21 May 2026

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REF: 26855

APPEAL AGAINST NHS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST ICB DECISION TO REFUSE AN APPLICATION BY SKIN AND SHAPE LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT 5A THE RIDGEWAY, IVER, BUKINGHAMSHIRE, SL0 9HX 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:
Skin and Shape Ltd
Buckinghamshire, Oxfordshire and Berkshire West ICB

NHS Resolution

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1 The Application

By application dated 11 January 2026, Skin and Shape Ltd ("the Applicant") applied to Buckinghamshire, Oxfordshire and Berkshire West ICB ("the Commissioner") for inclusion in the pharmaceutical list at 5A The Ridgeway, Iver, Buckinghamshire, SL0 9HX 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 left the section blank.

1.2 In response to why the application should not be refused pursuant to Regulation 31 the Applicant left this section blank.

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

Pharmacy procedures

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

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

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

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

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

1.7 You must ensure that you provide sufficient information within this application form to satisfy NHS England or the relevant delegated integrated care board

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

1.8 “Skin and Shape LTD has a business continuity plan to ensure the safe, effective and uninterrupted provision of Essential Services to any person within England who requests these services during opening hours. This continuity plan is reviewed regularly (minimum annually) to ensure that it is fit for purpose.

All Essential Services will be delivered in accordance with Skin and Shape Standard Operating Procedures, the NHS Act 2006, NHS Regulations 2013 (and amendments 2020), RPSGB Professional Standards and Guidance for Internet Pharmacy Services, PSNC Guidance on Distance Selling Pharmacies and the GPhC standards.

Patients in England will be able to register to receive NHS Essential Services from Skin and Shape via the website or by contacting us directly via email, telephone, postal services, or social media. At our premises, we will provide all Essential Services outlined in the NHS contractual framework, without face-to-face contact:

1.9 Our 'E Commerce' website will enable patients or their carers to communicate remotely but directly allowing quick and easy access and provide clear unambiguous details of how safe, efficient, uninterrupted NHS Essential Services will be provided by the Pharmacist and qualified, knowledgeable, experienced support staff on duty throughout the opening hours of the pharmacy premises without having 'face to face' contact with the patient or their representative: At our premises, we will provide all Essential Services outlined in the NHS contractual framework, without face-to-face contact. These are the dispensing of medication, repeat dispensing services, discharge medicines service, disposal of unwanted medicines, public health (promotion of healthy lifestyle), signposting, support for self-care, and clinical governance. Services will be delivered to patients via email (including email newsletter), telephone (including SMS where appropriate), Electronic Prescription Service (EPS), Royal Mail delivery (existing contracts in place), PHS Group Healthcare Waste Management Services (existing contracts in place) or equivalent, DHL Cold chain (or another equivalent cold chain courier service).

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

1.9.2 To ensure Essential Services are delivered safely without face-to-face contact, we comply with UK GDPR and the DPA 2018. We have a Data Protection Officer in place who ensures that all staff adhere to confidentiality agreements and receive annual training in data protection and cyber security. Two step verification passwords are in place for all software containing patient data. We have an encrypted database (patient record) which is automatically backed every day which also has a rolling transaction log to restore or recover data. We also do routine restorations of our backups to ensure there are no recovery issues. All computers run the latest version of Windows 10,

have antivirus installed and are kept up to date with the latest windows updates and patches. None of the live servers (holding patient data) are on site and hence are not applicable to any internal security vulnerabilities. Each member of staff who has access to patient data has a unique 2FA login, and each request is logged. We also have a user access management system to assign and remove access roles instantly from staff. We use a password management tool for secure passwords and 2FA authentication wherever possible. All Wi-Fi access points and routers use unique administration passwords. We also have no removal/mobile devices holding any patient information.

1.9.3 We will demonstrate that our pharmacy meets the 10 principles of the National Data Guardian's Data Security Standards by completing the Data Security and Protection Toolkit annually. This will show that we are meeting the leadership obligations set out by the standards, ensuring that patient data handling complies with NHS standards. Skin and Shape does not advertise the pharmacy premises on the building, and as there is an intercom system, a patient will not be able to attend the premises directly. If a patient does attempt to contact the pharmacy via the intercom system to request one or more services, it will be explained that due to our Distance Selling Regulations we are unable to provide face to-face NHS Essential Services. The patient will be signposted to other pharmacies who provide NHS services within the area.

1.9.4 We also intend to promote the use of free video-conferencing services such as Skype so that patients have a better chance of getting to know their pharmacy staff. Such services do not constitute 'face-to-face' contact under the Regulations and can be a particularly efficient way of interacting with patients and gaining rapport, as they are more personal than a basic telephone service. Many people now have the ability to use services like this via their mobile phones at any location where they can find a wireless internet signal. The pharmacy will also use Facebook, Twitter, Google, Email and postal service to communicate with the general public. This will include contact information, services available, public health advice, etc.

1.9.5 Prescriptions will be clinically and legally assessed to determine if they can be dispensed and we have the following Standard Operating Procedures in place to ensure we are able to deliver these services safely:

1.9.6 Procedures for NHS Essential Services
Online Order Receipt of NHS prescriptions
Selection, Labelling and Assembly of
NHS prescriptions
NHS Prescription Owings
NHS Prescription Accuracy Check
Emergency Supply
Bagging-up NHS Prescriptions
NHS Order Delivery
Safe and Effective Storage of Medicine

The Safe and Effective Disposal of Medicine
Near Miss and Dispensing Errors
Customer Complaints
Dealing with an Incident
Repeat Dispensing
Supplying Medicines to Care Homes
Community Dosage Systems
Information Governance
Staff Training Policy
Record of Competence
EPS Nomination
EPS Dispensing Process
Support for Self-Care, Signposting and Health Promotion
Further SOPS for Controlled Drugs (Ordering, Receipt and Storage, Dispensing,
Delivery, Disposal of Patient Returns, Disposal of Pharmacy Stock, Stock Balance
Checks, Record Keeping, Requests for CDs using a requisition)

1.9.7 We have deliberately not provided all SOPs with this application as there are over 140 pages in the SOP folder and they also contain commercially sensitive material

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

1.9.9 When appropriate prescription interventions will take place for example drug/drug interactions, suspected over/under prescribing, etc. The pharmacist on duty will telephone and discuss with the Prescriber prior to dispensing or delivering the medication. Repeat Dispensing Services Dispensing of repeat NHS prescriptions including those dispensed in dosette boxes as may be required under the Disability Discrimination Act will be done in partnership with patients, carers, pharmacists and prescribers. It will cover requirements additional to those for dispensing, assessing the patients' need for repeat supply. Any clinical issues identified will be addressed to the prescriber. Where considered necessary by a pharmacist, the patient may be contacted by telephone and given verbal advice in addition to information delivered with the repeat prescription.

1.9.10 PHS Group Healthcare Waste Management Services (or another similar company which may be appointed as required from time to time) will provide safe and secure disposal of unwanted medicines by collection of unwanted medicines from patients and residential homes. Upon return to the pharmacy unwanted medicines will be sorted and placed in disposal units ready for waste management services to collect. The disposal service will be advertised on the website/app and marketing leaflets. As the pharmacy will collect unwanted medicines it

will have the necessary regulatory approvals for carrying waste in place prior to the commencement of services.

1.9.11 Healthy living leaflets will be delivered to patients with their medication. Those identified as having medical conditions such as diabetes, coronary heart disease, COPD, Asthma, high blood pressure, smokers, overweight individuals, etc. or being at risk from them or other conditions will also receive targeted campaigns. The website, app and email newsletters will also be used to promote healthy lifestyles. Signposting Any help or advice that cannot be accessed on the website and app links will be available by telephoning the pharmacy and asking for advice. The patient will then be signposted to health and social care providers and/or any other assistance available.

1.9.12 Information about support organisations, the treatment of common illnesses, minor ailments, long term medical conditions and appropriate usage of OTC medications will be available on the website, app and email newsletter. The pharmacist on duty can be contacted by telephone for more advice and drug interactions. There will also be pharmacist selected web links and 'downloads' to print off.

1.9.13 This service will be provided in accordance with the Disability Discrimination Act (DDA). The Applicant will make reasonable pharmaceutical adjustment to ensure that those who qualify for help under the DDA are provided with the right compliance aids. The Applicant will conduct an initial assessment with the patient, care or representative to assess the support required to improve medication compliance. Such assessments will be carried out without patients having to access the pharmacy premises, so that no face-to-face contact at the premises will take place. Compliance aid systems such as blister packs/dosette boxes will be provided in compliance with both service levels 1 & 2 respectively.

1.9.14 Our superintendent and responsible pharmacist will be involved in all the components of clinical governance including compliance with standard operating procedures, patient safety incident and near miss reporting, demonstrating evidence of Pharmacists and Pharmacy Technician CPO, conducting clinical audits and patient satisfaction surveys. 'How to Make a Complaint or compliment' will be displayed and downloadable from the pharmacy website or upon request by telephone or post a copy will be posted. All staff will be qualified or undergoing nationally accredited training. They will be competent to deliver the highest standards of Clinical Governance. All staff will receive individual and collective training, development and education provided in-house or from accredited external providers. All staff will have an annual appraisal, receive and provide feedback. Information Governance The pharmacy will be registered and comply with Data Protection Act. It will also comply with the Access to Health Records Act. It will publish its Freedom of Information Act Publication Scheme on its website and copies will be made available on request. All patient data will be kept private and confidential in accordance with NHS and legal obligations on data security, protection and confidentiality.

1.9.15 To ensure safe and appropriate delivery of medicines: If the delivery to patients is local, this will be done by our own delivery driver. All other nationwide delivery will be delivered by recorded delivery and signed for by the patient, their notified carer or other patient authorised representative. The patient will be provided with a tracking number to track the status of the delivery online. A text messaging system will inform the patient about their delivery. Medicines will be packed, transported and delivered in such a way that their integrity, quality and effectiveness are preserved. The delivery mechanism used will provide a verifiable audit trail for medicine from the initial request through to its final delivery, or its return to the pharmacy in the event of a delivery failure.

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

1.9.17 Delivery of Controlled Drugs will be carried out by DHL. DHL has pharma grade specialist facilities to meet specific quality and validation requirements for healthcare products. This includes Home Office licensed controlled drug stores. They have the following UK Licenses and Standards: MHRA Wholesale Dealer License MHRA Manufacturer's Importers License GAMP 4 Systems Validation MHRA IMP License MHRA Manufacturer's "Specials" License ISO 9001: 2000 Certified Clinical trials audited to GMP Annexe 13 standards FDA audited DHL meet all Home Office safe custody and record keeping requirements All Controlled Drugs will be delivered by the DHL Courier Services and tracked, with verifiable audit trails. Return and Destruction of CD Any ‘returned’ Controlled Drugs must not be re-used or entered into the CD register. The Applicant will denature and render them irretrievable as soon as possible in order to avoid storage problems and an increased security risk. Returns will only be allowed via either collection by pharmacy staff from patient’s homes, or via DHL (see above). Destruction must be witnessed by another member of staff. If not immediately destroyed, they should be segregated from main stock, clearly marked 'Patient Returns' to minimise the risk of errors and inadvertent supply and stored securely in a CD Cabinet waiting to be denatured. A record of destruction will be recorded in a separate CD Destruction Register designated for this purpose and will be available in the pharmacy for inspection.

1.9.18 Provisions such as DHL COLDCHAIN (or similar specialist cold chain courier service) will ensure the integrity of the cold chain and the maximum stability of thermo-liable drugs by packing, transporting and delivering in such a way that their integrity, quality and effectiveness is always preserved. This is a dedicated, fully monitored and temperature controlled delivery service.

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

1.9.20 Pharmacy staff will telephone the patient about their exemption status. If exempted, pharmacy staff will request evidence of exemption and ensure that the back of the prescription is completed and signed in black ink. If evidence of exemption is not seen, then the pharmacy staff will cross the 'evidence not seen' box. The type of exemption and date of expiry will be recorded in their Patient Medication Record. If they are not exempted, prescription charge payments will be made using a secure on-line payment method. We are in the process of obtaining our GPHC registration number and will update this document once verified.

1.10 Skin and Shape is an online, distance-selling pharmacy and are in the process of obtaining our GPHC registration number and will update this document once verified. The new premises are located on the first floor of a warehouse building. An intercom is located outside the building which prevents public access to the premises.

1.10.1 Skin and Shape does not advertise the pharmacy premises on the building, and as there is an intercom system, a patient will not be able to attend the premises directly. If a patient does attempt to contact the pharmacy via the intercom system to request one or more services, it will be explained that due to our Distance Selling Regulations we are unable to provide face-to-face NHS Essential Services. The patient will be signposted to other pharmacies who provide NHS services within the area.

1.11 If advanced services were to be carried out on the premises, it could only be by appointment, and no essential services could be provided at the same time as any such appointment. However, this is not applicable as we will not provide any advanced services."

2 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 16 December 2025 states:

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

2.1 "Buckinghamshire, Oxfordshire and Berkshire West 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. You have a right of appeal to the Secretary of State against Buckinghamshire, Oxfordshire and Berkshire West ICB's decision. Should you choose to appeal then you should either complete the online form available on the NHS Resolution website or send a

concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to nhsr.appeals@nhs.net or:

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

Decision report

2.2 **"THE APPLICATION**

2.3 An application from Skin and Shape Ltd for a Distance Selling Premises Application was received on 22nd June 2025. The Committee was now required to consider the application in accordance with Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

2.4 **CONSIDERATION**

2.5 The Committee considered the following:

2.6 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

2.7 Department of Health guidance on Distance Selling Premises.

2.8 The application form provided by the Applicant.

2.9 Representations made by Thames Valley LPC.

2.10 The Applicant's did not respond to the representation received during the consultation period.

2.11 The Committee decided it was not necessary to hold an oral hearing before determining the application.

2.12 A map of the locality showing the nearest community pharmacies and GP Surgeries, in relation to the proposed premises for the Distance Selling pharmacy.

2.13 Information from a virtual site visit of the Iver area that had been undertaken by a Pharmacy Commissioning Hub representative

2.14 Regulation 31 – Refusal: same or adjacent premises

2.15 The Committee noted that it was required to refuse an excepted application, if the two conditions under paragraph 31(2) applied. These conditions are –

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") from the premises to which the application relates, or adjacent premises; and

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).

2.16 The Committee was satisfied there is no pharmacy providing pharmaceutical services at the same or adjacent premises. The application did not therefore need to be refused in accordance with Regulation 31.

2.17 The Committee noted that the Applicant stated on the application form that it does not intend to provide advanced or enhanced services.

2.18 The Committee noted that from 1st October 2025 Distance Selling pharmacies can no longer provide any Advanced or Enhanced services face to face with the patient at the pharmacy premises.

2.19 The Committee noted that the pharmacy intends to open for 60 core hours per week.

2.20 The applicant had also indicated which hours they proposed to be the 40 core hours, and which hours were proposed as additional core hours (the additional core hours/directed hours were 17:00-18:00 Monday to Friday and 09:00-18:00 on Saturdays and 10:00-16:00 on Sundays.

2.21 The Committee went on to consider the reasons provided by the Applicant as to why the application should not be refused.

2.22 Regulation 25(1)

2.23 The Committee noted that as this was a distance selling application Regulation 25(1) indicates that section 129(2A) of the National Health Service Act 2006 does not apply, provided that Regulation 25(2) does not require the application to be refused.

2.24 Regulation 25(2)(a)

2.25 The Committee noted the proposed address and that it is not in the same site or building as a provider of primary medical services with a patient list. The Committee therefore did not have to refuse the application under Regulation 25(2)(a).

2.26 Regulation 25(2) NHS England must refuse an application to which paragraph (1) applies –

(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.

2.27 Regulation 25(2)(b)(i)

2.28 The Committee noted that the Applicant had confirmed that pharmaceutical services would be delivered in accordance with the relevant regulations, professional standards and company standard operating procedures and that provision would be uninterrupted to persons anywhere in England who request those services during the opening hours of the premises

2.29 The Committee noted the proposed audit procedures and that there will always be a responsible pharmacist on site during opening hours with accountability set out by the superintendent pharmacist. The Committee noted the details relating to the website and the offer of services to patients via that means.

2.30 The Committee was satisfied that, based on the information provided, there would be uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services during the stated opening hours.

2.31 Regulation 25(2)(b)(ii)

2.32 The Committee went on to consider whether pharmaceutical services would be provided safely and effectively 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.

2.33 The Committee took the view that where compliance with the Terms of Service would ordinarily require face to face contact, the Applicant must explain how it is going to achieve compliance (and therefore safe and effective provision) without face-to-face contact.

2.34 While information was provided to satisfy compliance with some of the Terms of Service e.g. Schedule 4, paragraph 7, paragraph 8(1) and paragraph 10(1), no information was provided in relation to other Terms of Service e.g. Schedule 4, paragraph 6 and 9(4).

2.35 Overall, the committee could not conclude that all pharmaceutical services would be provided safely and effectively 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.

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

2.37 The Committee therefore determined that it was required to refuse the application under Regulation 24(3)(d).

2.38 **DECISION**

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

2.40 The Committee determined the application as follows –

2.40.1 the Committee was satisfied that the proposed premises were not adjacent to or in close proximity to other chemist premises.

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

2.40.3 the Committee was satisfied that all essential services were likely to be secured without interruption during the stated opening hours.

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

2.40.5 the Committee was not satisfied that all pharmaceutical services were likely to be secured in a safe and effective manner.

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

2.41 The Committee determined to refuse the application.

2.42 **THIRD PARTY RIGHTS OF APPEAL**

2.43 The application is refused so the applicant has the right to appeal.

2.44 The Committee decided not to grant third party rights of appeal to the decision to any of the parties that responded during the consultation period because the application had been refused."

3 The Appeal

In a letter dated 11 January 2026, the Applicant appealed against the Commissioner's decision. The grounds of appeal are:

3.1 **"Grounds of Appeal – Regulation 25(2)(b)(ii)**

3.2 **1. Introduction**

3.2.1 The Committee refused the application on the basis that, on the information before it, it could not be satisfied that all pharmaceutical services would be provided safely and effectively without face-to-face contact at the pharmacy premises, as required by Regulation 25(2)(b)(ii) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

3.2.2 The Applicant respectfully submits that this conclusion arose solely because detailed Standard Operating Procedures ("SOPs") and explanatory material were not provided with the original application,

rather than because the proposed distance-selling pharmacy model is incapable of meeting the statutory requirements.

3.2.3 The Applicant now provides its full SOP suite, together with the structured explanation below, enabling the appeal body to properly assess whether the Regulation 25(2)(b)(ii) test is met.

3.3 **2. Nature of the Distance-Selling Pharmacy Model**

3.3.1 Skin and Shape Ltd operates a distance-selling pharmacy model in which pharmaceutical services are provided without face-to-face contact at the pharmacy premises, in accordance with Regulation 25 and Department of Health guidance.

3.3.2 Under this model:

3.3.3 NHS prescriptions (including EPS) and private prescriptions are received electronically or remotely;

3.3.4 all prescriptions are subject to a pharmaceutical and legal assessment by a registered pharmacist prior to supply;

3.3.5 patients are contacted remotely (by telephone or secure electronic communication) where counselling, clarification, or additional information is required;

3.3.6 dispensing, accuracy checking, and assembly are undertaken at the registered premises;

3.3.7 medicines are supplied to patients anywhere in England via approved couriers and trained in-house drivers;

3.3.8 unwanted medicines are returned by post at the pharmacy's expense and disposed of safely.

3.3.9 Where concerns are identified, supply is withheld and appropriate referral, escalation, or prescriber notification takes place. These processes are fully documented and auditable.

3.4 **3. Reason the Committee Was Not Satisfied at First Instance**

3.4.1 The Committee recorded that information had been provided in relation to some Terms of Service, but that no information was provided in relation to others, including Schedule 4 paragraph 6 and Schedule 4 paragraph 9(4).

3.4.2 The Applicant accepts that the original application did not include the SOPs or a structured narrative mapping procedures to the Terms of Service. As a result, the Committee could not conclude that Regulation 25(2)(b)(ii) was satisfied.

3.4.3 The Applicant submits that this was a lack-of-information issue, not a finding that the proposed services would be unsafe or ineffective.

3.5 **4. Procedures Now Provided to Address Regulation 25(2)(b)(ii)**

3.5.1 The Applicant now provides its complete suite of SOPs, covering NHS essential services, private services, governance, controlled drugs, delivery, returns, and clinical escalation. Where compliance with the Terms of Service would ordinarily involve face-to-face contact, the Applicant has now set out, by reference to specific SOPs, the alternative remote procedures by which compliance is achieved while maintaining safety, effectiveness, and professional accountability [Appendix A]

3.5.2 Taken together, these procedures demonstrate that:

3.5.2.1 all supplies are clinically assessed by a pharmacist prior to dispensing;

3.5.2.2 remote patient contact is used to provide advice, gather information, and identify risks;

3.5.2.3 defined red-flag, intervention, and refusal procedures ensure that supply does not occur where it would be unsafe or inappropriate;

3.5.2.4 urgent supply requests are handled remotely in accordance with the Terms of Service;

3.5.2.5 refusals, referrals, and notifications to prescribers are carried out and recorded;

3.5.2.6 Responsible Pharmacist oversight, staff training, competence records, incident reporting, and SOP review provide robust governance and accountability.

3.6 **5. Schedule 4 Terms of Service – Compliance Matrix**

3.6.1 To assist the appeal body, Table 1 below sets out a Schedule 4 Terms of Service Compliance Matrix, mapping each relevant obligation to:

3.6.1.1 how compliance is achieved within the distance-selling model without face-to-face contact, and

3.6.1.2 the SOPs that govern each process (all of which are supplied in full with this appeal).

3.6.2 **Table 1: Schedule 4 Compliance Matrix (Regulation 25(2)(b)(ii))**

Legal requirement	**How compliance is achieved without face-to-face contact**	**SOP evidence (all supplied)**
Reg 25(2)(b)(i) – Uninterrupted	NHS and private prescriptions are	**Introduction**; **S&S-025 – The**

provision of essential services	received remotely; a Responsible Pharmacist is present during opening hours; services are provided to patients anywhere in England during stated hours without reliance on in-person attendance.	**Responsible Pharmacist**; **S&S-007 – Online Order Receipt**; **S&S-030 – Procedures For NHS Essential Services**; **S&S-031 – Online Order Receipt Of NHS Prescriptions**
Reg 25(2)(b)(ii) – Safe and effective provision of pharmaceutical services	All supplies are subject to pharmacist clinical and legal assessment; patients are contacted remotely where clarification or advice is required; defined escalation, refusal and documentation processes prevent unsafe or inappropriate supply.	**S&S-008 – Pharmaceutical and Legal Assessment; S&S-006 – Contacting Patients By Phone or Email; S&S-056 – Interventions and Problem Solving (Distance-Selling Context); S&S-016 – Dealing with Red Flags**
Schedule 4 paragraph 6 – Urgent supply	Emergency supply requests are handled remotely; prescriber identity is verified; eligibility and clinical appropriateness are assessed; decisions are documented and prescriptions obtained within the required timeframe or escalated where not received.	**S&S-013 – Emergency Supply; S&S-008 – Pharmaceutical and Legal Assessment; S&S-056 – Interventions and Problem Solving (Distance-Selling Context)**
Schedule 4 paragraph 7 – Dispensing obligations	Standard dispensing processes are applied to NHS and private prescriptions without in-person handover; prescriptions are assembled, checked, packaged and dispatched using	**S&S-010 – Selection, Labelling & Assembly; S&S-011 – Prescription Owings; S&S-033 – NHS Prescription Owings; S&S-014 – Bagging Up;**

	controlled procedures.	**S&S-015 – Order Delivery; S&S-036 – NHS Order Delivery**
Schedule 4 paragraph 8(1) – Accuracy and packaging	Accuracy checks are completed before dispatch; near misses are logged and reviewed; learning is used to improve systems and prevent recurrence	**S&S-012 – Private Prescription Accuracy Check; S&S-034 – NHS Prescription Accuracy Check; S&S-020 – Near Miss; S&S-024 – Review and Notification of Standard Operating Procedures**
Schedule 4 paragraph 9(4) – Refusal, referral and notification	Red-flag criteria identify when supply would be unsafe or inappropriate; patients are contacted remotely; supply is refused where required; patients are referred and prescribers notified; all actions are recorded and auditable.	**S&S-016 – Dealing with Red Flags; S&S-056 – Interventions and Problem Solving (Distance-Selling Context); S&S-046 – Repeat Dispensing; S&S-021 – Customer Complaints**
Schedule 4 paragraph 10(1) – Advice and records	Advice is provided remotely by telephone/email; records are maintained electronically; repeat dispensing reviews occur before each issue.	**S&S-019 – Support for Self-Care, Sign Posting & Health Promotion; S&S-006 – Contacting Patients By Phone or Email; S&S-046 – Repeat Dispensing**
Delivery of medicines	Medicines are dispatched using approved couriers or trained in-house drivers; delivery is tracked and auditable; identity	**S&S-015 – Order Delivery; S&S-036 – NHS Order Delivery; S&S-040 – Controlled Drugs Delivery**

	and integrity controls are maintained.	
Returns and disposal	Unwanted medicines are returned by post at the pharmacy's expense; medicines that have left pharmacy custody are not re-supplied; disposal is conducted safely with full records.	**S&S-023 – Returns; S&S-018 – Safe and Effective Receipt and Disposal of Medicines; S&S-041 – Controlled Drugs: Disposal of Patient Returns; S&S-042 – Controlled Drugs: Disposal of Pharmacy Stock**
Controlled Drugs governance	End-to-end governance covering ordering, receipt, storage, dispensing, delivery, record-keeping and disposal ensures full compliance with CD legislation.	**S&S-037 – Controlled Drugs Ordering; S&S-038 – Controlled Drugs Receipt and Storage; S&S-039 – Controlled Drugs Dispensing; S&S-040 – Controlled Drugs Delivery; S&S-041 – Disposal of Patient Returns; S&S-042 – Disposal of Pharmacy Stock; S&S-043 – Stock Balance Check; S&S-044 – Record Keeping; S&S-045 – Requests for CDs Using A Requisition**
Governance, accountability and safeguarding	Responsible Pharmacist oversight; trained and competent staff; incidents, complaints and near misses reviewed; vulnerable patients safeguarded; SOPs	**S&S-025 – The Responsible Pharmacist; S&S-004 – Staff Training Policy; S&S-005 – Record of Competence; S&S-022 – Dealing with an Incident; S&S-020 – Near Miss; S&S-055 –**

	reviewed and updated	**Safeguarding Children and Adults at Risk**

3.7 **6. Submission on Regulation 25(2)(b)(ii)**

3.7.1 When the SOPs and explanations now provided are considered, the Applicant submits that:

3.7.1.1 there are procedures in place which are likely to secure the safe and effective provision of all pharmaceutical services;

3.7.1.2 those services are designed to be delivered without face-to-face contact at the pharmacy premises;

3.7.1.3 the requirements of Regulation 25(2)(b)(ii) are therefore met.

3.7.2 Accordingly, the Applicant invites the appeal body to conclude that, while the Committee could not be satisfied on the information before it at first instance, it can now be satisfied that the statutory test is fulfilled.

3.8 **Schedule 4 Paragraph 6 – Urgent Supply (Distance-Selling Context)**

3.8.1 Schedule 4 paragraph 6 places obligations on a contractor where a medicine is supplied urgently without a prescription, including verification of the request, professional judgement as to appropriateness, record-keeping, and follow-up to obtain the prescription within the required timeframe.

3.8.2 In the Applicant's distance-selling model, urgent supply requests are managed remotely and do not require face-to-face contact at the pharmacy premises. Where an urgent supply request is received, the following safeguards apply:

3.8.2.1 the request is assessed by a registered pharmacist, who verifies the prescriber request and confirms that the medicine is eligible for urgent supply in accordance with the Terms of Service;

3.8.2.2 the pharmacist undertakes a pharmaceutical and legal assessment, including review of the patient's medication history and any relevant clinical information available;

3.8.2.3 where clarification or additional information is required, this is obtained by telephone or secure electronic communication with the prescriber and/or patient;

3.8.2.4 the decision to supply, defer, or refuse is documented, together with the rationale;

3.8.2.5 where the statutory or clinical criteria for urgent supply are not met, no supply is made and the patient is referred or signposted appropriately;

3.8.2.6 arrangements are made for prompt supply and delivery using approved couriers or trained in-house drivers, where appropriate;

3.8.2.7 procedures are in place to ensure that the prescription is subsequently obtained within the required period, with escalation where it is not received.

3.8.3 These processes are governed by the Applicant's Emergency Supply, Pharmaceutical & Legal Assessment, and Interventions and Problem Solving SOPs, and are overseen by the Responsible Pharmacist. Taken together, they ensure compliance with Schedule 4 paragraph 6 while operating fully within a distance-selling model.

3.9 **Schedule 4 Paragraph 9(4) – Refusal, Referral and Notification (Distance-Selling Context)**

3.9.1 Schedule 4 paragraph 9(4) requires a contractor to refuse supply in specified circumstances and, where appropriate, to refer the patient back to the prescriber and/or notify the prescriber of the reasons for refusal.

3.9.2 In the Applicant's distance-selling pharmacy, these obligations are met without face-to-face contact at the pharmacy premises through defined remote clinical and escalation procedures.

3.9.3 In particular:

3.9.3.1 all prescriptions (NHS and private, including repeat dispensing) are subject to a pharmaceutical assessment by a registered pharmacist prior to supply;

3.9.3.2 defined "red flag" criteria are applied to identify situations where supply would be unsafe or inappropriate, including concerns relating to dosage, interactions, changes in condition, side effects, misuse, or insufficient information;

3.9.3.3 where such concerns arise, the patient is contacted remotely by telephone or secure electronic communication to obtain further information or provide advice;

3.9.3.4 if the criteria for refusal are met, supply is withheld and the patient is referred back to the prescriber or signposted to an appropriate NHS service (for example their GP, NHS 111 or urgent care services where clinically indicated), with clear advice given;

3.9.3.5 where required by the Terms of Service, the prescriber is notified of the refusal and the reasons for it;

3.9.3.6 all refusals, referrals, and notifications are recorded as part of the patient record and are auditable.

3.9.4 These processes are governed by the Applicant's Dealing with Red Flags, Interventions and Problem Solving, Repeat Dispensing, and Pharmaceutical & Legal Assessment SOPs, supported by governance arrangements for incident reporting and review.

3.9.5 Accordingly, the Applicant submits that the duties in Schedule 4 paragraph 9(4) are fully complied with within the distance-selling model and do not depend on face-to-face contact at the pharmacy premises.

3.10 **Conclusion and Request**

3.10.1 For the reasons set out in this appeal submission, the Applicant respectfully submits that the refusal of the application arose because the Committee was not satisfied on the information available to it at first instance, rather than because the proposed distance-selling pharmacy model is incapable of meeting the statutory requirements.

3.10.2 The Applicant has now provided its full suite of Standard Operating Procedures together with a structured explanation of how those procedures secure compliance with the Terms of Service and, in particular, how they ensure the safe and effective provision of all pharmaceutical services without face-to-face contact at the pharmacy premises, as required by Regulation 25(2)(b)(ii).

3.10.3 When the information now before the appeal body is considered, the Applicant submits that there are procedures in place which are likely to secure the uninterrupted provision of services in accordance with Regulation 25(2)(b)(i), and the safe and effective provision of all pharmaceutical services without face-to-face contact in accordance with Regulation 25(2)(b)(ii) and the relevant provisions of Schedule 4.

3.10.4 Accordingly, the Applicant respectfully invites the appeal body to allow the appeal and direct that the application be granted."

4 Summary of Representations

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

5 Consideration

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

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

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

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

Regulation 31

5.5 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).

5.6 The Committee noted that the Applicant had not provided any information in the application form on this point but the Committee noted that the wording of the application form only required the Applicant to include information in the relevant section if the proposed premises were adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises. The Committee considered it reasonable to determine that the lack of information in the application form on this point when read with the wording of the application form allowed it to be reasonably satisfied that the Applicant considered that the proposed premises were not adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises. The Committee therefore determined that it was not required to refuse the application under the provisions of Regulation 31.

Regulation 25

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

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

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

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

in respect of pharmacy premises that are distance selling premises.

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

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

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

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

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

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

Additional information to be included with excepted applications

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

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

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

Nature of details to be supplied

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

Regulation 25(1)

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

Regulation 25(2)(a)

5.10 The Committee noted that the Applicant had not included any information in the relevant section of the application form that deals with this point. The Committee noted that the application form states that the relevant section should only be completed if the proposed premises are on the same site or in the same building as the premises of a provider of primary medical services with a patient list. The Committee considered that, where the Applicant did not include any information in this section, it was reasonable to consider that the Applicant was indicating that the proposed premises were not on the same site or in the same building as the premises of a provider of primary medical services with a patient list. The Commissioner in its decision report stated that "*The Committee therefore did not have to refuse the application under Regulation 25(2)(a)*." Based on the information available to it, which had not been disputed, the Committee therefore determined that the proposed premises were not on the same site as, or in the same building as the premises of a provider of primary medical services with a patient list.

Regulation 25(2)(b)

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

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

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

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

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

5.16 The Committee noted that the Applicant in response to the question on the application form as to whether they were undertaking to provide appliances, had not answered the question. Therefore, in the event that the application is granted, the Applicant would not be able to supply appliances.

5.17 The Committee first considered how the Applicant would provide essential services without interruption and noted the following information in SOP 25 where it states the following:

"General Responsibilities of the Responsible Pharmacist

The RP must be fully aware of the limitations on face-to-face contact that apply to a distance-selling pharmacy.

The RP has a statutory duty to ensure SOPs are in place that allow the safe and effective running of the pharmacy, and that these are maintained and reviewed as necessary.

The RP must make an accurate, contemporaneous record showing they are the RP for a specific date and time.

In certain situations, the RP may need to be absent from the pharmacy while remaining the appointed RP and must follow the absence procedures outlined below.

The RP must ensure a notice displaying their name, GPhC registration number, and RP status is displayed at the registered pharmacy premises and made available on the website/online portal during their period of responsibility."

5.18 The Committee noted the SOPs then sets out the start and end of shift procedures for the RP. However, the SOP also states that:

"*Permitted Activities During RP Absence*

Where the RP is absent and no second pharmacist is present:

GSL sales and advice may only be conducted by trained staff if authorised by the RP.

P medicines must not be sold.

Dispensed medicines must not be sent out for delivery.

During RP Absence

All staff must strictly adhere to SOPs authorised by the RP.

Monitor RP absence duration.

If RP absence would exceed 2 hours:

The pharmacy must cease operating as a registered pharmacy.

No sale or supply of medicines may take place (including GSL, P or prescription medicines).

If another pharmacist is available, that pharmacist must formally assume the role of Responsible Pharmacist before any pharmacy activities resume.

If no replacement RP is available, the pharmacy must remain closed until one is appointed."

5.19 The Committee identified that there could be instances where a second pharmacist was not available and by the Applicant's own admission above, the pharmacy would need to cease operating, as such it could not be satisfied that essential services would be provided without interruption.

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

5.21 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 and collection.

5.22 The Committee noted SOP 30 indicated that "*All patients anywhere in England requesting NHS Essential Services."* and that SOP 36 *"applies to all NHS prescription deliveries supplied by the pharmacy to persons anywhere in England, without face-to-face contact at the pharmacy premises."*

5.23 The Committee next considered if the provision of pharmaceutical services would be without face to face contact. The Committee noted the following references in various SOPs that *"Patients are contacted remotely (by telephone or secure electronic communication) where counselling, clarification, or additional information is required". "Those services are designed to be delivered without face-to-face contact at the pharmacy premises". "Face-to-face contact with patients or their representatives is not permitted at the pharmacy premises in relation to the provision of Essential Services".*

5.24 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 Applicant had indicated in its application that it did not intend to provide any Advanced and/or Enhanced services.

5.25 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.

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

5.27 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.

5.28 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:

5.28.1 Dispensing of drugs and appliances

5.28.2 Urgent supply without a prescription

5.28.3 Preliminary matters before providing ordered drugs or appliances

5.28.4 Providing ordered drugs or appliances

5.28.5 Refusal to provide drugs or appliances ordered

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

5.28.7 Disposal service in respect of unwanted drugs

5.28.8 Promotion of healthy lifestyles

5.28.9 Prescription linked intervention

5.28.10 Health campaigns

5.28.11 Signposting

5.28.12 Support for self-care

5.28.13 Discharge medicines service

5.28.14 Websites and health promotion zones

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

Providing ordered drugs or appliances

5.30 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).

5.31 The Committee noted that SOP-015-Order Delivery states:

"Scope

The process for delivery of prescriptions to the patient's chosen address and the provision of information and advice to patients to whom drugs are supplied about the safe keeping of drugs and return of unwanted medicines. This SOP applies to the remote supply and delivery of medicines from a Distance Selling Pharmacy providing Essential Services only, with no face-to-face handover of medicines.

Objective

This SOP will ensure: Prescriptions are delivered safely and securely. Provision of the highest possible standard of pharmaceutical care for patients. A robust audit trail. Patients are aware of missed deliveries and can easily arrange re-delivery. Patients receive information on safe keeping and return of unwanted medicines. That delivery failures, delays, or denied receipt are managed promptly to minimise clinical risk and ensure continuity of treatment.

Risks

Delivery to the wrong person/address. Missed deliveries. Multiple deliveries of medication. Full quantity not supplied. Inability to safely complete supply if delivery cannot be confirmed or patient cannot be contacted.

Responsibility

Dispensing Assistants, Dispensing Technicians, Accuracy Checking Technicians, Pharmacists.

Review

The SOP will be reviewed every two years by the Pharmacy Superintendent and necessary changes will be made to reflect any new legislation if appropriate. The SOP will be reviewed in the unlikely event of a critical incident.

An entry will be made into training records for each employee that has read, understood and agreed to follow this Standard Operating Procedure.

Process

Delivery of an online private prescription or online non-prescription order via a courier (Royal Mail)

Ensure that all prescriptions/orders are securely packed and appropriately labelled (return address included).

Dispatch all the prescriptions/orders in the administration screen. This will automatically send an email to the patient to inform them that their prescription/order has been dispatched. The email also informs the patient about the tracking number and how the pharmacy can be contacted.

Place the dispatched prescriptions/orders in Royal Mail bags (ensure separation by delivery method chosen).

Attach a label to each Royal Mail bag according to the delivery method.

After all the prescriptions/orders have been dispatched, print a manifest from the Royal Mail DMO website. The End of Day summary records all prescriptions/orders dispatched in that collection period. 5a. Retain the manifest electronically to support traceability and audit of all dispatched medicines.

Delivery of an online private prescription or online non-prescription order via same day courier (Gophr)

Ensure that all prescriptions/orders are securely packed and appropriately labelled.

Book deliveries via the Gophr website.

Make a note on the patient record stating that the delivery has been booked.

Check name and postcode when handing parcels to the Gophr driver.

Manually dispatch all prescription/orders after confirmed collection via Gophr.

Successful delivery via a courier (Gophr)

Once the deliveries are completed, a confirmation email is sent to help@skinandshape.co.uk Once deliveries are completed, confirmation is monitored by the pharmacy inbox used by Skin and Shape Ltd and recorded where required in the patient record.

Unsuccessful delivery via a courier (Gophr)

If the patient or representative is not able to receive the delivery, the Gophr driver contacts the pharmacy. The pharmacy must contact the patient immediately to arrange a successful delivery. If the patient cannot be contacted

and the parcel cannot be delivered, the parcel will be returned to the pharmacy. The patient must be contacted remotely and a new delivery arranged. If the patient cannot be contacted after reasonable attempts, the Responsible Pharmacist must assess whether continued supply remains clinically appropriate and document the outcome.

Successful delivery via a courier (Royal Mail)

Once deliveries are completed they are marked as Delivered in the Royal Mail Track and Trace website.

Unsuccessful delivery via a courier (Royal Mail)

Royal Mail will leave a 'Something For You' card stating the date and time of attempted delivery. The patient may collect and sign for their medicines at their local post office or rearrange delivery via telephone or internet. The parcel will be held at the post office and returned to the pharmacy if not collected. In cases of address incomplete, address unknown, person not known at address or refusal of delivery, the parcel will be returned to the pharmacy as soon as possible. Returned medicines must not be re-supplied and should be appropriately disposed of.

Late Delivery with Royal Mail Next Day Guaranteed

Customer complains delivery made after time of guarantee

1. Make a note in the patient record and label it as a delivery issue.

2. Verify delivery status on Royal Mail Track and Trace.

3. Record the issue in the "Delivery Issues" log on Google Drive.

4. Refund postage in full.

5. Apologise, verify address, and advise next steps.

6. Submit a claim with Royal Mail.

Customer contacts as delivery still not made the following day

1. Verify non-delivery on Track and Trace.

2. Confirm address and advise investigation.

3. Inform the customer of investigation timescales (48–72 hours).

4. If appropriate, resend the package with consent.

5. Obtain consent to claim with Royal Mail.

6. Document fully in patient record and Delivery Issues log.

7. Send apology email with new tracking number.

8. Issue Royal Mail claim.

Late Delivery with Royal Mail First Class, Signed For & Tracked24

Customer complains within 5 days of shipping

1. Record as delivery issue.

2. Verify address.

3. Explain non-guaranteed nature of service.

Customer complains after 5 days of shipping

1. Verify non-delivery.

2. Obtain consent to disclose details for claim.

3. Request second prescription where required.

4. Create resend and generate new label.

5. Document fully and issue apology email.

6. Ask customer to refuse/return goods if original delivery arrives.

7. Issue claim after 15 days.

Customer Denies Receiving Delivery (DOR)

1. Confirm delivery address.

2. Ask customer to check with anyone who may have received the parcel.

3. Re-confirm address.

4. Investigate with Royal Mail.

5. Inform customer of investigation timeframe.

6. Resend if appropriate and obtain consent to claim.

7. Document fully in patient record and Delivery Issues log.

8. Issue Royal Mail claim if consent obtained.

Returned Packages (Undelivered)

1. Follow Returns SOP.

Returned medicines must be quarantined on receipt and reviewed by a Pharmacist before any further action, ensuring patient safety and regulatory compliance.

5.32 The Committee noted that SOP-036-NHS Order Delivery states:

"*Scope*
The process for delivery of prescriptions to the patient's chosen address and the provision of information and advice to patients to whom drugs are supplied about the safe keeping of drugs and return of unwanted medicines.
This SOP applies to all NHS prescription deliveries supplied by the pharmacy to persons anywhere in England, without face-to-face contact at the pharmacy premises.

This SOP will ensure:
Prescriptions are delivered safely and securely
Provision of the highest possible standard of pharmaceutical care for patients
A robust audit trail
Medication is not posted through letter boxes or left at a patient's premises
Patients are aware of missed deliveries and can easily arrange re-delivery
Patients receive information on safe keeping and return of unwanted medicines
Compliance with Distance Selling Pharmacy Regulations and NHS Terms of Service
Safe and effective provision of pharmaceutical services without face-to-face contact

Risks
Delivery to the wrong person or address
Missed deliveries
Deliveries of Controlled Drugs
Multiple deliveries of medication
Full quantity not supplied
Breach of cold chain integrity
Patient safety risks where contact cannot be established

Responsibility
Dispensing Assistants, Dispensing Technicians, Accuracy Checking Technicians and Pharmacists. Overall accountability rests with the Responsible Pharmacist.

Review
The SOP will be reviewed every 2 years by the Pharmacy Superintendent and necessary changes will be made to reflect any new legislation if appropriate. The SOP will be reviewed in the unlikely event of a critical incident. An entry will be made into training records for each employee that has read, understood and agreed to follow this Standard Operating Procedure.

Process
Delivery of an NHS prescription via a courier (Royal Mail)

1.Preparation for delivery:

Ensure that prescriptions for delivery are securely bagged and appropriately labelled.
Pack the prescription bag and any other items for delivery securely in the appropriate outer packaging.

Ensure that all relevant paperwork, delivery notes, PILs, advice leaflets and any notes from the pharmacist are included.
Confirm that no original bulk containers, dispensary stock or counting aids are included.

2. Inclusion of information on storage and return:
The pharmacy Terms of Service require appropriate advice to be provided to patients on safe keeping of medicines and the return of unwanted medicines.
Written information on safe storage and the return of unwanted medicines must be included with deliveries.
Patients must be directed to the pharmacy website for further guidance on medicine storage, returns and disposal.
This requirement applies to all supplies, including repeat prescriptions.

3. Patient counselling and safety checks:
The pharmacist must contact patients where counselling, clarification, safety advice or clinical intervention is required prior to dispatch.
Where a patient cannot be contacted and the pharmacist considers counselling to be clinically necessary, supply must be delayed and managed in line with the Interventions and Problem Solving SOP.

4. Labelling and tracking:
Print and attach Royal Mail Signed For delivery labels using the Royal Mail online business account.
Labels must be securely attached to the outer packaging.

5. Return address:
Ensure a clear pharmacy return address is printed on all outer packaging.

6. Audit trail:
Record all tracking numbers on the Delivery Log sheet.
Ensure the courier signs the Delivery Log sheet for all prescriptions accepted for delivery.
Delivery logs must be retained for a minimum of 3 months from dispatch date.

7. Patient notification:
Email patients a dispatch confirmation including their tracking number once the prescription has left the premises.

8. Receipt confirmation:
All NHS prescription deliveries require a signature on delivery.
Medicines must not be posted through letterboxes or left unattended.

Successful delivery
Once delivery is completed, items are marked as Delivered on the Royal Mail Track and Trace system.

Unsuccessful delivery via courier (Royal Mail)
Royal Mail will leave a “Something for You” card stating the date and time of attempted delivery.
Patients may collect from the local post office or rearrange delivery online or by telephone.

Parcels not collected are returned to the pharmacy.
Parcels returned due to incorrect address, unknown recipient or refusal of delivery are returned promptly to the pharmacy.
Returned medicines are managed in line with the Returned Parcels SOP and Safe and Effective Receipt and Disposal of Medicines SOP. Medicines that have left the pharmacy's custody are not re-supplied.

Late delivery – Royal Mail Next Day Guaranteed
Customer complains after 1pm on delivery due date
1. Make a note in the patient record.
2. Verify delivery status using Royal Mail Track and Trace.
3. Log the issue in the "Delivery Issues" tab on the Pharmacy Issues spreadsheet.
4. Submit a complaint and refund claim to Royal Mail.
5. Refund postage in full.
6. Apologise and advise the patient to wait until 4pm the following working day. If not received, arrange re-delivery.

Customer complains after 4pm the following day
1. Verify non-delivery via Track and Trace.
2. Confirm address and obtain consent to disclose details.
3. Request a second prescription if required.
4. Re-send the medication.
5. Update patient record and delivery log with new tracking number.
6. Issue apology email
7. Ask the patient to refuse or return the original delivery if it arrives.
8. Submit a Royal Mail lost parcel claim.

First Class Signed For & Tracked 24
Complaints within 5 days
1. Record in patient record.
2. Verify address.
3. Advise delivery is not guaranteed and may take up to 5 working days.

Complaints after 5 days
Follow the same investigation, resend and claim process as above.
Customer denies receiving delivery
1. Confirm delivery address.
2. Ask patient to check with anyone who may have signed.
3. Obtain consent to investigate with Royal Mail.
4. Investigate where consent has been provided.
5. Advise patient investigation may take up to 48 hours.
6. Re-send medication where appropriate.
7. Obtain consent for Royal Mail claim.
8. Record actions in patient record and delivery log.
9. Issue apology email and tracking details.
10. Submit Royal Mail claim where appropriate.
Returned packages (undelivered)

1. Contact patient and verify address.
2. Arrange re-delivery or refund where applicable (GSL/P medicines only).
3. Record details in patient record.

4. Update "Parcels Returned to Us" log.
5. Send apology email with next steps.
Returned prescription medicines are not reused and are disposed of in accordance with the Safe and Effective Receipt and Disposal of Medicines SOP.

Delivery of Schedule 2 & 3 Controlled Drugs
Follow Controlled Drugs: Delivery SOP for both successful and unsuccessful deliveries.
Cold chain delivery via courier
All cold chain deliveries must be undertaken by approved couriers with verified cold chain procedures.
FEDEX Cold Chain Services (or equivalent) ensure temperature-controlled delivery between 2–8°C with continuous monitoring.
1. Store cold chain items in the fridge until collection.
2. Clearly mark accompanying items to explain separate delivery where applicable.
3. Book delivery maintaining 2–8°C.
4. Retain items in fridge until courier collection.

Unsuccessful cold chain delivery
FedEx will leave a missed delivery card and maintain cold chain integrity until re-delivery.
Breach of cold chain integrity
If a breach is detected:
Courier will not deliver the medication.
Pharmacy is notified immediately.
Items are returned to the pharmacy.
Medication is disposed of in line with the Cold Chain Breach SOP and Safe and Effective Disposal of Medicines SOP.
Re-delivery is arranged using a new supply."

5.33 The Committee also noted SOP-40 Controlled Drugs Delivery states:

"For Distance Selling Pharmacy deliveries:

A signed-for courier service is always used

Tracking and delivery confirmation are mandatory

Delivery is never made by posting through letterboxes or leaving unattended

Identity and Safeguarding Checks

Couriers must:

Verify identity at point of delivery

Confirm age where legally required

Obtain a signature from the patient or authorised representative

If identity cannot be satisfactorily confirmed: ○ Delivery must not proceed

The item must be returned to the pharmacy the same day

An intervention must be recorded

Successful Schedule 2 & 3 Delivery

For all successful deliveries:

The Controlled Drug online courier delivery record must be cross-referenced with:

The prescription

The CD register

This must be completed prior to the prescription being processed as part of the end-of-day procedure.

Successful delivery confirmation is:

Logged electronically

Matched against courier tracking

Retained as part of the permanent audit trail

Unsuccessful Schedule 2 & 3 Delivery via Courier

Unsuccessful deliveries sent with a courier must:

Be returned to the pharmacy on the same day

Be entered back into the CD register where appropriate, with a clear explanation

Be secured immediately in the CD cabinet where required

Returned CDs are not reissued to patients once they have left pharmacy custody.

Returned items must be:

Assessed by the Responsible Pharmacist

Managed in line with:

Returned Medicines SOP

Disposal of Controlled Drugs SOP (where applicable)

Failed Delivery and Patient Contact

Where a CD delivery fails:

The patient must be contacted remotely (telephone, email, or video call)

The reason for failure must be explained

Next steps must be agreed and documented: ○ Re-delivery (where lawful and safe)

Prescription reissue (where required)

Referral to prescriber if clinically appropriate

If the patient cannot be contacted:

The supply must remain suspended

CDs must remain secured in the CD cabinet

An intervention must be recorded

The Responsible Pharmacist must review and authorise any further action

Audit and Record Keeping

All CD deliveries must have:

Courier tracking reference

Delivery confirmation or failure record

Corresponding CD register entry

All documentation is retained in accordance with statutory retention requirements"

5.34 The Committee noted that the appeal made reference to *"medicines are supplied to patients anywhere in England via approved couriers and trained in-house drivers"* and *"arrangements are made for prompt supply and delivery using approved couriers or trained in-house drivers, where appropriate".* However, the above SOPs make no reference whatsoever to the arrangements in place for ensuring the safe and effective delivery by in-house driver. This includes how CDS would be securely stored and what would happen in the event of a missed/failed delivery.

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

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

5.36 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.

5.37 SOP-46 Repeat Dispensing identifies the process for managing repeats states:

"Prescription Reception
On receipt of a repeatable prescription from the patient, either by post or collected from the surgery for the first time, pharmacy staff must ensure the patient fully understands the Repeat Dispensing process and is provided with a patient information leaflet.

Where prescriptions are received remotely, explanations may be provided by telephone and/or supported with written information included in the first delivery.

The pharmacy record card must be completed and attached to the RA, with an entry made on each occasion a dispensing takes place. Any amendments to the RD (e.g. items not issued or changes to expected interval) must be recorded in the comments section of the pharmacy copy of the card. When an RA is accepted, details must be checked thoroughly to ensure there are no omissions or errors that could prevent dispensing of all batch prescriptions. The RA must be retained in the pharmacy. It is the patient's choice whether the RDs are retained by the pharmacy or by the patient".

5.38 The Committee was of the view that the SOP does not explain how appropriate advice about the benefits of repeat dispensing is given to any patient.

5.39 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.

Discharge medicines service

5.40 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.

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

5.42 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

Urgent supply without a prescription

5.43 The Committee noted the Commissioner refused the application on the basis that there was no information regarding paragraph 6 of Schedule 4.

5.44 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.

5.45 In the appeal, the Applicant states, "*In the Applicant's distance-selling model, urgent supply requests are managed remotely and do not require face-to-face contact at the pharmacy premises. Where an urgent supply request is received, the following safeguards apply:*

the request is assessed by a registered pharmacist, who verifies the prescriber request and confirms that the medicine is eligible for urgent supply in accordance with the Terms of Service;

the pharmacist undertakes a pharmaceutical and legal assessment, including review of the patient's medication history and any relevant clinical information available;

where clarification or additional information is required, this is obtained by telephone or secure electronic communication with the prescriber and/or patient;

the decision to supply, defer, or refuse is documented, together with the rationale;

where the statutory or clinical criteria for urgent supply are not met, no supply is made and the patient is referred or signposted appropriately;

arrangements are made for prompt supply and delivery using approved couriers or trained in-house drivers, where appropriate; procedures are in place to ensure that the prescription is subsequently obtained within the required period, with escalation where it is not received."

5.46 The Committee also noted SOP-14 Emergency Supply, it states under Process:

"Emergency Supply at the Request of a Prescriber
The following conditions must apply:
Prescriber *The pharmacist must be satisfied that the request is from an authorised prescriber listed above. Prescriber identity must be verified using reliable contact details and, where possible, previously recorded information.*
Emergency *The pharmacist must be satisfied that a prescription cannot be supplied immediately due to an emergency.*
Prescription *The prescriber agrees to provide a written prescription within 72 hours.Where the prescription is not received within the required timeframe, the*

pharmacist will follow up with the prescriber and record the outcome, and take further action in accordance with the Terms of Service.
Directions *The medicine is supplied in accordance with the prescriber's directions.*
Controlled Drugs *Emergency supply cannot be provided for Schedule 1, 2 or 3 Controlled Drugs except phenobarbital for epilepsy when requested by a UK registered prescriber. EEA prescribers cannot request an emergency supply of any Schedule 1–5 Controlled Drug."*

5.47 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

5.48 The Commissioner also refused the application on the basis that there was no information regarding paragraph 9(4) of Schedule 4.

5.49 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.

5.50 In SOP-56 Interventions and Problem Solving, it states under Process:

"1. Identification of Issues Requiring Intervention
An intervention is required whenever any aspect of a prescription, order, or patient interaction raises concern about safety, legality, or appropriateness.
Clinical Triggers
These include, but are not limited to:
a dose, strength, formulation, or duration that appears clinically inappropriate for the patient's age, weight, condition, or treatment history;
potential drug–drug interactions, contraindications, or known allergies recorded on the PMR;
reported or suspected adverse effects;
changes in patient circumstances (e.g. pregnancy, breastfeeding, new diagnoses);
concerns about adherence, misuse, dependency, or excessive frequency of requests.

Legal and Regulatory Triggers
These include:
prescriptions that are incomplete, ambiguous, unsigned, or otherwise invalid;
failure to meet statutory requirements for Controlled Drugs;
emergency supply requests that do not meet legal or contractual criteria;
repeat dispensing requests where review or confirmation is required before supply

Operational and Safety Triggers

These include:
discrepancies in patient identity or records;
inconsistent or contradictory information provided by the patient;
high-risk medicines or patterns of ordering that raise safeguarding or misuse concerns;
delivery risks, cold-chain integrity issues, or inability to contact the patient.

Any of the above automatically requires escalation to a pharmacist".

5.51 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.

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

Summary

5.53 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).

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

5.54.1 confirm the Commissioner's decision;

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

5.54.3 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.

5.55 As the Committee has come to different findings than that of the Commissioner, it determined that the decision of the Commissioner must be quashed.

5.56 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.

5.57 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.

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

6 Decision

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

6.2 The Committee:

6.2.1 quashes the decision of the Commissioner; and

6.2.2 redetermines the application as follows -

6.2.2.1 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;

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

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

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

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

6.2.3 The application is refused.

Case Manager
Primary Care Appeals