1 Dispensing: EPS prescriptions are received electronically, clinically checked by a pharmacist, and prepared for dispatch.

1.25.2 Advice and Support: Advice is provided by a pharmacist via phone or video call. Written materials may be sent electronically or via post where appropriate.

1.25.3 Repeat Dispensing and Interventions: Conducted via secure remote communication, with pharmacist oversight and documented patient interactions.

1.26 Dispatch and Delivery: Once ready, medication is securely packaged and dispatched to the patient's chosen address via a tracked delivery service.

1.27 Follow-Up: Patients are provided with contact information for follow-up support or post-delivery queries.

7.3 Advanced Services Provided Without Any Element of Essential Services

1.28 As a DSP, if we are providing Advanced Services only at any time (e.g., during a trial or phased implementation), we will ensure they are delivered without overlap into essential service provision as follows:

1.29 Remote-Only Delivery: Where permissible (e.g., New Medicine Service (NMS), Community Pharmacist Consultation Service (CPCS)), advanced services are provided remotely via video or telephone consultation, with appropriate patient consent.

1.30 No Face-to-Face Contact: All elements of the advanced service are conducted without face-to-face interaction. For example, NMS follow-ups are done by phone or secure video call.

1.31 Clear Boundaries: Staff involved in delivering advanced services will not provide essential services (e.g., dispensing) at times or locations where essential services are not being offered. [sic]

1.32 Referrals and Redirection: If a patient requests an essential service during an advanced service interaction, they are informed that we do not offer face-to-face care, and are signposted to an appropriate NHS service or another full-service pharmacy."

## 2 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 5 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 "Somerset 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."

Extract from the South West Pharmaceutical Services Regulations Committee (PSRC) Decision report

2.2 "Case ref: CAS-370901-S6F5V3

2.3 Name of applicant: Medlink Care Ltd

2.4 Application type: Application for inclusion in the pharmaceutical list: distance selling premises excepted application

2.5 Address of Proposed premises: Unit 3B-C, Robbins Drive, Bridgwater, TA6 4DI [sic]

2.6 The SW Committee noted:

2.7 The applicant proposes opening a distance selling pharmacy premises at Robins Drive, Bridgwater.

2.8 The address of ‘Robbins’ Drive spelt incorrectly within the application; there is a Robins Drive in Bridgwater at the postcode given with units 3B-C.

2.9 The applicant has recently confirmed the loss of the proposed premises address and seeks to replace the proposed address with a new location, noting they are actively seeking a suitable new site under the same location (Bridgwater, Somerset) that will continue to meet all regulatory requirements for a Distance Selling Pharmacy.

2.10 The SW Committee was of the view that the Paragraph 1(7) of Schedule 2 of the Regulations contain no provision for an applicant to change the address given in the application and noted no replacement address had actually been provided anyway. The SW Committee’s view was that the only way to change the address was to submit a new application though it was acknowledged that in the case of distance selling applications that was no longer an option.

2.11 Paragraph 32 of schedule 4 of the Regulations makes provision for a change of premises specified in an application after its grant but before its listing but that only applies to ROUTINE applications and so not to distance selling applications.

2.12 The SW Committee concluded it must determine the application on the basis of the address given in the application.

PRELIMINARY ISSUES

2.13 Nature of the application

2.14 This is application for a ‘distance selling pharmacy’ and is an excepted application and considered under regulation 25.

PUBLIC INVOLVEMENT / REPRESENTATIONS

2.15 Full details of the applicant’s proposals were notified to various parties in accordance with the Regulations. Representation was received from:

2.15.1 Boots UK Ltd respectfully request the committee to be satisfied the application fully meets the criteria but neither supports nor opposes the application.

2.15.2 Community Pharmacy Somerset acknowledges the application but neither supports nor opposes it.

2.16 The applicant responded acknowledging the representations but do not submit additional comments. [sic]

2.17 When comments are circulated to the applicant and interest parties [sic] the covering letter states:

*Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.*

Regulation 31 (same or adjacent premises)

2.18 Regulation 31 states [quoted in full]

2.19 There are no other pharmacies at the proposed premises, or adjacent. The nearest pharmacy is 0.1 miles (Rowlands Pharmacy from the proposed premises. The SW Committee was satisfied it is not required to refuse the application by virtue of Regulation 31.

REGULATION 25(2) – requirements for distance selling pharmacies

2.20 An application for distance selling premises is, by virtue of regulation 25(1), not subject to the market entry test.

2.21 Regulation 25(2) states: [quoted in full]

Reg 25(2)(a) – same site as a provider of primary medical services

2.22 There is no provider of primary medical services at the proposed address, so the application does not have to be refused by virtue of Regulation 25(2)(a).

Reg 25(2)(b) – the pharmacy procedures

2.23 Information about how the applicant would operate the proposed pharmacy is provided within the supporting information submitted with the application form.

2.24 The SW Committee must be sure it has sufficient information to determine if it is satisfied that the procedures will secure uninterrupted provision of essential services during opening hours to persons anywhere in England, safely and effectively without face-to-face contact. If not, it must refuse the application.

2.25 Services available without interruption

2.26 The applicant has proposed 40 core hours of 9am – 1pm and 1.30pm – 5.30pm Monday to Friday. Closed Saturdays and Sundays. No additional supplementary hours are proposed.

2.27 In the supporting information it states:

*As a distance selling pharmacy, we have implemented the following procedures to ensure seamless and uninterrupted delivery of essential services throughout our contractual opening hours, to any person in England:*

*Nationwide Accessibility: Services are offered to all patients in England, regardless of location, by DSP regulations. No services are provided on a face-to-face basis at the premises.*

*Staffing & Shift Management: Adequate numbers of GPhC-registered pharmacists and trained staff are scheduled to ensure full coverage during all opening hours, with contingency plans for sickness, leave, and peak periods.*

2.28 On the basis of the information provided, the SW Committee was satisfied that services will be provided without interruption.

2.29 Essential services will be provided without face-to-face contact.

2.30 In the supporting information it states:

*Nationwide Accessibility: Services are offered to all patients in England, regardless of location, by DSP regulations. No services are provided on a face-to-face basis at the premises.*

*Electronic Prescription Service (EPS): We are fully integrated with EPS, allowing receipt and processing of prescriptions from patients nationwide without any in-person contact.*

*In compliance with DSP regulations, all services are delivered exclusively remotely via the following means:*

*Remote Consultations: Telephone and/or video consultations are used to support the safe provision of clinical services such as advice, prescription interventions, and signposting.*

*Secure Messaging and Consent: Patient communications are conducted via secure platforms (email, website forms, telephone), with robust consent and verification procedures. Verbal consent is documented where written consent is not feasible.*

*Private and Confidential: Remote services are delivered with full respect to patient confidentiality, using encrypted communication and private working environments. Clinical Governance: All services are regularly audited to ensure clinical safety, effectiveness, and compliance with NHS and GPhC guidelines.*

*Accessible Services: Interpretation services and disability-accessible platforms are in place to ensure that patients with diverse needs can access all essential services remotely.*

Paragraph 5(2) & (3) – how will patients present prescriptions

2.31 In the supporting information it states:

*Electronic Prescription Service (EPS): We are fully integrated with EPS, allowing receipt and processing of prescriptions from patients nationwide without any in-person contact.*

*Secure Online Ordering and Communication: Patients can request prescriptions and access services through our secure website, mobile app, and NHSmail. Clear patient information and assistance are available remotely.*

*Dispensing: EPS prescriptions are received electronically, clinically checked by a pharmacist, and prepared for dispatch.*

*Advice and Support: Advice is provided by a pharmacist via phone or video call. Written materials may be sent electronically or via post where appropriate.*

*Repeat Dispensing and Interventions: Conducted via secure remote communication, with pharmacist oversight and documented patient interactions.*

2.32 There does not appear to be anything about paper prescriptions and there is nothing to explain how they will manage patients trying to present in person.

2.33 The SW Committee was not satisfied the pharmacy will receive prescriptions without face-to-face contact.

2.34 To establish if services will be provided without face-to-face contact it is useful to examine the Terms of Service (Schedule 4 Part 2 essential services) where compliance would ordinarily require face to face contact and assess if the applicant has explained how they will achieve it. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (legislation.gov.uk)

Paragraph 6 – Urgent supply without a prescription

2.35 There appears to be no mention of this in the application form.

2.36 The SW Committee was not satisfied the pharmacy has suitable arrangements in place for dealing with urgent requests without a prescription.

Paragraph 7 – Exemption Checking and payment

2.37 There appears to be no mention of this in the application form.

2.38 The SW Committee was not satisfied the pharmacy has suitable arrangements in place for checking exemptions and collecting payments without face to face contact.

Paragraph 8 providing ordered drugs or appliances

2.39 In the supporting information it states:

*Delivery Infrastructure: A reliable, auditable, and secure delivery system (including cold chain logistics) ensures timely supply of medicines and appliances to patients anywhere in England.*

> *1. Dispatch and Delivery: Once ready, medication is securely packaged and dispatched to the patient's chosen address via a tracked delivery service.*

2.40 The SW Committee was not satisfied that suitable arrangements are in place for the delivery of items including temperature controlled items and CDs as there was very little information with nothing about missed deliveries and so on.

Paragraph 8(4)

2.41 At part 4 of the application form it states:

*Drug Tariff part IX* *EXCEPT items that require measuring or fitting.*

2.42 The SW Committee, therefore, did not need to consider the matter of measuring and fitting.

Paragraph 9(4) – Repeat Dispensing

2.43 In the supporting information it states:

*2. Request Handling: A trained member of the pharmacy team triages the request to determine which essential service is needed (e.g., dispensing, advice, repeat dispensing).*

*Repeat Dispensing and Interventions: Conducted via secure remote communication, with pharmacist oversight and documented patient interactions.*

2.44 There is little detail regarding the additional checks that must be made regarding repeat dispensing or the requirement to promote the benefits of repeat dispensing to suitable patients.

2.45 The SW Committee was not satisfied that arrangements are in place for Repeat Dispensing including reminding patients of the importance of only requesting items they need, confirming the medication is being used appropriately, checking for side effects and the patient has not had any changes in health.

Paragraph 10(1) - Further activities to be carried out in connection with the provision of dispensing services

2.46 At part 7 of the application form it indicates remote means of communication will be used but provides very little information on how advice, especially proactive advice, will be given.

2.47 The SW Committee was not satisfied that suitable arrangements are in place so the pharmacy can communicate with and provide essential services such as advice without face to face contact.

Paragraph 10(1)(da) – benefits of repeat dispensing

2.48 There appears to be no mention of this in the application form.

2.49 The SW Committee was not satisfied that suitable arrangements are in place to advise suitable patients of the benefits of repeat dispensing without face to face contact.

Paragraph 13 – Disposal service in respect of unwanted drugs

2.50 There appears to be no mention of this in the application form.

2.51 The SW Committee was not satisfied that suitable arrangements are in place for the disposal of unwanted medicines without face to face contact.

Paragraph 17 – prescription linked interventions

2.52 In the supporting information it states:

*Remote Consultations: Telephone and/or video consultations are used to support the safe provision of clinical services such as advice, prescription interventions, and signposting.*

*Repeat Dispensing and Interventions: Conducted via secure remote communication, with pharmacist oversight and documented patient interactions.*

2.53 The SW Committee was not satisfied that suitable arrangements are in place to provide prescription linked interventions and healthy lifestyle advice without face to face contact.

Paragraph 18 - Public health campaigns

2.54 There appears to be no mention of this in the application form.

2.55 The SW Committee was not satisfied that suitable arrangements are in place to provide public health campaigns without face to face contact.

Paragraph 19 and 20 – Signposting

2.56 In the supporting information it states:

*Remote Consultations: Telephone and/or video consultations are used to support the safe provision of clinical services such as advice, prescription interventions, and signposting.*

2.57 The SW Committee took the view there was nothing about signposting and so was not satisfied that suitable arrangements are in place to provide signposting services without face to face contact.

Paragraph 21 and 22 (self-care)

2.58 There appears to be no mention of this in the application form.

2.59 The SW Committee was not satisfied that suitable arrangements are in place to provide self-care services without face to face contact.

Paragraph 28C requirements in respect of websites and health promotion zones

2.60 There appears to be no mention of this in the application form.

*Secure Online Ordering and Communication: Patients can request prescriptions and access services through our secure website, mobile app, and NHSmail. Clear patient information and assistance are available remotely.*

*Secure Messaging and Consent: Patient communications are conducted via secure platforms (email, website forms, telephone), with robust consent and verification procedures. Verbal consent is documented where written consent is not feasible.*

*3. Remote Access Only: Patients access the pharmacy via telephone, website, email, NHSmail, or mobile app. All interactions are managed without face-to-face contact.*

2.61 The SW Committee took the view there was no information on the matter of a health promotion zone and so was not satisfied that the applicant has 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.

Other

2.62 In the supporting information it states:

*As a DSP, if we are providing Advanced Services only at any time (e.g., during a trial or phased implementation), we will ensure they are delivered without overlap into essential service provision as follows:*

*Remote-Only Delivery: Where permissible (e.g., New Medicine Service (NMS), Community Pharmacist Consultation Service (CPCS)), advanced services are provided remotely via video or telephone consultation, with appropriate patient consent.*

*No Face-to-Face Contact: All elements of the advanced service are conducted without face-to-face interaction. For example, NMS follow-ups are done by phone or secure video call.*

*Clear Boundaries: Staff involved in delivering advanced services will not provide essential services (e.g., dispensing) at times or locations where essential services are not being offered.*

*Referrals and Redirection: If a patient requests an essential service during an advanced service interaction, they are informed that we do not offer face-to-face care, and are signposted to an appropriate NHS service or another full-service pharmacy.*

2.63 The SW Committee was satisfied that there were arrangements in place to ensure directed services will not be provided from the pharmacy premises.

Decision

2.64 The SW Committee was satisfied that the application should be REFUSED because:

2.64.1 The SW Committee is satisfied that the proposed premises were not adjacent to or in close proximity to other chemist premises.

2.64.2 The SW Committee is 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.

2.64.3 The SW Committee was NOT satisfied that all essential services were likely to be secured without interruption during the opening hours.

2.64.4 The SW Committee was NOT satisfied that all essential services were likely to be secured for persons anywhere in England.

2.64.5 The SW Committee was NOT satisfied that all essential services were likely to be secured without face to face contact

2.64.6 The SW Committee was NOT satisfied that all essential services were likely to be secured in a safe and effective manner because it had sufficient information to be satisfied that the procedures adopted by the applicant would be likely to secure the safe and effective provision essential services.

Appeal rights

2.65 The application is refused so the applicant will have appeal rights.

2.66 Post meeting note: The applicant has confirmed the original premises have now been secured."

## 3 The Appeal

In an email dated 2 January 2026, the Applicant appealed against the Commissioner's decision. The grounds of appeal are:

3.1 "Please find attached the appeal submitted by Medlink Care Ltd against the decision of Somerset Integrated Care Board, dated 05 December 2025, to refuse the application for inclusion in the pharmaceutical list in respect of distance selling pharmacy premises.

3.2 This appeal is submitted pursuant to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and addresses the procedural and evidential matters identified by the South West Pharmaceutical Services Regulations Committee in its Decision Report dated 06 November 2025.

3.3 The enclosed documents demonstrate that the applicant's procedures are likely to secure the safe, effective, and uninterrupted provision of essential services without face-to-face contact, in accordance with Regulation 25(2)(b) of the Regulations.

3.4 The applicant confirms that no pharmaceutical services are currently being provided, and that services will not commence until all necessary regulatory approvals are in place.

3.5 Should the Secretary of State require any further information or clarification, the applicant will respond promptly."

"Bundle Index

3.5.1 Section 1 — Appeal Grounds (signed)

3.5.2 Section 2 — PSRC Decision Report dated 06 November 2025

3.5.3 Section 3 — Distance Selling Pharmacy SOP Index and Refusal Mapping (Appendix A)

3.5.4 Section 4 — Premises Statement (Appendix B)

3.5.5 Section 5 — Business Continuity and Service Resilience Statement (Appendix C)

3.5.6 Section 6 — Distance Selling Pharmacy Standard Operating Procedures (SOPs 1–12)

3.5.7 Section 7 — Supporting Policies and Declarations

3.6 This bundle is submitted in support of an appeal under Regulation 72 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. All documents are true copies and reflect the procedures proposed for the operation of the distance selling pharmacy premises."

"APPEAL GROUNDS

3.7 Distance Selling Pharmacy Application

3.8 Applicant: Medlink Care Ltd

3.9 Case Reference: CAS-370901-S6F5V3

Introduction

3.10 This appeal is submitted by Medlink Care Ltd against the decision of Somerset Integrated Care Board, dated 05 December 2025, to refuse the application for inclusion in the pharmaceutical list in respect of distance selling pharmacy premises. The appeal is made pursuant to the applicant's statutory right of appeal to the Secretary of State under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The Application

3.11 The application is an excepted application for distance selling premises considered under Regulation 25 of the Regulations. The South West Pharmaceutical Services Regulations Committee (PSRC) confirmed that the application is not subject to the market entry test, the premises are not adjacent to another pharmacy, and the premises are not on the same site as a GP practice.

3.12 Accordingly, the sole matter for determination was whether the applicant's procedures were likely to secure the safe, effective, and uninterrupted provision of essential services without face-to-face contact, in accordance with Regulation 25(2)(b). For completeness, any reference to 'Robbins Drive' was a clerical spelling error only. The correct address is Unit 3B-C, Robins Drive, Bridgwater, TA6 4DL.

Nature of the Refusal

3.13 The PSRC refused the application on the basis that it was not satisfied that sufficient procedural detail had been provided to demonstrate compliance with Schedule 4 and Regulation 25(2)(b). The refusal was procedural and evidential in nature and did not conclude that distance selling pharmacy services were impermissible, the proposed business model was unlawful, or the premises were unsuitable in principle.

Grounds of Appeal

3.14 Ground 1 — Evidential omissions. The refusal arose because the PSRC considered that the original application lacked sufficient procedural detail.

3.15 Ground 2 — Evidential omissions have now been fully remedied through a comprehensive Distance Selling Pharmacy SOP Pack (SOPs 1–12).

3.16 Ground 3 — Disproportionality. The refusal was a disproportionate response to remediable evidential gaps.

3.17 Ground 4 — The statutory test is now satisfied. The applicant confirms no services are currently being provided.

Remedy Sought

3.18 The appellant respectfully requests that the Secretary of State allows the appeal and directs that the application be granted and the premises included in the pharmaceutical list as a distance selling pharmacy."

"APPENDIX A

3.19 DISTANCE SELLING PHARMACY – SOP INDEX AND REFUSAL MAPPING

3.20 Applicant: Medlink Care Ltd

3.21 Case Reference: CAS-370901-S6F5V3

3.22 Proposed Premises: Unit 3B–C, Robins Drive, Bridgwater, TA6 4DL

3.23 SOP Index and Refusal Mapping

| SOP No. | SOP Title | PSRC Refusal Paragraphs Addressed |
|---|---|---|
| SOP 1 | Receipt of Prescriptions (EPS & Paper) and Prevention of In Person Attendance | Paras 23 – 24 |
| SOP 2 | Urgent Supply without a prescription | Paras 26 – 27 |
| SOP 3 | Exemption checking and Charge Collection | Paras 28 – 29 |
| SOP 4 | Delivery of Medicines (Controlled Drugs, Cold Chain, Missed Deliveries) | Paras 30 – 31 |

| | | |
|---|---|---|
| SOP 5 | Repeating dispensing – Clinical Oversight and Monitoring | Paras 34 - 36 |
| SOP 6 | Provision of Advice and Benefits of Repeat Dispensing | Paras 37 – 40 |
| SOP 7 | Disposal of Unwanted Medicines | Paras 41 - 42 |
| SOP 8 | Prescription Linked Interventions | Paras 43 – 44 |
| SOP 9 | Public Health Campaigns | Paras 45 – 46 |
| SOP 10 | Signposting Services | Paras 47 – 48 |
| SOP 11 | Self-care Advice and Support | Paras 49 – 50 |
| SOP 12 | Website and Health Promotion | Paras 51 - 52 |

APPENDIX B — PREMISES STATEMENT

3.24 Applicant: Medlink Care Ltd

3.25 Case Reference: CAS-370901-S6F5V3

3.26 Application Type: Distance Selling Pharmacy (Excepted Application)

3.27 Proposed Premises: Unit 3B-C, Robins Drive, Bridgwater, TA6 4DL

Purpose of this Appendix

3.28 This Appendix is provided in support of the appeal submitted by Medlink Care Ltd and sets out the position in relation to the proposed premises for the distance selling pharmacy application. It clarifies the identity and address of the proposed premises, the availability status of the premises, and the intended operational use of the premises as closed-door distance selling pharmacy premises.

Address Clarification

3.29 For the avoidance of doubt, the proposed premises are located at Unit 3B-C, Robins Drive, Bridgwater, TA6 4DL. Any reference to “Robbins Drive” in the original application materials or correspondence was a clerical spelling error only. There has been no change to the physical location of the premises, the unit number (3B-C), or the postcode (TA6 4DL). The premises identified above are the same premises considered by the South West Pharmaceutical Services Regulations Committee and form the subject of this appeal.

Status and Availability of the Premises

3.30 At the time of the original application and decision, Medlink Care Ltd had identified Unit 3B-C, Robins Drive, Bridgwater, TA6 4DL as premises suitable for use as a distance selling pharmacy. The applicant confirms that the proposed premises are currently available, that the applicant has not yet entered into a lease or legal occupation of the premises, and that occupation will be finalised subject to regulatory approval, which is standard practice where NHS approval is a prerequisite to commencement of services. No pharmaceutical services are being provided from the proposed premises at this time.

Intended Operational Use of the Premises

3.31 The proposed premises are intended to operate solely as distance selling pharmacy premises. The premises will operate as a closed-door, non-public site. No members of the public will be permitted to access the premises, and no face-to-face pharmaceutical services will be provided. All prescriptions will be received remotely via EPS or by post, and all patient communications, consultations, advice, and interventions will be delivered remotely by telephone, secure messaging, or video consultation. Physical and operational controls will be in place to prevent public access, including locked access doors and clear signage stating that the premises operate as a distance selling pharmacy only. This operational approach aligns with SOP 1 — Receipt of Prescriptions and Prevention of In-Person Attendance.

Conclusion

3.32 This Appendix demonstrates that the proposed premises are clearly identified and correctly addressed, that the premises are available and suitable for distance selling pharmacy use, and that there is no premises-based barrier to approval under Regulation 25(2)(b) of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

3.33 APPENDIX C — BUSINESS CONTINUITY & SERVICE RESILIENCE STATEMENT

3.34 Applicant: Medlink Care Ltd

3.35 Case Reference: CAS-370901-S6F5V3

3.36 Application Type: Distance Selling Pharmacy (Excepted Application)

Purpose of this Statement

3.37 This Statement is provided in support of Medlink Care Ltd's appeal and explains how the applicant's procedures are designed to secure the uninterrupted provision of essential services, in accordance with Regulation 25(2)(b)(i) of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. This Statement should be read alongside the Appeal Grounds, Appendix A — Distance Selling Pharmacy SOPs (SOPs 1–12), and Appendix B — Premises Statement.

Current Operating Status

3.38 Medlink Care Ltd confirms that no pharmaceutical services are currently being provided and that services will not commence until all NHS and regulatory approvals are in place. This Statement therefore sets out how continuity will be secured once authorised, rather than describing live operational activity.

Business Continuity Framework

3.39 The applicant's approach to business continuity is embedded across its Standard Operating Procedures and is designed to ensure that essential

services can be delivered without interruption, without face-to-face contact, and to persons anywhere in England.

Continuity of Prescription Receipt

3.40 Prescriptions will be received primarily via the NHS Electronic Prescription Service (EPS). Paper prescriptions will be accepted by post only, ensuring continuity of service where EPS is temporarily unavailable. Where appropriate, and in order to support vulnerable patients, care homes, or households unable to access postal services, arrangements may be made for an internal delivery driver to collect paper prescriptions directly from the patient's residence or care setting. Such collection will be undertaken solely for the purpose of prescription receipt and will be conducted without the patient attending the pharmacy premises and without the provision of any face-to-face pharmaceutical services. No prescriptions will be accepted in person at the pharmacy premises under any circumstances. These arrangements are set out in SOP 1 and supported by SOP 4.

Continuity of Urgent Supply

3.41 Requests for urgent supply without a prescription will be managed remotely by a GPhC-registered pharmacist. Alternative care pathways, including GP services, NHS 111, or emergency services, will be used where supply is not appropriate. These arrangements are set out in SOP 2.

Continuity of Medicines Delivery

3.42 A combination of tracked courier services and trained internal drivers will be used to maintain delivery resilience. Procedures are in place to manage missed deliveries, cold-chain requirements, and controlled drugs safely. Failed deliveries are returned to the pharmacy and assessed for re-supply without service interruption. These arrangements are set out in SOP 4.

Continuity of Clinical Oversight and Advice

3.43 Pharmacist clinical oversight will be maintained through remote consultation methods including telephone, secure messaging, and video consultation where appropriate. Repeat dispensing supplies will be reviewed prior to each issue to ensure ongoing clinical appropriateness. These arrangements are set out in SOPs 5 and 6.

Continuity of Essential Services and Public Health Functions

3.44 Essential services including advice provision, prescription-linked interventions, self-care support, public health campaigns, and signposting will be delivered using digital and remote communication channels. The pharmacy website and Health Promotion Zone provide an additional resilience mechanism. These arrangements are set out in SOPs 8–12.

Review and Governance

3.45 All SOPs are subject to periodic review. Incidents affecting service delivery will be logged, reviewed, and used to inform procedural improvement. The

business continuity approach will be reviewed following any material change to operations.

Conclusion

3.46 This Statement demonstrates that Medlink Care Ltd has robust, proportionate, and auditable arrangements in place to secure the uninterrupted provision of essential services once authorised, in compliance with Regulation 25(2)(b)(i) and Schedule 4 of the Regulations.

FULL STANDARD OPERATING PROCEDURES (SOPs 1–12)

3.47 Distance Selling Pharmacy

3.48 Applicant: Medlink Care Ltd

3.49 Case Reference: CAS-370901-S6F5V3

3.50 SOP 1 — Receipt of Prescriptions (EPS and Paper Prescriptions)

3.50.1 Purpose: To ensure prescriptions are received and processed without face-to-face contact.

3.50.2 Procedure: EPS prescriptions are received electronically via NHS Spine. Paper prescriptions are accepted only by post. No in-person receipt is permitted.

3.50.3 Governance: All incidents are logged and audited.

3.50.4 Compliance: Regulation 25(2)(b)(iii); Schedule 4 para 5.

3.51 SOP 2 — Urgent Supply Without a Prescription

3.51.1 Purpose: To manage urgent supply requests safely and remotely.

3.51.2 Procedure: Requests handled by pharmacist assessment via phone or secure messaging. Supplies delivered without face-to-face contact.

3.51.3 Compliance: Schedule 4 para 6; Regulation 25(2)(b).

3.52 SOP 3 — Exemption Checking and Payment Collection

3.52.1 Purpose: To assess exemptions and collect charges remotely.

3.52.2 Procedure: Digital declarations and online/card payments only. No cash accepted.

3.52.3 Compliance: Schedule 4 para 7; Regulation 25(2)(b).

3.53 SOP 4 — Delivery of Medicines

3.53.1 Purpose: Safe delivery of medicines including CDs and cold-chain items.

3.53.2 Procedure: Tracked couriers and trained drivers. Missed deliveries returned same day.

3.53.3 Compliance: Schedule 4 para 8; Regulation 25(2)(b).

3.54 SOP 5 — Repeat Dispensing

3.54.1 Purpose: Clinical oversight of repeat dispensing.

3.54.2 Procedure: Pharmacist reviews before each supply.

3.54.3 Compliance: Schedule 4 para 9(4).

3.55 SOP 6 — Advice and Repeat Dispensing Promotion

3.55.1 Purpose: Provide advice and promote benefits of repeat dispensing.

3.55.2 Procedure: Advice delivered remotely and documented.

3.55.3 Compliance: Schedule 4 para 10.

3.56 SOP 7 — Disposal of Unwanted Medicines

3.56.1 Purpose: Safe disposal without premises attendance.

3.56.2 Procedure: Postal returns for non-CDs; CDs signposted locally.

3.56.3 Compliance: Schedule 4 para 13.

3.57 SOP 8 — Prescription-Linked Interventions

3.57.1 Purpose: Deliver interventions remotely.

3.57.2 Procedure: Advice via phone or secure messaging.

3.57.3 Compliance: Schedule 4 para 17.

3.58 SOP 9 — Public Health Campaigns

3.58.1 Purpose: Deliver NHS campaigns digitally.

3.58.2 Procedure: Website, emails, and NHS materials.

3.58.3 Compliance: Schedule 4 para 18.

3.59 SOP 10 — Signposting Services

3.59.1 Purpose: Signpost patients to NHS services remotely.

3.59.2 Procedure: Telephone and secure messaging using NHS DoS.

3.59.3 Compliance: Schedule 4 paras 19–20.

3.60 SOP 11 — Self-Care Advice

3.60.1 Purpose: Support self-care using NHS guidance.

3.60.2 Procedure: Advice via phone, email, website.

3.60.3 Compliance: Schedule 4 paras 21–22.

3.61 SOP 12 — Website & Health Promotion Zone#

3.61.1 Purpose: Maintain compliant DSP website.

3.61.2 Procedure: Health Promotion Zone automatically displayed.

3.61.3 Compliance: Schedule 4 para 28C."

In an online form dated 2 January 2026 the Applicant stated:

3.62 "Please see the attached document titled "Medlink Care Ltd – Full Consolidated Secretary of State Appeal Submission", which sets out the Grounds of Appeal in full, together with supporting evidence including Annex G (Refusal-matched Operational SOPs) and premises availability correspondence."

"ADDENDUM — GROUNDS OF APPEAL WITH CROSS-REFERENCES TO ANNEX G

3.63 Clarification Note (Procedural): All cross-references in this addendum align to Annex G paragraphs 1–23 inclusive. References beyond paragraph 23 in earlier drafts were clerical and are corrected here. No new evidence is introduced.

GROUND 1 — MISAPPLICATION OF REGULATION 25(2)(b)

3.64 This conclusion is rebutted by Annex G paragraphs 1–7, which demonstrate compliant receipt of prescriptions and urgent supply arrangements in accordance with Regulation 25(2)(b)(i)–(iii).

GROUND 2 — IRRELEVANT CONSIDERATION: PREMISES

3.65 Concerns regarding premises access are addressed by Annex G paragraphs 3–4, confirming a closed-door model with no face-to-face services.

GROUND 3 — DISPROPORTIONALITY

3.66 All deficiencies identified were procedural and are remedied by the SOPs set out in Annex G paragraphs 1–23. Refusal was therefore a disproportionate response.

GROUND 4 — REMOTE PROVISION OF ESSENTIAL SERVICES

3.67 Remote provision of all essential services is demonstrated throughout Annex G, including paragraphs 5–23 (urgent supply, dispensing oversight, public health, signposting, self-care, and website provision).

ANNEX G — REFUSAL-MATCHED OPERATIONAL SOP PACK

3.68 Clarification Note (Procedural): This Annex is complete and runs from paragraphs 1 to 23 inclusive. No paragraphs exist beyond paragraph 23. This note introduces no new evidence and is provided solely to clarify paragraph numbering for cross-referencing purposes.

3.69 Applicant: Medlink Care Ltd

3.70 Application Reference: CAS-370901-S6F5V3

3.71 Premises: Unit 3B–C, Robins Drive, Bridgwater, TA6 4DL

3.72 This Annex is submitted in support of an appeal to the Secretary of State. It provides full operational Standard Operating Procedures responding paragraph-by-paragraph to the refusal reasons set out in the PSRC decision dated 6 November 2025.

REFUSAL RESPONSE MATRIX

3.73 23 – 24 – SOP 1 – Reg 25(2)(b)(iii); Schedule 4 para 5

3.74 26 – 27 – SOP 2 – Reg 25(2)(b)(i),(iii); Schedule 4 para 6

3.75 28 – 29 – SOP 3 – Reg 25(2)(b)(iii); Schedule 4 para 7

3.76 31 – SOP 4 – Reg 25(2)(b)(i),(iii); Schedule 4 para 8

3.77 35 –36 – SOP 5 – Reg 25(2)(b)(iii); Schedule 4 para 9(4)

3.78 37 –40 – SOP 6 – Schedule 4 paras 10(1), 10(1)(da)

3.79 41 –42 – SOP 7 – Schedule 4 para 13

3.80 43 – 44 – SOP 8 – Schedule 4 para 17

3.81 45 – 46 – SOP 9 – Schedule 4 para 18

3.82 47 – 48 – SOP 10 – Schedule 4 paras 19–20

3.83 49 – 50 – SOP 11 – Schedule 4 paras 21–22

3.84 51 – 52 – SOP 12 – Schedule 4 para 28C

SOP 1 — RECEIPT OF PRESCRIPTIONS

3.85 1. This SOP governs the receipt of EPS and paper prescriptions to ensure provision of services without face-to-face contact.

3.86 2. The pharmacy is fully integrated with the NHS Electronic Prescription Service and receives prescriptions via the NHS Spine.

3.87 3. Paper prescriptions are not accepted in person and may only be received by tracked post or prepaid envelope.

3.88 4. The pharmacy operates a closed-door model with no public access, and signage confirms no face-to-face services are provided.

SOP 2 — URGENT SUPPLY WITHOUT A PRESCRIPTION

3.89 5. Urgent supply requests are accepted remotely by telephone, secure website form, or NHSmail.

3.90 6. A pharmacist conducts a full clinical and legal assessment prior to any supply.

3.91 7. Urgent supplies are delivered without face-to-face contact using internal drivers or tracked couriers.

SOP 3 — EXEMPTION CHECKING & PAYMENT COLLECTION

3.92 8. Exemption status is assessed remotely in accordance with NHSBSA guidance.

3.93 9. Prescription charges are collected via secure online or telephone payment systems; cash is not accepted.

SOP 4 — DELIVERY OF MEDICINES

3.94 10. The pharmacy operates a hybrid delivery model including trained internal drivers and courier partners.

3.95 11. Controlled Drugs and temperature-sensitive medicines are handled in accordance with GPhC standards.

3.96 12. Missed deliveries are returned to the pharmacy and assessed before redelivery.

SOP 5 — REPEAT DISPENSING

3.97 13. A pharmacist reviews each repeat issue to confirm ongoing appropriateness, adherence, and safety.

3.98 14. Reviews are conducted remotely and documented electronically.

SOP 6 — PROACTIVE ADVICE & BENEFITS OF REPEAT DISPENSING

3.99 15. Pharmacists provide proactive advice remotely at dispensing and repeat supply stages.

3.100 16. Suitable patients are informed of the benefits of repeat dispensing and discussions are recorded.

SOP 7 — DISPOSAL OF UNWANTED MEDICINES

3.101 17. Patients request disposal support remotely.

3.102 18. Non-controlled medicines are returned using postal disposal packs; CDs are signposted to community pharmacies.

SOP 8 — PRESCRIPTION-LINKED INTERVENTIONS

3.103 19. Prescription-linked interventions are identified and delivered remotely by pharmacists.

SOP 9 — PUBLIC HEALTH CAMPAIGNS

3.104 20. Mandatory public health campaigns are delivered digitally using NHS-approved materials.

SOP 10 — SIGNPOSTING SERVICES

3.105 21. Patients are signposted remotely to appropriate NHS and care services using the Directory of Services.

SOP 11 — SELF-CARE ADVICE

3.106 22. Evidence-based self-care advice is provided remotely using NHS and NICE guidance.

SOP 12 — WEBSITE & HEALTH PROMOTION ZONE

3.107 23. The pharmacy website includes a clearly promoted interactive health promotion zone accessible to all users."

## 4 Summary of Representations

This is a summary of representations received on the appeal.

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

### 4.1 THE APPLICANT

""Introduction

4.1.1 These representations are submitted by Medlink Care Ltd further to NHS Resolution's letter dated 15 January 2026, inviting comments under the amended wording of Regulation 25 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. They are provided in support of the appeal against the refusal dated 5 December 2025.

Legislative Context

4.1.2 Amendments to Regulation 25 came into force on 23 June 2025. The revised Regulation 25(2)(b) requires the decision-maker to be satisfied

that pharmacy procedures are likely to secure: (i) the uninterrupted provision of essential services during opening hours to persons anywhere in England; and (ii) the safe and effective provision of pharmaceutical services without face-to-face contact at the pharmacy premises. These representations address each limb of the amended test.

Compliance with Regulation 25(2)(b)(i)

4.1.3 The uninterrupted provision of essential services is demonstrated by the operational procedures set out in Annex G (Refusal-Matched Operational SOP Pack), already submitted with the appeal.

4.1.4 Continuity is secured through EPS and postal prescription receipt, pharmacist-led urgent supply arrangements, robust medicines delivery systems including contingencies for missed deliveries and cold-chain management, and ongoing clinical oversight and governance.

Compliance with Regulation 25(2)(b)(ii)

4.1.5 The safe and effective provision of pharmaceutical services without face-to-face contact at the pharmacy premises is explicitly secured by the closed-door distance selling model. Patients are not permitted to attend the premises, prescriptions are not accepted in person, and all consultations, advice, interventions, signposting, and public health activities are delivered remotely via telephone, secure messaging, or digital platforms. The pharmacy website includes an interactive Health Promotion Zone accessible to the public.

Conclusion

4.1.6 For the reasons set out above, Medlink Care Ltd submits that the appeal materials already before NHS Resolution fully satisfy the amended statutory test in Regulation 25(2)(b). These representations introduce no new evidence and are provided solely to address the legislative amendments referenced in NHS Resolution's letter. The appellant respectfully invites the Secretary of State to allow the appeal."

4.2 THE COMMISSIONER

4.2.1 "The South West Pharmaceutical Services Regulations Committee (SW Committee) wishes to make the following comments on the appeal.

4.2.2 The SW Committee notes the applicant has submitted a significant amount of additional information as part of the appeal. This information was not available to the SW Committee when it determined the application. The SW Committee noted little or no information had been provided with the application, in order for it to be satisfied that the procedures adopted by the applicant would likely secure the safe and effective provision of essential services to persons anywhere in England without face to face contact.

4.2.3 The SW Committee notes that the appellant has submitted what are described as SOPs. While there is no obligation to share SOPs, the SW Committee would respectfully suggest there is still a lack of detail around various matters. For example, while SOP 3 states exemption status will be assessed remotely, no information is provided on how this will be achieved. Similarly, there is a lack of information on how the integrity of delivered medicines will be protected. It is also noted SOP 7 appears to suggest the applicant will not perform part of the essential service of disposal of unwanted medicines, by declining to accept unwanted CDs.

4.2.4 The SW Committee respectfully requests that its decision is upheld."

## 5 Summary of Observations

This is summary of observations received.

5.1 THE APPLICANT

"Scope of these Observations

5.1.1 These final observations are submitted in response to the written representations of Somerset Integrated Care Board dated 11 February 2026. They are confined solely to rebuttal of matters raised in those representations and rely only upon material already before NHS Resolution, including Annex G (Refusal-Matched Operational SOP Pack). No new matters or evidence are introduced, in accordance with NHS Resolution's direction dated 19 February 2026.

Applicable Statutory Test

5.1.2 The appeal falls to be determined under Regulation 25(2)(b) of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended on 23 June 2025).

5.1.3 The question for the Committee is whether the procedures adopted by the applicant are *likely* to secure:[emphasis added by Applicant]

(i) the uninterrupted provision of essential services during opening hours to persons anywhere in England; and

(ii) the safe and effective provision of pharmaceutical services without face-to-face contact at the pharmacy premises. The statutory test is one of likelihood, not operational proof prior to listing.

Additional SOP Detail on Appeal

5.1.4 The ICB notes that further SOP detail was provided on appeal which was not before the original Committee. That is not disputed. However, the function of this appeal is to determine whether the Commissioner's decision should stand in light of the material now available. Annex G was provided to address the procedural deficiencies identified in the

decision report. The ICB's submission does not contend that the Annex G procedures are incapable of securing compliant provision; rather, it seeks operational demonstration. That does not engage with the amended statutory test.

Exemption Checking (SOP 3) – Regulation 25(2)(b)(ii)

5.1.5 The ICB suggests SOP 3 lacks detail regarding remote exemption checking. Annex G paragraphs 8–9 provide that exemption status will be assessed remotely in accordance with NHSBSA guidance and that prescription charges will be collected via secure online or telephone payment systems. These are procedures likely to secure safe and effective provision without face-to-face contact at the premises. The ICB's request for greater operational detail amounts to a requirement for proof of live systems, which the Regulation does not impose.

Integrity of Delivered Medicines – Regulation 25(2)(b)(i) & (ii)

5.1.6 The ICB raises concern regarding the integrity of delivered medicines. Annex G paragraphs 10–12 set out a hybrid delivery model using trained internal drivers and courier partners, with explicit procedures for handling controlled drugs and temperature-sensitive medicines in accordance with professional standards, and for the management of missed deliveries. These arrangements are likely to secure uninterrupted provision during opening hours and safe and effective provision without face-to-face contact at the premises.

Disposal of Unwanted Controlled Drugs – Regulation 25(2)(b)(ii)

5.1.7 The ICB suggests SOP 7 indicates the applicant will not perform part of the essential service by declining to accept unwanted controlled drugs. Annex G paragraphs 17–18 provide for postal return of non-controlled medicines and signposting of controlled drugs to appropriate community pharmacies.

5.1.8 Within a closed-door, distance-selling model, this approach is consistent with the safe and effective provision of pharmaceutical services without face-to-face contact at the pharmacy premises, as required by the amended Regulation.

Conclusion

5.1.9 Taken together, the procedures in Annex G are likely to secure the uninterrupted provision of essential services to persons anywhere in England and the safe and effective provision of pharmaceutical services without face-to-face contact at the pharmacy premises. The ICB's criticisms do not demonstrate otherwise and are directed to a higher standard than that required by Regulation 25(2)(b) (as amended).

5.1.10 The appellant respectfully invites the Committee to allow the appeal."

## 6 Consideration

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

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

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

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

***Regulation 31***

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

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

*(2) This paragraph applies where -*

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

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

*(ii) adjacent premises; and*

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

6.6 The Committee noted that whilst the Applicant had stated "information in support of application" it had not provided any information either in the application form or the supporting information with the application form on this point. The Committee noted that the wording of the application form only required the Applicant to include information in the relevant section if the proposed premises were adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises. The Committee considered it reasonable to determine that the lack of information in the application form on this point when read with the wording of the application form allowed it to be reasonably satisfied that the Applicant considered that the proposed premises were not adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

6.7 The Committee noted the conclusion of the Commissioner that "*there are no other pharmacies at the proposed premises, or adjacent"* and that this had not been disputed either on appeal or in subsequent representations. Based on the information provided, the Committee therefore determined that it was not required to refuse the application under the provisions of Regulation 31.

***Regulation 25***

6.8 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."*

6.9 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)***

6.10 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)***

6.11 As far as Regulation 25(2)(a) is concerned, the Committee had regard to the application form in which the Applicant states "*Not applicable as no other pharmacy in the same or adjacent premises."* Whilst the Committee was mindful that this was not a valid response to the question posed in Regulation 25(2)(a) 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 relevant 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.

6.12 The Committee noted the conclusion of the Commissioner in that "*there is no provider of primary medical services at the proposed address, so the application does not have to be refused by virtue of Regulation 25(2)(a)"*. The Committee noted that this had not been disputed and that it had not been provided with any information to persuade it otherwise. The Committee was therefore satisfied that the proposed premises were not on the same site as, or in the same building as the premises of a provider of primary medical services with a patient list.

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

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, including its Standard Operating Procedures (SOPs) that it intends to use at the proposed pharmacy premises.

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 SOPs which the Applicant has prepared or commissioned.

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

6.18 In respect of uninterrupted provision of essential services, the Committee noted that the Commissioner had stated "*on the basis of the information provided, the SW Committee was satisfied that services will be provided without interruption"* however the Commissioner had gone on to conclude that "*The SW Committee was NOT satisfied that all essential services were likely to be secured without interruption during the opening hours"*.

6.19 The Committee noted the application form which states:

6.19.1 "*Staffing & Shift Management: Adequate numbers of GPhC-registered pharmacists and trained staff are scheduled to ensure full coverage during all opening hours, with contingency plans for sickness, leave, and peak periods."*

6.20 The Committee noted the information from the Applicant with regard to *"Secure Online Ordering and Communication: Patients can request prescriptions and access services through our secure website, mobile app, and NHSmail. Clear patient information and assistance are available remotely."*

6.21 The Committee was mindful that the uninterrupted provision of essential services was greater than patients being able to communicate with the pharmacy and noted that whilst there was some information provided with regard to "*adequate numbers of GPhC registered pharmacists …*" there was no further information provided as to what would happen in the absence of the

Responsible Pharmacist and how the Applicant would ensure that essential services would be available without interruption.

6.22 The Committee was of the view that it was not clear how essential services would be provided. Based on the lack of information before it, the Committee was not satisfied that the provision of services would be without interruption.

6.23 The Committee went on to consider how the Applicant would ensure that essential services would be available to persons anywhere in England.

6.24 The Committee noted the references in the application form, SOPs and supporting information to items being delivered by courier as well as the pharmacy's own internal driver and further that prescriptions would be received by post.

6.25 The Committee further noted in the application form it states "*Nationwide Accessibility: Services are offered to all patients in England, regardless of location, by DSP regulations*".

6.26 The Committee however noted that on appeal the Applicant had stated:

*6.26.1 "Paper prescriptions will be accepted by post only …Where appropriate, and in order to support vulnerable patients, care homes, or households unable to access postal services, arrangements may be made for an internal delivery driver to collect paper prescriptions directly from the patient's residence or care setting …"*

6.27 The Committee noted that this had not been expanded upon and was unsure how the Applicant would ensure that this service could be provided nationwide.

6.28 The Committee was of the view, based on the information before it, that it could not be satisfied that the Applicant would be providing essential services to persons anywhere in England.

6.29 The Committee considered if the provision of pharmaceutical services would be without face to face contact.

6.30 The Committee noted the various references throughout the application, appeal and SOPs that "*all services are delivered exclusively remotely"* and further that:

6.30.1 *"Remote Consultations: Telephone and/or video consultations are used to support the safe provision of clinical services such as advice, prescription interventions, and signposting.*

and

*Remote Access Only: Patients access the pharmacy via telephone, website, email, NHSmail, or mobile app. All interactions are managed without face-to-face contact*."

6.31 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. The Committee noted the information provided within the application form with regard to advanced services. Whilst the Committee was unsure if the Applicant was proposing to offer any advanced services, 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.

6.32 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.

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

6.34 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.

6.35 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:

6.35.1 Dispensing of drugs and appliances

6.35.2 Urgent supply without a prescription

6.35.3 Preliminary matters before providing ordered drugs or appliances

6.35.4 Providing ordered drugs or appliances

6.35.5 Refusal to provide drugs or appliances ordered

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

6.35.7 Disposal service in respect of unwanted drugs

6.35.8 Promotion of healthy lifestyles

6.35.9 Prescription linked intervention

6.35.10 Health campaigns

6.35.11 Signposting

6.35.12 Support for self-care

6.35.13 Discharge medicines service

6.35.14Websites and health promotion zones

6.36 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:

Preliminary matters before providing ordered drugs or appliances

6.37 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.

6.38 The Commissioner had considered that there was no mention of this in the application form and was not satisfied that the pharmacy had suitable arrangements in place.

6.39 The Committee noted the purpose of SOP 3 was "*To assess exemptions and collect charges remotely*" and the Procedure stated "*Digital declarations …"*.

6.40 SOP 3 "Exemption Checking and Payment Collection" it states:

6.40.1 *"8. Exemption status is assessed remotely in accordance with NHSBSA guidance.*"

6.41 Whilst the Committee noted that the Applicant had stated that they would be compliant with the NHS BSA guidance, this had not been expanded upon and no further information had been provided.

6.42 Given the lack of information 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.

Providing ordered drugs or appliances

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

6.44 The Committee noted that the Commissioner had not been satisfied that there were suitable arrangements in place for the delivery of items including temperature controlled items and CDs as there was very little information with nothing about missed deliveries.

6.45 In the application form, the Applicant had stated:

6.45.1 *"Delivery Infrastructure: A reliable, auditable, and secure delivery system (including cold chain logistics) ensures timely supply of medicines and appliances to patients anywhere in England.*

*…*

*Dispatch and Delivery: Once ready, medication is securely packaged and dispatched to the patient's chosen address via a tracked delivery service."*

6.46 On appeal the Applicant had stated:

6.46.1 *"Continuity of Medicines Delivery*

*A combination of tracked courier services and trained internal drivers will be used to maintain delivery resilience. Procedures are in place to manage missed deliveries, cold-chain requirements, and controlled drugs safely. Failed deliveries are returned to the pharmacy and assessed for re-supply without service interruption. These arrangements are set out in SOP 4."*

6.47 The Committee noted SOP 4 "Delivery of Medicines"

6.47.1 *"10. The pharmacy operates a hybrid delivery model including trained internal drivers and courier partners.*

*11. Controlled Drugs and temperature-sensitive medicines are handled in accordance with GPhC standards.*

*12. Missed deliveries are returned to the pharmacy and assessed before redelivery."*

6.48 The Committee noted the further comments from the applicant that:

6.48.1 *"The ICB raises concern regarding the integrity of delivered medicines. Annex G paragraphs 10–12 set out a hybrid delivery model using trained internal drivers and courier partners, with explicit procedures for handling controlled drugs and temperature-sensitive medicines in accordance with professional standards, and for the management of missed deliveries. These arrangements are likely to secure uninterrupted provision during opening hours and safe and effective provision without face-to-face contact at the premises."*

6.49 Whilst the Committee noted the comments from the Applicant that there are procedures in place and confirmation that it operated in accordance with GPhC standards, no further information had been provided by the Applicant as to how cold chain is actually maintained and monitored and what would happen if there was a breach in the cold chain or how it would become aware of such a breach.

6.50 The Committee further noted that whilst missed deliveries would be returned and the Applicant has stated that they have a procedure in place for this, there was nothing provided to show how patients would be made aware of this or what would happen to the prescriptions.

6.51 The Committee noted the comments from the Applicant with regard to controlled drugs and that these would be delivered by "trained internal drivers" however there was no information provided as to how controlled drugs would be kept secure when being delivered by the Applicant's own delivery driver and what the procedures would be for delivery/unsuccessful delivery.

6.52 Given the lack of information, the Committee was not satisfied that there would be compliance with paragraph 8(1) of Schedule 4.

6.53 The Committee noted that the Applicant in response to the question on the application form as to whether they were undertaking to provide appliances stated "*Drug Tariff part IX* *Except items that require measuring or fitting.*" The Committee noted that the Applicant had not provided any further information with regard to appliances and had provided no information regarding signposting for those patients who did require an appliance which may require measuring or fitting.

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

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

6.56 The Committee noted the comment in the application form that:

6.56.1 *"Dispatch and Delivery: Once ready, medication is securely packaged and dispatched to the patient's chosen address via a tracked delivery service*."

6.57 Whilst the Committee noted that the medication was to be securely packaged, the Applicant had provided no further information with regard to this aspect of the terms of service in either the original application form or on appeal.

6.58 Given the lack of information 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.

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

6.59 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.

6.60 The Commissioner was not satisfied with this aspect of the terms of service.

6.61 The Committee noted that, on appeal, the Applicant had provided SOP 6 "Proactive Advice & Benefits of Repeat Dispensing" which stated:

6.61.1 *"15. Pharmacists provide proactive advice remotely at dispensing and repeat supply stages.*

*16. Suitable patients are informed of the benefits of repeat dispensing and discussions are recorded."*

6.62 Whilst the Committee noted that the Applicant stated that they would provide advice, it had not explained how the benefits about repeat dispensing would be given or how they would identify the patients who may benefit from repeat dispensing in the first instance.

6.63 Based on the limited 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 10(1) of Schedule 4.

Disposal service in respect of unwanted drugs

6.64 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.

6.65 The Commissioner was not satisfied with this aspect of the terms of service as no mention of this had been made in the application form.

6.66 The Committee noted, on appeal, the Applicant had stated the purpose of SOP 7 "Disposal of unwanted medicines" was "*safe disposal without premises attendance"* and the procedures was "*postal returns for non-CDs; CDs signposted locally*.

6.67 SOP 7 "Disposable of unwanted medicines" states:

6.67.1 *"17. Patients request disposal support remotely.*

*18. Non-controlled medicines are returned using postal disposal packs; CDs are signposted to community pharmacies."*

6.68 The Committee noted the further comments from the Commissioner that SOP 7 *"appears to suggest the applicant will not perform part of the essential service of disposal of unwanted medicines, by declining to accept unwanted CDs*".

6.69 In response to this, the Applicant had stated:

6.69.1 "*The ICB suggests SOP 7 indicates the applicant will not perform part of the essential service by declining to accept unwanted controlled drugs. Annex G paragraphs 17–18 provide for postal return of non-controlled medicines and signposting of controlled drugs to appropriate community pharmacies.*

*Within a closed-door, distance-selling model, this approach is consistent with the safe and effective provision of pharmaceutical services without face-to-face contact at the pharmacy premises, as required by the amended Regulation."*

6.70 The Committee was of the view, that whilst the Applicant was offering to signpost to community pharmacies, this was not sufficient to show compliance with the terms of service. The Committee further noted that there was no information provided as to how the Applicant would dispose of unwanted drugs that had been presented to it.

6.71 Given the lack of information, especially with the return and disposal of controlled drugs, the Committee was not satisfied that there would be compliance with paragraphs 13 – 15 of Schedule 4.

Promotion of healthy lifestyles

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

6.73 The Committee noted that SOP 12 "Website and Health Promotion Zone" stated:

6.73.1 *"23. The Pharmacy website includes a clearly promoted interactive health promotion zone accessible to all users."*

6.74 The Committee noted that this had not been expanded upon in particular that such promotion extends beyond simply providing a webpage and was of the view that there was no information provided by the Applicant as to how it will safely and effectively promote healthy lifestyles.

6.75 The Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 16-18 of Schedule 4.

Prescription linked intervention

6.76 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.

6.77 The Committee noted SOP 8 – "Prescription Linked Interventions" which stated:

6.77.1 *"19. Prescription-linked interventions are identified and delivered remotely by pharmacists."*

6.78 The Committee noted that this had not been expanded upon and there was no further information provided as to how the Applicant would identify those persons who may benefit from prescription linked intervention advice. Therefore, the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 17 of Schedule 4.

Health campaigns

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

6.80 SOP 9 "Public Health Campaigns" states:

6.80.1 "*20. Mandatory public health campaigns are delivered digitally using NHS approved materials."*

6.81 Whilst the Committee noted the statement from the Applicant, this had not been expanded upon and there was no information provided as to how it would actively participate in health campaigns.

6.82 The Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 18 of Schedule 4.

Signposting

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

6.84 The Committee noted SOP 10 "Signposting Services" which states:

6.84.1 "*21. Patients are signposted remotely to appropriate NHS and care services using the Directory of Services."*

6.85 The Committee noted that on appeal the Applicant had also stated:

6.85.1 *"Purpose: Signpost patients to NHS services remotely.*

*Procedure: Telephone and secure messaging using NHS DoS."*

6.86 The Committee noted that neither of these points had been expanded upon and no further information had been provided to demonstrate how it would signpost. Given the lack of information, the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 19-20 of Schedule 4.

Support for self-care

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

6.88 The Committee noted that on appeal, the Applicant had stated:

6.88.1 Purpose: Support self-care using NHS guidance.

6.88.2 Procedure: Advice via phone, email, website.

6.89 SOP 11 – "Self-care Advice" stated:

6.89.1 *"22. Evidence based self-care advice is provided remotely using NHS and NICE guidance."*

6.90 The Committee was of the view that it had not been provided with sufficient information as to how the Applicant would provide advice and support to people caring for their families.

6.91 Given the lack of information the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 21-22 of Schedule 4.

Discharge medicines service

6.92 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 or NHS foundation trust as part of arrangements linked to the transfer of care between different providers of NHS services.

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

6.94 The Committee noted that the Applicant had provided no information either in its original application form, or on appeal with regard to the Discharge Medicines Service. Given the lack of information the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 22B and 22C of Schedule 4.

*Other*

Dispensing of drugs and appliances

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

6.96 The Committee noted the Commissioner was not satisfied as "*There does not appear to be anything about paper prescriptions and there is nothing to explain how they will manage patients trying to present in person."*

6.97 On appeal the Applicant had provided further information and had stated:

6.97.1 "*Paper prescriptions will be accepted by post only …Where appropriate, and in order to support vulnerable patients, care homes, or households unable to access postal services, arrangements may be made for an internal delivery driver to collect paper prescriptions directly from the patient's residence or care setting. Such collection will be undertaken solely for the purpose of prescription receipt and will be conducted without the patient attending the pharmacy premises and without the provision of any face-to-face pharmaceutical services. No prescriptions will be accepted in person at the pharmacy premises under any circumstances*."

6.98 The Committee noted SOP 1 "Receipt of Prescriptions" which states:

6.98.1 *"3. Paper prescriptions are not accepted in person and may only be received by tracked post or prepaid envelope.*

*4. The pharmacy operates a closed-door model with no public access, and signage confirms no face-to-face services are provided."*

6.99 The Committee was of the view that the Applicant had explained that prescriptions could also be posted and was therefore satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 5(2) and 5(3) of Schedule 4.

Preliminary matters before providing ordered drugs or appliances

6.100 The Committee considered whether the Applicant had explained how charges will be paid and noted SOP 3 "Exemption Checking and Payment Collection" which states:

6.100.1"*9. Prescription charges are collected via secure online or telephone payment systems; cash is not accepted*."

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

Urgent supply without a prescription

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

6.103 The Committee noted the comments from the Commissioner that there was no mention of this in the original application.

6.104 The Committee noted on appeal, the Applicant had stated:

6.104.1*"Continuity of Urgent Supply*

*Requests for urgent supply without a prescription will be managed remotely by a GPhC-registered pharmacist. Alternative care pathways, including GP services, NHS 111, or emergency services, will be used where supply is not appropriate. These arrangements are set out in SOP 2."*

6.105 SOP 2 "Urgent Supply without a Prescription" states:

6.105.1*"5. Urgent supply requests are accepted remotely by telephone, secure website form, or NHSmail.*

*6. A pharmacist conducts a full clinical and legal assessment prior to any supply.*

*7. Urgent supplies are delivered without face-to-face contact using internal drivers or tracked couriers."*

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

Refusal to provide drugs or appliances ordered

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

6.108 The Commissioner was of the view that there was little detail provided with regard to this aspect of the terms of service.

6.109 The Committee noted on appeal the Applicant stated:

6.109.1 *"…Repeat dispensing supplies will be reviewed prior to each issue to ensure ongoing clinical appropriateness. These arrangements are set out in SOPs 5 and 6."*

6.110 SOP 5 – "Repeat Dispensing" states

*6.110.1* *"13. A pharmacist reviews each repeat issue to confirm ongoing appropriateness, adherence, and safety.*

*14. Reviews are conducted remotely and documented electronically."*

6.111 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.

Websites and health promotion zones

6.112 The Committee considered whether the Applicant had explained how it will ensure that it has a website for us 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.

6.113 The Committee noted SOP 12 – "Website & Health promotion zone" which states:

6.113.1 *"23. The pharmacy website includes a clearly promoted interactive health promotion zone accessible to all users."*

6.114 The Committee also noted the various references throughout the application and appeal to patients being able to access services through the website.

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

*Summary*

6.116 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).

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

6.117.1 confirm the Commissioner's decision;

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

6.117.3 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.

6.118 In those circumstances, although the Committee has reached the same conclusion as the Commissioner it has done for different reasons, therefore the Committee determined that the decision of the Commissioner must be quashed.

6.119 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.

6.120 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.

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

## 7 Decision

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

7.2 The Committee:

7.2.1 quashes the decision of the Commissioner; and

7.2.2 redetermines the application as follows -

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

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

7.2.2.3 the Committee was not 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**