NHS Resolution

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

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

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REF: SHA/26907

APPEAL AGAINST CHESHIRE AND MERSEYSIDE ICB DECISION TO REFUSE AN APPLICATION BY K & S HEALTHCARE LIMITED FOR INCLUSION IN THE PHARMACEUTICAL LIST OFFERING UNFORESEEN BENEFITS UNDER REGULATION 18 AT BEST ESTIMATE 78 HEATH ROAD WA7 5TJ, 36 LANGDALE ROAD, WA7 5PU, 35 HINTON ROAD, WA7 5PN

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:

Healthcare Plus Consulting Ltd on behalf of K & S Healthcare Limited
Boots
PCSE on behalf of Cheshire and Merseyside ICB
PCT Healthcare Limited

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1 The Application

By application dated 3 October 2025, K & S Healthcare Ltd ("the Applicant") applied to Cheshire and Merseyside ICB ("the Commissioner") for inclusion in the pharmaceutical list offering unforeseen benefits under Regulation 18 at Best Estimate 78 Heath Road WA7 5TJ, 36 Langdale Road WA7 5PU, 35 Hinton Road, WA7 5PN. In support of the application it was stated:

1.1 Proposed core opening hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
08:00-12:00 14:30-18:30	08:00-12:00 14:30-18:30	08:00-12:00 14:30-18:30	08:00-12:00 14:30-18:30	08:00-12:00 14:30-18:30			40 hours

1.2 Total proposed opening hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
08:00-13:00 14:00-18:30	08:00-13:00 14:00-18:30	08:00-13:00 14:00-18:30	08:00-13:00 14:00-18:30	08:00-13:00 14:00-18:30			47.5 hours

1.3 Pharmaceutical services to be provided at these premises

1.3.1 Essential services (paragraphs 3 to 22, Schedule 4 – pharmacies)

1.4 In response to "if you are undertaking to provide appliances, specify the appliances that you undertake to provide" the Applicant stated:

1.4.1 "Part IX of the Drug Tariff"

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

1.5.1 “There is no pharmacy trading from or adjacent to the proposed premises, so Regulation 31 does not apply.”

1.6 Information in support of the application

1.6.1 “Runcorn New Contract Supporting Information Background

1.6.2 This application is in respect of opening up a new pharmacy in order to provide better access for patients requiring access to pharmaceutical services in Runcorn. In particular, granting this application would introduce reasonable choice to pharmaceutical provision for residents located within the A533/A558/A557 Runcorn ring road.

1.6.3 The best estimate of the proposed site we wish to open a pharmacy is situated amongst a communal parade of shops, WA7 5PU. We note that the nearest pharmacy, Well Pharmacy (WA7 5LY) is located 0.9 miles away.

1.6.4 In order to outline the population that currently do not have sufficient access to pharmaceutical services, we have analysed the Lower-Layer-Super Output Areas (LSOAs) of residents living at/near the proposed site who are likely to access a pharmacy at the proposed location. A pharmacy situated at this location would provide better access to residents living in the Halton 011B; 011A; 012H; 012A; 012D; 012B; 012F; 016E LSOAs, equating to a reliant population of c. 11,500 residents according to 2021 Census Data.

1.6.5 Proposed Location

1.6.6 The proposed location is situated in the heart of Runcorn amongst a communal parade of shops. This is surrounded by residential areas and acts as a hub for the community where a range of amenities can be accessed within residents’ daily lives. The parade is home to a Convenience Store with a cashpoint and parcel collection point; a Hairdresser’s; Langdale Fish Bar; a Beauty Salon; a Pet Groomer’s; a Florist; a Mortgage Broker’s; a Household Store; and a post-box. There is a GP which is also open out of hours (Runcorn GP Extra, WA7 5TJ) that is located 0.2 miles away from the proposed site. These are typical amenities that would be found in the local community. There is ample parking availability and wide walkways to access local services.

1.6.7 Map Depicting Current Pharmaceutical Provision

1.6.8 The map below illustrates the location of the proposed site and the next nearest pharmaceutical provision. [a copy of the map was provided to the Committee]

1.6.9 We can see from the image above that there is a geographical gap in pharmaceutical provision to the Northwest side of Runcorn below the A558 ring road, which acts as a physical barrier to accessing the pharmacies to the North. Thus, a pharmacy at the proposed location would offer better access and reasonable choice to residents of the locality who currently must endure lengthy journeys to access a pharmacy.

1.6.10 Site Images [copy of images provided to Committee]

1.6.11 Images depicting the communal parade of shops with parking and a bus stop available outside the proposed premises. There are wide walkways to access services.

1.6.12 Regulations

1.6.13 We are required by NHS England to address the overarching question in an Unforeseen Benefits application:

"*Please describe the unforeseen benefit(s) that you are offering to secure and how it will secure improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type in the HWB area*".

1.6.14 When considering the above question, the provisions of Regulation 18(2)(b) should be noted:

(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also the NHSCB's duties under sections 13I and 13P of the 2006 Act(b) (duty as to patient choice and duty as respects variation in provision of health services)),

(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also the NHSCB's duties under section 13G of the 2006 Act(c) (duty as to reducing inequalities)), or

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also the NHSCB's duties under section 13K of the 2006 Act(a) (duty to promote innovation)),

granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;

We note that points on reasonable choice; protected characteristics; and innovation are desirable, however, they are merely supporting considerations when determining whether in fact the overarching test in regulation 18(2)(b) has been met: an application should be granted should it provide *improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type in the HWB's area*.

We have addressed these regulations overleaf.

1.6.15 Localised Population

1.6.16 We reiterate that up to 11,500 residents are likely to access pharmaceutical services at the proposed location. We note that this large population live within the Runcorn ring road and currently do not have reasonable choice or adequate access to pharmaceutical services in Runcorn.

1.6.17 We highlight that a high proportion of the localised population are disabled under the Equality Act 2010. The following figures highlight the prevalence of low mobility in the nearby LSOAs:

1.6.17.1 Halton 011B – 19.3% disabled under the Equality Act (17.3% UK average)

1.6.17.2 Halton 011A – 19.4% disabled under the Equality Act (17.3% UK average)

1.6.17.3 Halton 012F – 19.5% disabled under the Equality Act (17.3% UK average)

1.6.17.4 Halton 012H – 22.2% disabled under the Equality Act (17.3% UK average)

1.6.17.5 Halton 012A – 19.6% disabled under the Equality Act (17.3% UK average)

1.6.17.6 Halton 016E – 18.8% disabled under the Equality Act (17.3% UK average)

1.6.17.7 Halton 012D – 22.3% disabled under the Equality Act (17.3% UK average)

1.6.17.8 Halton 012B – 23.8% disabled under the Equality Act (17.3% UK average)

1.6.18 We can see from these figures that 23.8% of residents in the 012B LSOA, 22.3% of residents in the 012D LSOA, and 22.2% of the residents in the Halton 012H LSOA have limited mobility. In fact, the above eight LSOAs that would utilize a pharmacy at the proposed site have an average of 20.48% residents disabled under the Equality Act 2010, significantly higher than the average 17.3% of residents in England, with each individual LSOA being above the average.

1.6.19 We submit that a pharmacy in the proposed location would provide better access for local residents, particularly for those with limited mobility, who likely find accessing current pharmaceutical services challenging.

1.6.20 Patient Journeys

1.6.21 As previously identified, there are c.11,500 residents who would likely access pharmaceutical services at the proposed site. When securing better access, we must consider what a typical patient journey would

currently look like. We also consider the reasonable choice within these journeys, alongside how those with protected characteristics find those journeys.

1.6.22 Using the proposed site (WA7 5PU), as an arbitrary marker to represent these residents; we can see that the next nearest pharmacy, Well Pharmacy (WA7 5LY) is 0.9 miles away. We reiterate that many of the residents living to the North West of the proposed site would be forced to endure a much longer journey of up to 1.4 miles. However, a pharmacy at the proposed site would reduce this journey to 0.8 miles, a much more accessible journey.

1.6.23 It is also important to note the close proximity of the proposed site to GP provision. Currently, residents are forced to undertake 'double journeys' – the first to the GP and then to the Pharmacy. However, a pharmacy at the proposed location would considerably reduce this journey and thus provide much better access. We trust the committee will keep this in mind for the journeys below.

1.6.24 By Foot from Proposed site to current nearest pharmacy (Well Pharmacy, WA7 5LY)

1.6.25 As can be seen from the map below, the journey is 0.9 miles or 20 minutes, equating to a 40-minute round journey. [copy of map provided to the Committee]

1.6.26 For those living to the North West of the proposed site, we reiterate that the journey could be up to 1.4 miles or 33 minutes, equating to a 1 hour 6-minute round journey. We do not consider this as representative of sufficient access or reasonable choice to pharmaceutical provision by foot. We submit that a pharmacy at the proposed location will provide better access to pharmaceutical provision and residents will be able to access the pharmacy in connection with the nearby amenities as part of their daily lives.

1.6.27 When looking to access pharmaceutical services following a visit to the GP, we submit that residents must travel first to the Runcorn GP Extra, then at least another 0.6-miles to a pharmacy, and then back to their homes. Such an extended journey could prove especially difficult for the large proportion of residents with limited mobility, those who are already feeling unwell, and for those residents living West of the proposed site whose journeys would be even longer. A pharmacy at the proposed site would significantly reduce this 'double journey', which is especially important when patients are required to go back and forth between the GP surgery and the Pharmacy.

1.6.28 It is also the case that GP surgeries can refer patients to Pharmacy First services, which requires clear communication between the GP and pharmacy. It is common that patients could be referred back to the GP after this consultation, which would then require the patient to embark on multiple journeys – equating to a 1.2-mile round trip - back and forth between the GP and pharmacy. Thus, having the Runcorn GP Extra and a pharmacy located nearby will work seamlessly without requiring patients to make additional journeys.

1.6.29 By Bus from Proposed site to current nearest pharmacy (Well Pharmacy, WA7 5LY)

1.6.30 For the journey by bus, patients obtain the 82A bus service from the Langdale Road Shops bus stop at the proposed site, travel for 4-minutes, and then walk an additional 2-minutes to reach the nearest pharmacy. The return journey follows a similar route but takes 7 minutes, thus entailing a 13 minute round trip. However, this bus service is infrequent, only running once every 30 minutes. Once a patient has arrived at a pharmacy, they could be waiting up to 30 minutes for the return journey, meaning that an entire journey to the pharmacy could take up to 43 minutes. Clearly this does not provide adequate access to pharmaceutical services.

1.6.31 Such poor choice of pharmaceutical access is felt especially by the elderly and disabled. These patient groups could face having to wait 30 minutes for a return bus in the cold on a winter's day. When we consider that these patients may not be able to drive or even may not feel comfortable driving in winter conditions; alongside their inability to walk the long 0.9-mile distance back home, it is obvious that alternative pharmaceutical provision is inadequate and such scenarios stem from a lack of reasonable choice.

1.6.32 We reiterate that some residents can be faced by a 1.4-mile one-way journey back home by foot. By Car from Proposed site to current nearest pharmacy (Well Pharmacy, WA7 5LY) The journey from the proposed site to Well Pharmacy (WA7 5LY) takes 6 minutes, equating to a 12 minute round journey to access the pharmacy. We highlight that many residents would have to travel significantly further than this.

1.6.33 We also note that those that reside in the LSOAs currently furthest away from pharmaceutical provision, suffer from poorer vehicular access as can be seen from the table below.

LSOAs:	No car/van:	England Average	Halton Average
Halton 012F	30.00%	23.50%	23.80%
Halton 012H	27.10%	23.50%	23.80%
Halton 012D	25.10%	23.50%	23.80%

1.6.34 Residents in these LSOAs have poor access to a car/van compared to both the English and Halton averages, and thus many will be forced to access provision by car or by bus. However, as mentioned previously the bus is infrequent and some of these residents will be forced into 1.4-mile one-way journeys to access a pharmacy. It is clear that these residents do not currently have reasonable choice to pharmaceutical provision.

1.6.35 Conclusion

1.6.36 In conclusion, we submit that there is a clear need for further pharmaceutical provision within the Runcorn ring road. The map of pharmaceutical coverage highlights a geographical gap to the west, with those residing near the proposed site currently facing a minimum 1.8-mile round journey to access pharmaceutical provision.

1.6.37 We submit that a pharmacy at the proposed site would provide reasonable choice, making pharmaceutical provision more accessible to local residents. Patients could access the pharmacy in connection with other amenities while going about their daily lives, drastically reducing the journeys that patients must currently undertake. This is especially pertinent when we consider the proximity of the proposed location to the GP surgery.

1.6.38 We submit that granting this application would secure better access to pharmaceutical services, with the elderly, disabled, and the wider population are likely to find the proposed pharmacy significantly more accessible than alternative choices.

1.6.39 We would like to note that granting this application would not cause significant detriment to access of pharmaceutical services, as the nearest pharmacy is 0.9-miles away.

1.6.40 Therefore, granting this application would secure better access to pharmaceutical services and would also introduce reasonable choice.

1.6.41 On the evidence outlined above, we believe that a new pharmacy contract should be granted."

2 Comments to the Commissioner

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

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

2.1 HEALTHCARE PLUS CONSULTING LIMITED ON BEHALF OF THE APPLICANT

2.1.1 "Thank you for your letter dated 1st December 2025. We welcome comments from local contractors and note the following is undisputed by all contractors:

2.1.1.1 The Runcorn A558 major ring road presents a physical barrier to accessing the pharmacies to the North

2.1.1.2 The proposed site is located 0.2 miles from the Heath Road Medical Centre/Runcorn GP Extra

2.1.1.3 Residents located at/near the proposed site do not have good access to a pharmacy by foot

2.1.1.4 There is a higher-than-average population which are disabled under the Equality Act 2010

2.1.1.5 The Halton 012F, Halton 012H, and Halton 012D LSOAs have a high proportion of households without access to a car/van than national and local averages

2.1.1.6 The early morning core opening hours proposed will provide better access to pharmaceutical services at these times

2.1.2 Taking each representation in turn below.

2.1.3 Halton, St Helens & Knowsley LPC

2.1.4 We would like the Committee to note that the LPC represents the interests of current pharmaceutical contractors. The LPC are inherently obliged to contest unforeseen benefits applications, in order to fulfil their responsibilities to current contractors. Objection by the LPC is obligatory, and thus comments should be read in such context.

2.1.5 In their response, Community Pharmacy Halton, St Helens & Knowsley bring attention to the fact there are three pharmacies within a mile of the proposed site. We submit that two of the three pharmacies (Peak Pharmacy WA7 1AH & Peak Pharmacy WA7 1LQ) are located on the Northern side of the Runcorn A558 major ring road which acts as both a physical and psychological barrier to access. We reiterate that no party has disputed this fact.

2.1.6 We note that the journey on foot to both Peak pharmacies require walking under an unpleasant underpass, which is unlit and secluded (Figure 1). Such an underpass clearly acts as a psychological barrier to crossing under the ring road. Alternatively, residents may walk via a secluded path (Figure 2) and then must navigate a sequence of five crossings. This journey also presents a significant barrier to access, especially when considering the above average proportion of residents that are disabled under the Equality Act 2010.

2.1.7 Figure 1: Image showing dark and secluded subway to the East.

2.1.8 Figure 2: Image showing shaded and secluded path to the West. [images provided to the Committee]

2.1.9 Thus, Well Pharmacy (WA7 5LY) remains the only pharmacy to the south of the A558 major ring road that is located within 1 mile of the proposed site (0.9 miles away). Although, the LPC states that this journey is 0.8 miles/18-minute walk, we submit that this route contains a dark and narrow hedge way that patients must pass through. This can be seen in Figure 3 below.

2.1.10 Figure 3: Narrow and dark pathway on route to Well Pharmacy (WA7 5LY)

2.1.11 It is reasonable to assume that patients would find this section of the journey difficult to access and therefore granting this application would offer significantly better access to patients located at/near to the proposed site.

2.1.12 Comments from the LPC also note the PNA and the lack of identified need within the document. We highlight that an Unforeseen Benefits application is in its very nature, unforeseen, offering improvements or better access to pharmaceutical services not captured within the PNA. Thus, comments by LPC surrounding the PNA are widely irrelevant.

2.1.13 Boots Pharmacy (WA7 2GX)

2.1.14 We acknowledge the representations submitted by Boots UK Ltd in response to the above application. Boots state that no evidence has been provided to suggest that residents in Runcorn, including those who share protected characteristics, experience difficulties when accessing the existing pharmaceutical provision.

2.1.15 The Committee will be aware that there is not a need to provide evidence as such, but a reasonable interpretation of the facts be made. This manifests itself within the overarching legal test to meet Regulation 18; whether NHS England is satisfied that granting the application *"would secure improvements, or better access, to pharmaceutical services"*. We submit that the regulations explicitly state that they have *"desirability of"* the considerations of Regulation 18(2)(b)(i), (ii), and (iii). However, they are merely supporting considerations when determining whether in fact the overarching test in Regulation 18(2)(b) has been met; an application should be granted should it provide *"improvements or better access"* to pharmaceutical services, or pharmaceutical services of a specified type in the HWB's area. In light of this, we reiterate that granting our client's application would indeed secure improvements or better access to pharmaceutical services, particularly within the Runcorn ring road and the out of hours core opening provision provided.

2.1.16 Boots also state that there are four pharmacies within a mile of the proposed site according to NHS.UK. We submit that these distances are calculated as the crow flies and therefore not representative of the journeys in reality that patients must undertake. Instead, the journey to Wise Pharmacy is 1.2 miles (an approximate 27-minute walk) as opposed to the 0.9 miles on NHS.UK.

2.1.17 We reiterate that the aforementioned Peak Pharmacies are located to the North of the major A558 ring road which presents a physical and psychological barrier to access, especially considering the above average proportion of residents that are disabled under the Equality Act 2010.

2.1.18 Well Pharmacy (WA7 5LY)

2.1.19 We reiterate that an Unforeseen Benefits application is in its very nature, unforeseen, offering improvements or better access to

pharmaceutical services not captured within the PNA. Thus, comments by Well Pharmacy surrounding the PNA are also widely irrelevant.

2.1.20 In their response, Well Pharmacy highlights the journeys to access their pharmacy by car and by bus. There is no mention of journeys on foot. We can only assume this is because they accept that a 1.8- mile round trip by foot does not equate to good access or reasonable choice.

2.1.21 Well Pharmacy also did not acknowledge that the Halton 012F, Halton 012H, and Halton 012D LSOAs have low car ownership when compared to national and local authority averages. We note that these LSOAs are on the opposite side of the proposed site to Well Pharmacy and thus residents would experience even longer journeys to access the pharmacy than previously detailed. For those residents without a car, this journey by foot could be described as excessive, and the journey by public transport could include longer walks and patients waiting up to 30 minutes for the bus service. We submit that both journeys do not represent a reasonable choice.

2.1.22 Thus, many patients may choose not to access a pharmacy for minor ailments which would lead to worse health outcomes in the area. A pharmacy at the proposed site would provide better access and reasonable choice, particularly for residents on the South and West sides of Runcorn within the major ring road. This is especially pertinent when considering that the Halton 012F, 012H, and 012D LSOAs are the furthest away and have lower levels of car ownership. This would assist in bringing pharmacies into the community, as envisioned by the NHS long term plan which states that *"Pharmacy will have a vital role in the Neighbourhood Health Service."* (Fit for the future: 10 Year Health Plan for England. 2025, pg. 36-7).

2.1.23 PCT Healthcare Limited (T/A Peak Pharmacy)

2.1.24 We highlight that both of the pharmacies operated by PCT Healthcare Ltd are located on the opposite side of the A558 major ring road to the North. We reiterate that the A558 ring road presents a physical and psychological barrier to access for patients for the reasons we have stated above.

2.1.25 Peak Pharmacy states that the population of the Grange Ward was 7,946 in 2022. We submit that the reliant population likely to access a pharmacy at the proposed site would not be restricted to those residents that live in the Grange Ward. We note that there are large areas not within the Grange Ward, such as those to the South and West, which are likely to utilise pharmaceutical services at the proposed site. We submit that residents of Beechwood & Heath Ward and Mersey & Weston Ward will also be likely to use the proposed site. Later in their comments, PCT state that services outside the Grange Ward must be considered when assessing patient access to a pharmacy.

2.1.26 The same logic applies that patients outside the Grange Ward may attend pharmaceutical services within the Grange Ward. PCT cannot have this both ways.

2.1.27 The reliant population figure provided in our client's supporting information was constructed by totalling the population figures of the LSOAs closest to the proposed site. We accept that not all residents of these LSOAs will use the proposed site, so the correct figure is likely to be in between 11,500 and the c.8000 residents suggested by PCT. In any case it remains a significant population and more than sufficient to warrant a pharmacy, which on average serve less than c. 5,000 residents.

2.1.28 PCT also state that "*the area within the A533/A558/A557 Runcorn ring road is an area with low population density*". We submit that the LSOA in which the proposed site is located has a population density of 6,808.6 residents per square kilometre. This is drastically higher than the national average of 433.5 residents per square kilometre and the Halton average of 1,624.3 residents per square kilometre as per 2021 census data. In fact, the weighted average of the eight aforementioned LSOAs that comprise the proposed reliant population is 3,385 residents per square kilometre. Therefore, despite the green spaces, the population density remains over double the local average, and almost 8 times the national average.

2.1.29 The proposed site hosts a variety of amenities which residents would regularly use, these have been listed in previous correspondence, but for the ease of the Committee, they have been listed again below:

2.1.29.1 Convenience Store with a cashpoint and parcel collection point

2.1.29.2 Hairdressers

2.1.29.3 Langdale Fish Bar

2.1.29.4 Beauty Salon

2.1.29.5 Pet Groomers

2.1.29.6 Florist

2.1.29.7 Mortgage Brokers

2.1.29.8 Household Store

2.1.29.9 Post-box

2.1.30 These are typical amenities that would be found amongst communities. It is unlikely that residents will do their grocery shop within the town centre where the main shop is a Co-op, considering there is an alternative Co-op located West of the proposed site within the ring road, as well as groceries sold at the Langdale Express. In any case, it is unlikely that residents within the Runcorn A558 major ring road will require a visit to the town centre; this is especially pertinent when considering the difficulties they may have getting there.

2.1.31 PCT cite Figure 13 from the Halton PNA (Halton PNA, 2025-2028, pg. 61), however, we note that this data is highly dependent on residents' demographics and location. Whilst we recognise that some areas of Runcorn do have good access to a pharmacy, we submit that this is not the case for those living at/near to the proposed site. This is especially pertinent when we consider that, as per 2021 Census data, there is a high number of residents disabled under the Equality Act 2010 and with low levels of car/van ownership, we submit it is reasonable to conclude that such factors would pose difficulties when accessing pharmaceutical services. Therefore, we submit that this data assessing the whole of Runcorn is too generalised to apply specifically to those patients living at/near to the proposed site.

2.1.32 When considering any difficulties patients may have with accessing pharmacies, particularly in the town centre, it is important to understand patients' chosen methods of transport. PCT provided the following statistics on this matter from in the PNA:

Method used to access a pharmacy	Percentage of patients that prefer this method
Car	80.2%
Walking	26.1%
Other (delivery/accessed by relative or carer)	3.6%
Public Transport	2.7%

2.1.33 PCT details many aspects of patient journeys via bus. We submit that this only accounts for c.2.7% of patients accessing a pharmacy and thus is less important to consider. We note that PCT made no mention of those accessing the pharmacy by foot, despite this method of access being almost 10 times more popular with residents than public transport accounting for more than 1 in 4 residents.

2.1.34 We can only assume this is because they agree that journeys on foot are not practicable. We reiterate that the busy A558 presents a barrier to access for patients located within the Runcorn ring road; this fact was undisputed.

2.1.35 PCT appears to take issue with the hours provided within our client's application; we submit that the core hours provided: 8 a.m – 12 p.m, 2 p.m – 6.30 p.m, Monday – Friday are in line with the nearby Heath Road Medical Centre (WA7 5TJ), and the out of hours GP provision provided at this location.

2.1.36 Currently, patients have to travel 2.6 miles to Runcorn Pharmacy (WA7 2ST), to access out of hours pharmaceutical provision. We submit that this is clearly not representative of reasonable choice or access, particularly when a patient may be issued an urgent prescription by the out of hours service.

2.1.37 Notably, PCT also question the provision of the Runcorn GP Extra service, and thus we attach an information leaflet for this service for the benefit of the Committee.

2.1.38 Notwithstanding the benefits of the proposed location for the out of hours service, we highlight the importance of pharmaceutical proximity to GP services even during standard hours. This can be seen within the aims of the NHS 10 Year Health plan which states:

2.1.39 "Over time, community pharmacy will be securely joined up to the Single Patient Record, to help them provide a seamless service - and to give GPs sight of patient management" – (Fit for the Future: 10 Year Health Plan for England, pg. 37).

2.1.40 It is clear that the ambition is to have GPs and pharmacies integrated, a pharmacy at the proposed site would ensure the provision of a *"seamless service"*, with patients being able to easily access a pharmacy and GP within their community. Currently, patients are able to access a GP at the Heath Road Medical Centre but are then forced to travel outside of their community to access a pharmacy.

2.1.41 This cannot be viewed as a seamless service and could result in patients undertaking strenuous double journeys which have been addressed in previous correspondence. This also clearly discourages using the Pharmacy First services, placing additional burdens on GPs.

2.1.42 Granting our client's application would not only align with the NHS 10-Year Plan but also enable residents to make full use of Pharmacy First. Residents seeking access to Pharmacy First services will no longer be required to make special, repeated journeys to Well Pharmacy (WA7 5LY). Instead, a local pharmacy would be better suited to the needs of the local population in an area where there is a large geographical gap in pharmaceutical provision.

2.1.43 We stress the importance of having accessible pharmacies within communities, especially with the advent of Pharmacy First. For Pharmacy First to be effective, we submit that we must try and be realistic about where patients will access these minor ailments services and the distances they will travel to access them. In this particular instance, given that the nearest pharmaceutical provision is 0.9 miles away, and Heath Road Medical Centre is situated a short walk away; it appears obvious that residents will choose to seek treatment for minor ailments with the doctors opposed to doing so in a pharmacy setting.

2.1.44 This is clearly counter-productive and causes unnecessary strain on the doctors for issues that can be dealt with by Pharmacy. Additionally, residents may have disproportionally long waits for a doctor's appointment for the minor issues they may have. A pharmacy at the proposed site would therefore provide patients with access to healthcare services within their communities whilst also reducing the strain placed on doctors and hospitals.

2.1.45 We also note PCT claim that the Heath Road surgery is no longer accepting new patients. Having contacted the GP partnership, we

believe that new patients for the partnership can be seen at the Heath Road surgery site. In any case it is clear that Heath Road surgery is well utilised, and its users will benefit from a nearby pharmacy with matching hours.

2.1.46 Conclusion

2.1.47 In conclusion, granting this application would provide local residents with better access and a reasonable choice of pharmacy, which could be used in connection with the nearby Heath Road Medical Centre and other local amenities. Patients currently experience extensive journeys to reach a pharmacy, with the A558 ring road also presenting a physical and psychological barrier to access, especially considering the above average proportion of residents that are disabled under the Equality Act 2010.

2.1.48 We submit that granting this application would provide improvements or better access for residents residing within the Runcorn ring road and submit that Regulation 18 has been met.

2.1.49 For these reasons, we invite the committee to grant this application."

3 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 26 January 2026 states:

3.1 "Cheshire and Merseyside 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.

3.2 You have a right of appeal to the Secretary of State against Cheshire and Merseyside 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:

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

Extract from PSRC decision report

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

3.4 "Unforeseen Benefits

3.5 CAS-389059-Q8X3D0

3.6 Applicant: K&S Healthcare Ltd

3.7 Proposed Premises (Best estimate): 78 Heath Road, WA7 5TJ, 36 Langdale Road, WA7 5PU, 35 Hinton Road, WA7 5PN

3.8 The committee considered this application, alongside the committee report, PNA, Regulations and comments received from interested parties.

3.9 The committee concluded that:

3.10 There is no requirement to refuse this application under the provision of Regulation 31.

3.11 In consideration of Regulation 18(1):

3.12 It cannot be satisfied that in consideration of this application that this would secure better access to pharmaceutical services or pharmaceutical services of a specified type in the area of Halton HWB as a result of granting this application and that this better access was unforeseen by the PNA at the time of the submission of this application.

3.13 In consideration of improvement the committee find the applicant has failed to establish significant improvements in this application. Granting the application would not confer significant benefits on persons in the area of the relevant HWB which were unforeseen when the relevant pharmaceutical needs assessment was published.

3.14 In consideration of innovation the committee find the applicant has failed to establish significant innovation in this application

3.15 In consideration of regulation 18(2): the committee is satisfied that significant detriment to the arrangements that are in place for the provision of pharmaceutical services would not result from the grant of the application.

3.16 In consideration of reasonable choice: the committee determined that the applicant has failed to evidence how the PNA demonstrates a lack of patient choice - either in the general population of this neighbourhood or in the patient groups that would be considered as having protected characteristics. The PNA has clearly mapped out the journey times by car, public transport, cycle and walking for patients residing in all localities. The PNA has not identified any service or area where the provision currently provided is not judged to be adequate and the applicant has failed to articulate any proposed provision which would provide improvements to pharmaceutical provision over and above that which is currently provided.

3.17 The committee determined that whilst some convenience for patients may be conferred from the proposed location of this pharmacy, service provision levels and patient access was not unforeseen in the PNA who judged the access across Runcorn to be adequate. The applicant has stated that a pharmacy in this location would give “better access and choice to pharmaceutical services given the closure of the above pharmacies” The applicant has not listed any pharmacies, nor has the PNA. NHS Cheshire & Merseyside are not aware of any pharmacy closures in this locality; therefore the PSRC considered this comment inaccurate.

3.18 **Decision:** Refused

3.19 **Rights of appeal:** Applicant

3.20 **Action:** PCSE to notify the applicant of the decision.

3.21 **Regulation 31**

3.22 **Must the application be refused regarding same or adjacent premises?**

3.23 There are no pharmacies located within the best estimate address provided by the applicant. This has been confirmed via the nhs.uk website and against NHS Cheshire & Merseyside ICBs Pharmaceutical list.

3.24 **As such there is no requirement to refuse this application under the provision of Regulation 31.**

3.25 **Regulation 18**

3.26 **Unforeseen benefits applications: additional matters to which the NHSCB must have regard**

3.27 ***18.—(1) If—***

(a) the NHSCB receives a routine application and is required to determine whether it is satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB;

3.28 As such the committee should consider if the PNA had considered opening hours and levels of pharmaceutical provision in this area and had judged them adequate to meet needs. The committee should consider if the benefits of the nature detailed in the application are on their own enough or in conjunction with the location able to offer better patient access when viewed considering the alternate services available to patients including existing community pharmacies.

3.29 **The applicant states: [the Commissioner quoted in full the supporting information provided at 1.6-1.6.41]**

3.30 **Halton Pharmaceutical Needs Assessment (PNA) (2025-28) states:**

3.31 The provision of pharmacy services within Halton in terms of location, opening hours and services provided is considered adequate to meet the needs of the population.

3.32 As such this PNA has not identified a current need for new NHS pharmaceutical service providers in Halton at the point this PNA was published.

3.33 We are mindful of recent trends and closures that have taken place since the 2022-2025 PNA was published which are detailed in the data analysis throughout this PNA. This includes 3 community pharmacy closures (1 Widnes and 2 Runcorn), an increase in GP registered patient population lists, an increase in average dispensing volume (especially for Runcorn pharmacies) and housing development mainly being in Runcorn.

3.34 As such pharmacies in Runcorn are now at acceptable minimum provision. The largest proportion of planned housing developments during the lifetime of this 2025-2028 PNA are scheduled in the South East part of Runcorn.

3.35 Whilst it is anticipated that capacity within existing services should be able to support the overall pharmaceutical needs of future populations, any identified changes in the situation will be addressed through a supplementary statement and/or be addressed by the Integrated Care Board (ICB) commissioning or directing existing pharmacies to open for additional hours. There may also be opportunities around alternative dispensing models and collection of medicines (if legislation is progressed).

3.36 This assessment is based on the following observations:

3.36.1 Halton has an average of 19.82 pharmacies per 100,000 population, 14.68 per 100,000 in Runcorn and 26.11 per 100,000 in Widnes. This compares to 19.35 per 100,000 across Cheshire & Merseyside and 16.75 per 100,000 for England as a whole.

3.36.2 There is wide variation in the pharmacy–to-population ratio across wards, even taking town centre locations into account. Any decisions regarding new pharmacies need to take the pharmacy-to-population ratio in to account. Conversely, any closures need to be carefully monitored to determine the impact this will have on access, especially in those wards where the pharmacy-to-population ratio is already low.

3.36.3 It is possible to compare prescribing volume by converting total items prescribed into a monthly prescribing rate per pharmacy. Trends show that both nationally, regionally and locally total volume is increasing. In 2023/24 Halton had a higher prescribing rate than both the England and North West averages. This was the case 2019/20-2023/24. The Widnes rate was near the England average whereas the Runcorn rate was higher. Both were higher than the regional rate.

3.36.4 There is adequate access to pharmacy services throughout the week, with provision in the evening and at weekends across Halton. This takes into account needs in both Widnes and Runcorn, noting however that only one of the 72 or 100 hour pharmacies operating in Halton is in Runcorn.

3.36.5 Members of the public commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. Where any specific service gaps develop these will be addressed initially through dialogue with existing contractors.

3.36.6 Over 75% of respondents to the public survey said they were somewhat or very satisfied with pharmacy services. They found them accessible, friendly and helpful.

3.36.7 There is adequate provision of advanced and enhanced services in both Runcorn and Widnes.

3.36.8 Whilst locally commissioned services are outside the scope of the PNA they do offer secured improvements, or better access to

pharmaceutical services for our population. We will continue to work with our existing contractors to ensure that this provision continues to match the needs of our population. Any inequalities in provision which arise will be addressed in collaboration with existing contractors.

3.36.9 Further opportunities for service improvement will come in to operation from September 2026 when all newly qualified pharmacists will be Independent Prescribers.

3.36.10 Feedback and information provided by patients, the public and other stakeholders consulted during the development of the PNA showed people feel the community pharmacies offer a valuable service, are convenient and staff are friendly and helpful.

3.37 Community pharmacy services for Halton are provided across a range of reasonable geographical locations, with good accessibility and sufficient provision throughout the borough. Halton has 27community pharmacies (plus 4 distance selling 'internet-only' pharmacies), serving a population of 136,210 (total GP registered population, as of 1 May 2024), who provide a comprehensive service with a full range of essential services and some advanced services. This equates to an average of one pharmacy for every 5,045 Halton GP patients (England average is 5,968 patients per pharmacy).

3.38 Consequently the population is well served by pharmacy services. Widnes has a lower average population per pharmacy (3,830) than Runcorn (6,811) whose patients per pharmacy value is above all comparators. The Halton value is similar to the Cheshire & Merseyside average (5,168) but higher than the North West average (3,702).

3.39 There are 10 community pharmacies in Runcorn and 17 in Widnes. There are four distance selling pharmacies which located in Runcorn, mainly on its industrial estates. There are three 72 hour or 100 hour pharmacies; one 72 hour in Runcorn, one 72 hour and one 100-hour pharmacies in Widnes.

3.40 Map 5 [copy provided to the Committee] shows that generally there is a good provision of pharmacies in the most deprived areas of Halton. The only lower super output areas (LSOA) in the most deprived quintile without a pharmacy have at least one nearby, within 1 mile (Map 6). As shown in Map 8 and 9, these areas are within a 5 minute drive of a pharmacy. For residents who do not have access to a car, the travel time would be around 15 minute walk or 30 minute trip on public transport (see Maps 10-12 for further details on walking, public transport and cycling travel times).

3.41 Map 6 [copy provided to the Committee] shows that in all areas of high population density there is pharmacy provision within an 'as the crow flies' one mile distance. Only areas with the lowest population density have to travel more than one mile. (This map excludes the distance selling pharmacies).

3.42 Mapping drive times during the day and during rush hour shows that no location in Halton is more than a 15 minute drive from a pharmacy during the day and 20 mins away during rush hour.

3.43 These areas are no more than a 12-16 minute drive away even in rush hour times (see Map 8 and Map 9). For those choosing to walk (about 20% of

respondents to the public survey indicated they use this mode of transport), accessibility is slightly more limited. However, still most areas are within a 15 minute walk or less from the nearest pharmacy (see Map 10).

3.44 The majority of Halton is within 30 minutes travel time via public transport to a pharmacy on an average weekday morning (see Map 11).

3.45 The majority of Halton is within a 12 minute cycling time to a pharmacy (see Map 12).

3.46 The below map taken from the Shape Mapping tool shows the proposed best estimate of the pharmacy (blue line) in relation to other pharmacies within the locality.

3.47 The unforeseen benefit that the applicant is offering to provide is a pharmacy in a location they believe is under-served by pharmacies. As can be seen from the above maps taken from the PNA, the HWB have provided detailed review of the current service provision, including plotting out drive, walk, cycle and public transport times for patients in all areas of the borough. The PNA has not identified any service or area where the provision currently provided is not judged to be adequate and the applicant has failed to articulate any proposed provision which would provide improvements to pharmaceutical provision over and above that which is currently provided.

3.48 The committee should note that the applicant is offering to provide core opening hours earlier and later Monday – Friday than any other nearby pharmacy. However, they are not proposing to open at all over weekends.

3.49 **As such it is recommended that the committee cannot be satisfied that in granting this application it would secure improvements to pharmaceutical services or pharmaceutical services of a specified type in Halton Health and Wellbeing Board.**

3.50 **Regulation 18(1)(b).**—(1) If—

(b) the improvements or better access that would be secured were or was not included in the relevant pharmaceutical needs assessment in accordance with paragraph 4 of Schedule 1, in determining whether it is satisfied as mentioned in section 129(2A) of the 2006 Act(**a**) (regulations as to pharmaceutical services), the NHSCB must have regard to the matters set out in paragraph (2).

3.51 The applicant states that – "*An increase in local pharmacy capacity and improved choice to meet the needs of the local population. Better access and choice to pharmaceutical services given the closure of the above pharmacies. See enclosed Supporting information for further detail."*

3.52 It is not clear from the application which pharmacies the applicant is referring to when they state: "given the closure of the above pharmacies". They have not listed any pharmacies as having closed, nor has the 2025-28 PNA

3.53 Whilst some convenience for patients may be conferred from the proposed location of this pharmacy, service provision levels and patient access was not unforeseen in the PNA who judged the access across Runcorn to be adequate.

The HWB have stated that they will monitor closures of pharmacies and if deemed necessary would re-write the PNA earlier than its 2028 endpoint. The closure of one service does not create a new demand for overall services. The committee should assess as to whether the increase in access described by the applicant was unforeseen by the PNA.

3.54 The PNA has described future requirements and needs of the population for access to services. The PNA has articulated the requirement to balance any new services with existing provision and that currently commissioned services will be managed within existing providers to ensure that service provision remains adequate for the needs of the population. The PNA states that the largest proportion of planned housing developments during the lifetime of this 2025-2028 PNA are scheduled in the South East part of Runcorn, an area that will not benefit from a new pharmacy opening in the North West of Runcorn.

3.55 **As such it is recommended that the committee can determine that the benefits proposed by the applicant were not unforeseen by the PNA when it was published.**

3.56 **Regulation 18(2)(a)**

3.57 With regard Regulation 18(2)(a)(i)

3.58 The committee should consider

"(a) whether it is satisfied that granting the application would cause significant detriment to— (i) proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB …."

3.59 It should be noted that neither NHS England nor Cheshire & Merseyside ICB have any plans relating to the provision of pharmaceutical services in the area of Halton HWB. The committee should therefore be satisfied that, if the application was granted and if the applicant went on to open the pharmacy, the ability of NHS England and Cheshire & Merseyside ICB thereafter to plan for the provision of services would not be affected in a significant way.

3.60 **It is recommended that the committee be satisfied that there would not be significant detriment to the proper planning of pharmaceutical services as a result of granting of the application.**

3.61 With regard Regulation 18(2)(a)(ii)

3.62 The Committee should consider

3.63 *"(a) whether it is satisfied that granting the application would cause significant detriment to— …*

(ii) the arrangements the NHSCB has in place for the provision of pharmaceutical services in that area;"

3.64 The PNA articulates the requirement to balance commissioning of new services with the service levels currently provided by existing providers.

3.65 The committee should note that it has not been provided with any information in order to be satisfied that *significant* detriment to the arrangements currently in place for the provision of pharmaceutical services would result from a grant of the application.

3.66 **It is recommended that the committee be satisfied that significant detriment to the arrangements that are in place for the provision of pharmaceutical services would not result from the grant of the application.**

3.67 **Regulation 18(2)(b)(i)**

3.68 With regard Regulation 18(2)(b)(i)

3.69 The committee should consider

"(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also the NHSCB's duties under sections 13I and 13P of the 2006 Act (duty as to patient choice and duty as respects variation in provision of health services)),…"

3.70 In consideration of better choice:

3.71 The PNA concludes that Community Pharmacy services for Halton are provided across a range of reasonable geographical locations, with good accessibility and sufficient provision throughout the borough. Halton has 27community pharmacies (plus 4 distance selling 'internet-only' pharmacies), serving a population of 136,210 (total GP registered population, as of 1 May 2024), who provide a comprehensive service with a full range of essential services and some advanced services. This equates to an average of one pharmacy for every 5,045 Halton GP patients (England average is 5,968 patients per pharmacy).

3.72 Consequently the population is well served by pharmacy services. Widnes has a lower average population per pharmacy (3,830) than Runcorn (6,811) whose patients per pharmacy value is above all comparators. The Halton value is similar to the Cheshire & Merseyside average (5,168) but higher than the North West average (3,702).

3.73 Cheshire & Merseyside ICB has received no patient complaints, nor concerns raised from any other external stakeholder regarding any issues relating to choice of provider of pharmaceutical services. There is no information NHS Cheshire & Merseyside ICB holds nor has been made aware of that indicates a lack of choice regarding providers of pharmaceutical services in this location nor within the wider Halton Health and Wellbeing Board.

3.74 **As such it is recommended that the committee can be assured that the existing provision of pharmaceutical services within the Halton Health and Wellbeing Board area delivers reasonable choice with regard to obtaining pharmaceutical services.**

3.75 **Regulation 18(2)(b)(ii)**

3.76 The committee should consider

"(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—
(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also the NHSCB's duties under section 13G of the 2006 Act (duty as to reducing inequalities)),…"

3.77 NHS Cheshire & Merseyside ICB has no evidence that any specific group of patients sharing a protected characteristic have difficulty accessing pharmaceutical services in the area of Halton HWB. This application does not identify any such concerns or describe how if granted this application would resolve any identified access concerns.

3.78 **Regulation 18(2)(b)(iii)**

3.79 The committee should consider

"(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also the NHSCB's duties under section13K of the 2006 Act(a) (duty to promote innovation)), granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;"

3.80 The committee should determine that the application failed to adequately describe any innovation with regard pharmaceutical services. It can be noted that all pharmaceutical services listed as part of this application are currently delivered by existing contractors in the area.

3.81 **Regulation 65 – Core opening hours conditions.**

3.82 NHS Cheshire & Merseyside ICB are not considering directing any core hours should this application be granted.

3.83 **Regulation 66 - conditions relating to providing directed services.**

3.84 NHS Cheshire & Merseyside ICB are not considering directing any services should this application be granted.

3.85 **Regulation 40 - Applications for new pharmacy premises in controlled localities: refusals because of preliminary matters**

3.86 **Regulation 41 - Applications for new pharmacy premises in controlled localities: reserved locations**

3.87 **Regulation 44 - Prejudice test in respect of routine applications for new pharmacy premises in a part of a controlled locality that is not a reserved location**

3.88 The proposed best estimate site is not within nor within 1.6km of a controlled locality, as such the committee can be satisfied that Regulation 40, 41 and 44 are not applicable to this application.

3.89 Recommendations

3.90 There is no requirement to refuse this application under the provision of Regulation 31.

3.91 In consideration of Regulation 18(1):

3.92 It is recommended that the committee cannot be satisfied that in consideration of this application that this would secure better access to pharmaceutical services or pharmaceutical services of a specified type in the area of Halton HWB as a result of granting this application and that this better access was unforeseen by the PNA at the time of the submission of this application.

3.93 In consideration of improvement it is recommended that the committee find the applicant has failed to establish significant improvements in this application. Granting the application would not confer significant benefits on persons in the area of the relevant HWB which were unforeseen when the relevant pharmaceutical needs assessment was published.

3.94 In consideration of innovation it is recommended that the committee find the applicant has failed to establish significant innovation in this application

3.95 In consideration of regulation 18(2): It is recommended that the committee be satisfied that significant detriment to the arrangements that are in place for the provision of pharmaceutical services would not result from the grant of the application.

3.96 In consideration of reasonable choice. It is recommended that the committee consider the applicant has failed to evidence how the PNA demonstrates a lack of patient choice - either in the general population of this neighbourhood or in the patient groups that would be considered as having protected characteristics.

3.97 It is recommended therefore that the Committee refuse this application."

3 The Appeal

In a letter dated 25 February 2026 addressed to NHS Resolution, Healthcare Plus Consulting Ltd on behalf of the Applicant appealed against the Commissioner's decision. The grounds of appeal are:

3.1 "Thank you for your letter dated 26th January 2026. K&S Healthcare Ltd have instructed us, Healthcare Plus Consulting Ltd, to act on their behalf for this appeal, please find an authorisation letter attached. We would like to appeal the decision made in relation to the above unforeseen benefits application.

3.2 First, we wish to highlight that the decision report assessed whether access to pharmaceutical services in Runcorn was 'adequate'. The Committee will be aware that this is not the correct regulatory test for applications made under Regulation 18. Consequently, we do not believe that the present application was considered in line with the requirements of Regulation 18.

3.3 We also note that the decision report made no reference to the Heath Road Medical Centre/Runcorn GP Extra, despite this surgery being central to the present application and its proposed core opening hours. The NHS Cheshire and Merseyside ICB also accepted that the core hours offered by our client are not currently available from alternative pharmacies; *"The committee should note that the applicant is offering to provide core opening hours earlier and later Monday – Friday than any other nearby pharmacy".* Yet, no further consideration was given to this point.

3.4 The decision also failed to consider the Runcorn ring road, which can act as a barrier to access for local residents.

3.5 We will address these points in more detail below.

3.6 **Statute and Regulations**

3.7 All routine applications must address the overarching question, as defined in Section 129(2A) of the National Health Service Act 2006:

> *"129(2A) NHS England is satisfied as mentioned in this subsection if, having regard to the needs statement for the relevant area and to any matters prescribed by the Secretary of State in the regulations, it is satisfied that to grant the application would—*
>
> > *(a) meet a need in that area for the services or some of the services specified in the application, or*
> >
> > ***(b) secure improvements, or better access, to pharmaceutical services in that area."***
> >
> > (Emphasis added by Applicant)

3.8 We submit that the present application will *"secure improvements, or better access, to pharmaceutical services"* and so should be granted.

3.9 It is of particular importance to note that *"need"* is a distinct question to that of improvements or better access, and the questions should not be conflated. Need is not required for the present application to be accepted. To apply a test based on *"need"* would be an error of law.

3.10 We note that the regulations describe certain considerations relevant to the above question, where the improvements or better access are not included in the relevant PNA.

3.11 When considering the above question, the provisions of Regulation 18(2)(b) are relevant and asks the Committee to consider:

"18(2)(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also the NHSCB's duties under sections 13I and 13P of the 2006 Act (duty as to patient choice and duty as respects variation in provision of health services)),

(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also the NHSCB's duties under section 13G of the 2006 Act (duty as to reducing inequalities)), or

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also the NHSCB's duties under section 13K of the 2006 Act (duty to promote innovation)), granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;"

3.12 We note that while reasonable choice, protected characteristics, and innovation are desirable, they are only a short list of matters to which the Committee ought to have regard. They are not exhaustive of the matters that are relevant to significant benefits. To mistake these considerations for either the sole considerations or criteria would be an error of law.

3.13 We note that where the regulations reference 'significant benefits,' we do not believe that this is intended to alter or heighten the standard of improvements or better access.

3.14 We also note that the inclusion of 'reasonable choice' is not intended to change the test into one of whether current provision is adequate, as a previous iteration of the market entry test required, or whether current provision is reasonable. Rather it is meant to recognise even where pharmacy services are already available, the addition of a new pharmacy may offer significant improvements by fostering competition. This was confirmed in the case of *R (on the application of Assura Pharmacy Ltd) v E Moss Ltd (t/a Alliance Pharmacy)* [2008] EWCA (Civ) 1356, where it was accepted that the inclusion of reasonable choice in the previous iteration of the regulations was intended to foster competition between pharmacies, but was at that time frustrated in this purpose by the adequacy test. The adequacy test was abolished in 2012. It would be perverse to allow the abolished adequacy test to return as a revenant possessing the very reasonable choice consideration it once frustrated.

3.15 Even where the present provision is adequate, reasonable or sufficient – which we dispute – there remains scope for improvements and better access. Use of adequacy, reasonableness or sufficiency as a test or criteria, or misunderstanding the reasonable choice consideration as an adequacy, reasonableness or sufficiency test, would be an error of law.

3.16 We also note that evidence of patient 'difficulties' is not necessary. We note that no such requirement is included in the regulations. Difficulties are not a prerequisite for improvements or better access. Use of difficulties as a standard or prerequisite to the decision would be an error of law.

3.17 We emphasise that the regulations are not intended to prevent any improvement or better access beyond the bare minimum. Rather, any improvement or better access is welcomed. The Committee must look both to deficiencies in current provision and any advantages the proposed pharmacy offers. The regulations are not concerned with merely filling deficiencies but facilitating a high standard of care.

3.18 We also note that NHS Resolution is not a court of record and is entirely unable to bind itself through precedent, though it may be entitled or required to consider previous decisions.

3.19 We have addressed the requirements of the statute and regulations below.

3.20 **Halton Pharmaceutical Needs Assessment (PNA) 2025-2028**

3.21 The ICB frequently refer to the Halton 2025-2028 PNA in their decision. We would like to remind the Committee that the present application is one for Unforeseen Benefits and is consequently considered with regard to Regulation 18. Inherently, the relevant improvements and better access are therefore not included in the relevant PNA. We note that Regulation 18 does not invite the Committee to consider the PNA in such applications, except to ensure that the improvements or better access are not included in the PNA. Furthermore, we note that if the PNA is allowed to sway the Committee it would destroy the purpose of Regulation 18. Therefore, we submit that placing significant weight on the PNA in the present application would be an error.

3.22 The decision report relies heavily on the Halton PNA, and on multiple occasions quotes the PNA stating that pharmaceutical provision in Runcorn remains 'adequate'. We submit that this is not a correct justification as it not only places significant weight on the PNA, but also relies on adequacy, as highlighted above, adequacy is not a test that should be applied to decisions under Regulation 18.

3.23 **Current Pharmaceutical Provision**

3.24 In their decision report, the ICB stated that the "*applicant has failed to articulate any proposed provision which would provide improvements to pharmaceutical provision over and above that which is currently provided*". Yet, they also stated that "*The committee should note that the applicant is offering to provide core opening hours earlier and later Monday – Friday than any other nearby pharmacy*". We submit that this is contradictory. It is clear that the core opening hours offered by the present application would provide improvements and better access to pharmaceutical services. The lack of weekend opening hours entirely misses the purpose of aligning the pharmacy's opening hours with the nearby GP practice.

3.25 We reiterate the Heath Road Medical Centre is open every weekday from 07:00am or 08:00am. In fact, the Halton PNA states that "*GP extended opening hours do mean patients with a 7-8am appointment in Runcorn practices will not*

be able to access a pharmacy until between 8-9am depending on their preferred pharmacy" (Halton PNA, 2025-2028, pg. 62).

3.26 We note that most patients living in Runcorn are unable to access any pharmacy before 09:00am regardless of their needs. This is because the nearest pharmacy open before 09:00am is Runcorn Pharmacy (WA7 2ST), which is a 2.8-mile drive away from the proposed site. We submit that this is clearly not representative of reasonable choice or access to pharmaceutical provision, especially when we consider that patients may be issued with acute medication from Heath Road Medical Centre and then have to wait at least an hour to collect this medication. It is clear that our client's application offers much improved access to those accessing Heath Road Medical Centre by way of earlier opening hours.

3.27 In order to provide the Committee with evidence on this matter, our client has consulted the population by way of a patient survey.

3.28 **Patient Survey**

3.29 We note that the ICB and responses from previous parties requested 'evidence' be provided as to the difficulties faced by residents in Runcorn, particularly those residents with protected characteristics. We highlight that there is not a need to present direct 'evidence' as such, rather, the Committee may apply a reasonable interpretation of the facts presented with consideration of their expertise and common sense.

3.30 However, our client has sought the views of the local community via a patient survey. To provide the Committee with context regarding the methodology for this data collection, the survey was available to anyone who saw it online and distributed via local community Facebook Groups. Any additional distribution was carried out through word of mouth. The survey data was only gathered if residents saw the Facebook post and chose to interact with it. Please find the link to the survey here:

3.31 https://docs.google.com/forms/d/e/1FAIpQLSflequcggofuNB42TP4kdSjfR-zZkr7tSnctm9fRYhCFl-Uag/viewform?usp=header

3.32 We note that 55 survey responses were received between the 5th and 17th February 2026.

3.33 Better Access

3.34 Again, whilst not a requirement of the Regulations, we note this was conducted in order to gain a better understanding regarding current access to pharmaceutical services, and whether the present application will provide **better access** to pharmaceutical provision in Runcorn.

3.35 The initial findings are as follows:

3.35.1 98.2% of respondents answered 'Yes' when asked if a pharmacy is needed near the Heath Road Medical Centre/Runcorn GP Extra.

3.35.2 98.2% of respondents answered 'Yes' when asked if they would utilise a pharmacy at the proposed location.

3.35.3 98.2% of respondents answered ‘Yes’ when asked if a new pharmacy would provide better access to pharmaceutical services.

3.35.4 98.2% of respondents answered ‘Yes’ when asked if they would support the opening of a pharmacy at the proposed location.

3.36 We emphasise that this is a significant proportion of responses which clearly indicate that a pharmacy at the proposed site would secure improvements and better access to pharmaceutical services.

3.37 We also wish to highlight that Ms Sarah Pochin, MP for Runcorn and Helsby, is strongly supportive of the application and has provided a letter of support. We encourage the Committee to read the attached supporting letter in full.

3.38 We trust that the Committee will place weight on the evidence presented from the patient survey which supports our previous correspondence and directly addresses the concerns raised by interested parties. We reiterate that the survey will remain open to ensure that all local residents have the opportunity to provide their views, any further responses will be provided in future correspondence.

3.39 Access to Pharmaceutical Services before 09:00am/after 18:00pm

3.40 Returning back to access to pharmaceutical services before 09:00am, our client’s survey reveals that only 14/55, or 25.5%, respondents are able to access a pharmacy between 08:00am-09:00am. Put another way, we submit that 41/55 or 74.5% of respondents being unable to access a pharmacy before 09:00am is simply unacceptable.

3.41 This is likely to cause patients to access the GP for services/queries that could be dealt with by a pharmacy, leading to a greater burden being placed on the primary care network. This is one of the primary reasons for the introduction of the Pharmacy First service. The patient survey also reveals that less than half of those surveyed (47.3%) are aware of the Pharmacy First service, and only 21.8% actually utilise it. This is no surprise considering that it is far easier for patients in the locality to access a GP than a pharmacy. Again, this is evidenced by the 35.2% of survey respondents who revealed that they have visited a GP because they were unable to access a pharmacy.

3.42 We submit that a pharmacy at the proposed site would help mitigate these issues and provide residents with better access to all pharmacy services including Pharmacy First, and reducing the current reliance on GPs. This is evident as 72.7% of respondents agreed that having a new pharmacy at the proposed location would reduce their need to contact the GP.

3.43 We stress to the Committee the importance of having accessible pharmacies within communities, especially with the advent of Pharmacy First. For Pharmacy First to be effective, we submit that we must try and be realistic about where patients will access these minor ailments services and the distances they will travel to access them. In this particular instance, given that the nearest pharmaceutical provision is 0.9 miles away, and Heath Road Medical Centre is situated a short walk away; it appears obvious that patients will seek treatment for minor ailments with the doctors as opposed to doing so in a pharmacy setting.

3.44 This exact scenario was directly addressed by Sarah Pochin MP in her letter of support, who stated that; *"the provision of Pharmacy First services would be particularly beneficial, enabling patients to receive advice and treatment for minor illnesses without the need for a GP appointment. This would not only improve patient experience but also help to reduce pressure on local GP practices and wider NHS services"*.

3.45 We submit that a pharmacy at the proposed location would allow patients to access a pharmacy before 09:00am or after 18:00pm, whether that be in connection with a visit to the GP or the pharmacy alone, thus clearly providing better access to pharmaceutical services.

3.46 **Pharmacy Closures**

3.47 In their decision report, the ICB appear to be unaware of any pharmacy closures; "*They have not listed any pharmacies as having closed, nor has the 2025-28 PNA".* However, in the Key Findings section, the current Halton PNA states; *"We are mindful of recent trends and closures that have taken place since the 2022-2025 PNA was published which are detailed in the data analysis throughout this PNA. This includes 3 community pharmacy closures (1 Widnes and 2 Runcorn), an increase in GP registered patient population lists, an increase in average dispensing volume (especially for Runcorn pharmacies)"* (Halton PNA, 2025-2028, pg. 11).

3.48 Further, when asked whether a new pharmacy in Runcorn would provide better access to pharmaceutical services, responses from our client's patient survey also referenced issues that have arisen since the recent closures of pharmacies. We encourage the Committee to review the full survey responses for a complete picture of patient experiences; for ease, a selection of quotes is provided below:

3.48.1 "*Yes. Number of pharmacies in the area have been halved. Existing ones have long queues and you feel rushed when finally seen. A pharmacy in the heath road area would cover local estates, making it easier for families to access them without having to pay out for the bus or dragging kids and buggies onto buses. There are elderly people who will find access to these services easier and therefore are less likely to go to doctor first*" (Survey response 1)

3.48.2 *"Yes. 3 pharmacies closed in Runcorn recently now long ques at pharmacies that are open."* (Survey response 4)

3.48.3 *Yes. So many pharmacys have closed in Runcorn that a new location would be a great help to so many people. So many people live local to langdale who either have to travel to asda or the old town for their meds. I am certain a local pharmacy would be well used."* (Survey response 5)

3.48.4 *"Yes. We need a late hours pharmacy in Runcorn for after work access and emergency Lloyds pharmacy used to provide this then closed."* (Survey response 10)

3.48.5 *"Yes. mine is over subscribed we went from having 4 to 2 owned by the same people"* (Survey response 26)

3.48.6 *"Yes. There is no pharmacy in the Langdale Rd area and provision in the town centre has reduced - two pharmacies there have closed"* (Survey response 34)

3.48.7 *"Yes. Two pharmacies closed consecutively in Runcorn town centre leaving the remaining ones overloaded with ridiculously long lead times for prescriptions. There are none in Runcorn old town centre that offer out of hours services"* (Survey response36)

3.48.8 *"Yes. Loads of pharmacies have closed making others very busy"* (Survey response 50)

3.48.9 *"Yes. We only have Peak Pharmacy which is over subscribed they had to take on the work of 2 pharmacies that closed"* (Survey response 53)

3.49 **Current Issues with Pharmaceutical Provision**

3.50 It is of note that the Halton PNA 2025-2028 outlined in its Key Findings; *"As such pharmacies in Runcorn are now at acceptable minimum provision"*. This indicates that pharmaceutical provision is only just enough to meet the lowest acceptable threshold. Minimum provision does not leave room to accommodate for the impact of pharmacy closures and any additional pressures, which currently exist in Runcorn, particularly given the increasing list sizes of GP's across Runcorn.

3.51 We also reiterate that this is not the standard applied by the regulations. The regulations do not intend to merely establish a minimum standard, rather they allow for any new pharmacy which would offer better access or improvements. Indeed, the fact that the Halton PNA 2025-2028 found that current provision achieves a minimum standard shows that there is a large scope for further improvements. Thus, granting this application will not provide 'convenience' but will provide the necessary improvements and better access to pharmaceutical services, beyond a fragile minimum standard.

3.52 Many patients indicated that current pharmacies are struggling with capacity, revealing issues surrounding long queues, excessive waiting times for prescriptions to be dispensed, poor customer service, prescriptions going missing, and pharmacies being short staffed. We have included several of these quotes below and note that these are just a few examples.

3.52.1 *"No , its a 15 min drive rediculous ques after working all day . No late pharmacies in area ."* (Survey response 10)

3.52.2 *"Not really. Long queues and medication often out of stock which is left for patient to sort out"* (Survey response 11)

3.52.3 *"They are very overrun and short staffed wait times are long and there is always a very large queue. It's further away then would like but the closest one to our house is awful."* (Survey response 19)

3.52.4 *"Yes. Need more pharmacies as we are limited so the queues when you go are horrendous"* (Survey response 22)

3.52.5 *"no they take 12 days to dispense"* (Survey response 26)

3.52.6 *"Yes. The ones in Old Town are very often busy with delays/queues. After those, there's only Asda Pharmacy which is further away"* (Survey response 30)

3.52.7 *"No. Since all other local pharmacies closed, the wait times have increased due to over subscription, prescriptions go missing and the customer service is shocking. Partly due to being overwhelmed and partly due to zero competition. Opening times are not helpful when working full time - closed at lunch, no evening opening and half day Saturday...doesn't consider modern working life"* (Survey response 33)

3.52.8 *"No , some staff are rude and patronising. They often state my medication is not there despite receiving a text to collect it ."* – (Survey response 38)

3.52.9 *"No, the opening hours are helpful, but they mislaid my controlled drug prescription and I had to escalate as they were unconcerned"* (Survey response 39)

3.52.10 *"No takes 14 days to receive medication"* (Survey response 40)

3.52.11 *"No. Too slow. Takes 14 days to get a prescription"* (Survey response 41)

3.53 **Local Population Demographics**

3.54 Following the reduction of pharmacy services, there is 6,811 patients per pharmacy in Runcorn. This is significantly higher than the Halton average of 5,045 patients per pharmacy, and higher than the England average of 5,968. This was also noted by the ICB, who accept that Runcorn's *"patients per pharmacy value is above all comparators"* in the decision report.

3.55 We do not believe that the ICB properly considered the high population density of Runcorn, particularly the LSOAs at/near the proposed site. Figure 1 below shows the population density across Halton, as included in the ICB's decision report. For clarity, the proposed site and surrounding area have been circled in red.

3.56 *Figure 1: Map of population density across Halton (red circle encompasses the proposed site/surrounding area)*

3.57 It is clear that the proposed site is amongst the most densely populated in Halton, yet lacks any pharmacy. The Halton PNA states that "*services are predominantly situated in more densely populated areas of the borough*" (Halton PNA, 2025-2028, pg. 22). We submit that the Halton 011B LSOA - of the proposed site - has a population density of 6,808.6 (residents per square kilometre) – which is over four times the Halton average of 1,624.3 and over 15 times the England average of 433.5. The surrounding LSOAs are also densely populated, for example the neighbouring Halton 012H LSOA has a population density of 7,437.50 residents per square kilometre.

3.58 Runcorn is also home to a disproportionate number of residents with protected characteristics according to the 2021 Census. We refer the Committee to our previous correspondence and the survey's findings. We highlight that 64.6% of

survey respondents indicated that they have some form of protected characteristic. These residents, whether elderly, disabled, or those with young children, are more likely to experience difficulties when accessing pharmaceutical provision especially considering the distances patients are currently required to travel. Below we detail some responses which show the difficulties faced by patients with protected characteristics when accessing pharmacy services:

3.58.1 *"Use bus pass, but not always fit enough to do the journey"* (Survey response 1)

3.58.2 *"Yes have a daughter with chronic pain condition , often take her pharmacy 2 to 3 times per week. We have shift work so No.late pharmacy provision in area . Overly long ques and service poor"* (Survey response 10)

3.58.3 *"Fine but a pain loading two small children in and out of the car. Much easier for a local one that I can walk to"* (Survey response 22)

3.58.4 *"Parking is a problem and I have a Blue Badge"* (Survey response 23)

3.58.5 *"As its up hill most of the way back at the age of 70 I don't look forward to it so it's either a bus journey both way or a family member picks up my prescription"* (Survey response 54)

3.59 The high prevalence of residents who share protected characteristics in Runcorn was also highlighted in the Halton PNA (2025-2028);

3.59.1 *"Data from the 2023 GP Patient survey14 suggests that 69% of Runcorn patients and 61% of Widnes patients surveyed had a long-term physical or mental health condition. This is higher than Cheshire & Merseyside (61%) and England (56%). Of those, 29% of Runcorn and 28% of Widnes patients said it affected their daily life a lot (higher than the ICB and England averages at 24% and 21% respectively) and a further 40% (Runcorn) and 39% (Widnes) said it affected them a little."* (Halton PNA, 2025-2028, pg. 39)

3.60 The significant benefits offered by the present application to vulnerable residents is also emphasised by Sarah Pochin MP, who believes that *"the pharmacy would also provide vital support to families, carers, older residents, and those living with long-term conditions. Accessible, community-based healthcare plays a crucial role in promoting independence, early intervention, and better health outcomes."* It seems logical that such a densely populated area, with an above average proportion of groups who share protected characteristics should have better access to pharmaceutical services, not limited.

3.61 **Local Amenities**

3.62 We reiterate that 98.2% of survey participants answered 'Yes' when asked if they would utilise a pharmacy at the proposed location, it was also demonstrated that the vast majority of respondents accessed the current amenities. We remind the committee that these amenities include:

3.62.1 Heath Road Medical Centre/Runcorn GP Extra

3.62.2 Langdale Express Shop

3.62.3 Evri Lockers/Postal Lockers

3.62.4 Postbox

3.62.5 Langdale Fishbar

3.62.6 Danny's Mini Market

3.62.7 Household Store

3.62.8 Flower Shop

3.62.9 Hair Lounge

3.62.10 Beauty Clinic

3.62.11 Pampered Pooches

3.62.12 Bloom in Nutrition

3.63 The amenities along Langdale Road are widely used by the vast majority of those surveyed, as 92.7% of respondents revealed that they currently access them.

3.64 The area at/near the proposed location also offers various parking options, including free on-street parking near the shops and private car parks at the GP surgeries. Parking, however, is a recurring issue at existing pharmacies—particularly those in the town centre with limited nearby spaces, and at the Asda Pharmacy where patients report difficulties during busy periods. These concerns were raised repeatedly in the survey; a selection of quotes is provided below.

3.64.1 *"It isn't difficult but I have to time it when supermarket isn't busy so that I can park and not be overwhelmed by number of people"* (Survey response 11)

3.64.2 *"Very busy. No parking."* (Survey response 12)

3.64.3 *"Journey good however there is no parking due to been on a main road with double yellow lines"* (Survey response 13)

3.64.4 *"Parking is a problem and I have a Blue Badge"* (Survey response 23)

3.64.5 *"Journey is OK, but parking can be tricky"* (Survey response 27)

3.64.6 *"It's out of the way and the parking is awful, it would be handy if I could walk instead of having to use the car everytime."* (Survey response 29)

3.64.7 *"Parking in Old Town is congested and a lot of buildings works ongoing making parking difficult"* (Survey response 30)

3.64.8 *"Nowhere to park"* (Survey response 47)

3.64.9 *"Frustrating as the parking in the oldtown is dreadful due to people oarking for the railway station to avoid charges"* (Survey response 53)

3.65 When asked whether they think a new Pharmacy in Runcorn (at the proposed location) would provide better access to Pharmaceutical Services, one patient responded: "*Yes. Parking and access is easier – it's away from the busy town centre*" (Survey 23). Patients would clearly find it easier to access by car, but we also submit that there will also be a large number of residents that would choose to access by foot, a choice that is not currently available for residents living at or near the proposed site.

3.66 **Access to Pharmaceutical Provision**

3.67 The Halton PNA (2025-2028) frequently refers to a 15-minute walking time to access a pharmacy; "*most areas are within a 15 minute walk or less from the nearest pharmacy*" (Halton PNA, 2025-2028, pg. 59).

3.68 We reiterate that the proposed site is 19 minutes from the nearest pharmacy by foot. This is clearly not within the PNA criteria, despite the proposed location being a dense population with a disproportionate number of groups who share protected characteristics. For those residents located to the west of the proposed site, this journey could be significantly longer, with some patients living 40 minutes or further away from current provision by foot.

3.69 A number of survey respondents indicated that a pharmacy at the proposed site would be easily accessible by all means of transport. When asked whether they think a new pharmacy in Runcorn (at the proposed site) would provide better access to pharmaceutical services, the following responses were received:

3.69.1 *"Yes. Number of pharmacies in the area have been halved. Existing ones have long queues and you feel rushed when finally seen. A pharmacy in the heath road area would cover local estates, making it easier for families to access them without having to pay out for the bus or dragging kids and buggies onto buses. There are elderly people who will find access to these services easier and therefore are less likely to go to doctor first"* (Survey response 1)

3.69.2 *"Yes. So many pharmacys have closed in Runcorn that a new location would be a great help to so many people. So many people live local to langdale who either have to travel to asda or the old town for their meds. I am certain a local pharmacy would be well used."* (Survey response 5)

3.69.3 *"Yes. Save an unecessary journey and cost of travel"* (Survey response 6)

3.69.4 *"Yes. There is no pharmacy near this location at present. It would be good if it was open extended hours to match the GP extra service so people did not need to make a further journey if prescribed any medicines"* (Survey response 11)

3.69.5 *"Yes. Nearer to the drs surgery."* (Survey response 12)

3.69.6 *"Yes. Closer to homes and ease pressure on others"* (Survey response 14)

3.69.7 *"Yes. It would be so convenient, save going to Old Town as on my doorstep"* (Survey response 15)

3.69.8 *"Yes. It would be more accessible to those who live local to the area especially those without transport to get to the nearest current pharmacy on Grangeway."* (Survey response 16)

3.69.9 *"Yes. Parking and access is easier - it's away from the busy town centre."* (Survey response 23)

3.69.10 *"Yes. It would mean easier access and not have to use online services. It would also allow easier access to thr pharmacists for advice."* (Survey response 24)

3.69.11 *"Yes. More access to medical supplies withing walking distance around the higher Runcorn area. More jobs in the area, more reassurance and advice withing in the area without someone going without waiting to see their gp."* (Survey response 28)

3.69.12 *"Yes. The ones in Old Town are very often busy with delays/queues. After those, there's only Asda Pharmacy which is further away"* (Survey response 30)

3.69.13 *"Yes. Walking distance"* (Survey response 31)

3.69.14 *"Yes. There is no pharmacy in the Langdale Rd area and provision in the town centre has reduced - two pharmacies there have closed"* (Survey response 34)

3.69.15 *"Yes. There's no where near to the medical centre and all the GP surgeries send patients to the medical centre, then you have to go miles to the Old Town or up the city. Surely a pharmacy should be closer by."* (Survey response 35)

3.69.16 *"Yes. Would save going into old town"* (Survey response 39)

3.69.17 *"Yes. Very convenient as closer proximity to where I live and also close to my elderly parents house so I could pick up prescriptions when I visit them"* (Survey response 40)

3.69.18 *"Yes. Closer to the surgery would be helpful for the likes of acute prescriptions such as antibiotics. Easier to get to e.g bus services go down Langdale road. Would be helpful for the elderly"* (Survey response 44).

3.69.19 *Yes. Most elderly patients prefer to use a local pharmacy"* (Survey response 46)

3.69.20 *"Yes. There are many people who struggle with transport and having more access in this area will help"* (Survey response 52)

3.69.21 *"Yes. Not enough chemist near higher Runcorn"* (Survey response 55)

3.70 **Conclusion**

3.71 We remind the Committee that the present application is one to secure benefits in the form of improvements or better access. We submit that our client's application satisfies this regulatory test in securing better access to pharmaceutical services for Runcorn's population and the surrounding areas.

3.72 It is clear that our client's application will provide pharmaceutical services to the residents of Higher Runcorn and those located within the ring road, and especially those visiting the Heath Road Medical Centre and the amenities on Langdale Road. We submit that the demand for pharmaceutical services in Runcorn is higher considering levels of population density and the proportion of residents who share protected characteristics.

3.73 In order to evidence that a pharmacy at the proposed site would indeed secure better access to pharmaceutical services, our client has gone above that expected of the Regulations and conducted a patient survey among those reliant on pharmaceutical services in Runcorn. We reiterate that the findings from the survey reveal that:

3.73.1 98.2% of respondents answered 'Yes' when asked if a pharmacy is needed near the Heath Road Medical Centre/Runcorn GP Extra.

3.73.2 98.2% of respondents answered 'Yes' when asked if they would utilise a pharmacy at the proposed location.

3.73.3 98.2% of respondents answered 'Yes' when asked if a new pharmacy would provide better access to pharmaceutical services.

3.73.4 98.2% of respondents answered 'Yes' when asked if they would support the opening of a pharmacy at the proposed location.

3.73.5 Pharmacies are less accessible out of hours, particularly before 09:00 and after 18:00.

3.73.6 Patients are experiencing difficulties parking at current pharmacies.

3.73.7 Recent pharmacy closures have led to a decline in service quality, forcing patients to make extended journeys to the Asda Pharmacy.

3.73.8 Patients are facing difficulties within the current pharmaceutical network including long queues, excessive waiting times for prescriptions to be dispensed, poor customer service, items going out of stock, prescriptions going missing, and pharmacies being short staffed.

3.73.9 A large number of patients are attending the GP for issues that can be resolved in a pharmacy due to difficulties accessing current provision.

3.73.10 Local residents are unaware of Pharmacy First, thus not utilising the service.

3.74 We submit that the above findings evidence the statements included as part of our client's previous correspondence. We therefore trust that the Committee will consider the robust body of evidence before it, and grant the application based on the facts of the case.

3.75 On the evidence outlined above, we believe that a new pharmacy contract should be granted."

4 Summary of Representations

This is a summary of representations received on the appeal.

4.1 BOOTS

4.1.1 "Thank you for your letter and correspondence dated 13th March 2026 informing us of the above appeal.

4.1.2 We do not have any further comments to make in addition to those submitted initially, a copy of which is enclosed for your reference. We would be grateful if you would inform us of the outcome of this appeal in due course."

Letter from Boots dated 12 November 2025

4.1.3 "Thank you for your letter and correspondence dated 13th March 2026 informing us of the above appeal.

4.1.4 We do not have any further comments to make in addition to those submitted initially, a copy of which is enclosed for your reference. We would be grateful if you would inform us of the outcome of this appeal in due course.

4.1.5 The Halton Pharmaceutical Needs Assessment also concludes that:

4.1.6 ***Overall access in terms of location, opening hours and services continues to be adequate to meet the needs of the population of Halton.***

4.1.7 In conclusion we submit that the application should be refused as it will not confer significant benefits on persons in the area of the relevant Health and Wellbeing Board which were not foreseen when the relevant Pharmaceutical Needs Assessment was published.

4.1.8 Please be aware that we may wish to make further representations at a later stage and attend any oral hearing that may be held."

4.2 PCT HEALTHCARE LTD

4.2.1 "Thank you for your letter dated 13 March 2026 regarding the above application. PCT Healthcare Limited wish to make the following written representations on this application.

4.2.2 PCT Healthcare Limited respectfully ask NHS Resolution to fully consider our initial representations t0 PCSE dated 25 November 2025.

4.2.3 Applicants' locality

4.2.4 Considering the postcode WA7 5TJ, Heath Road the housing in this area is owner occupied, semi-detached homes. These homes are well looked after with well-tended gardens and vehicles on the driveways.

4.2.5 Regarding postcode WA7 5PU these homes are typical of this postcode area on Langdale Road, owner occupied with vehicles and well-tended gardens.

4.2.6 Regarding postcode WA7 5PN these homes are typical of this postcode area on Hinton Road, owner occupied with vehicles and well-tended gardens.

4.2.7 The applicant mentions car ownership however from the 2021 Census – for Heath Road WA7 5TJ one of the possible application sites.

4.2.8 https://www.ons.gov.uk/census/maps/choropleth/housing/number-of-cars-or-vans/number-of-cars-3a/no-cars-or-vans-in-household?oa=E00062544

4.2.9 Only 8.2% of population do not have access to a car or a van, which is better than Halton (23.7%) as a whole and much better than England as a whole (23.5%). As evidenced by the photographs above.

4.2.10 Halton and England data from https://www.ons.gov.uk/datasets/TS045/editions/2021/versions/1/filter-outputs/bc1d3bd7-6d91-4f4f-9e94-55c900e8cb92#get-data

4.2.11 The PNA relevant to this application is Halton Pharmaceutical Needs Assessment 2025 to 2028: https://www3.halton.gov.uk/Documents/public%20health/health/PNA/PNA.pdf

4.2.12 As stated on page 11:

4.2.13 *"Pharmacy services are adequate."*

4.2.14 The applicant has failed to consider that individuals requiring pharmaceutical services as part of their daily lives freely travel throughout Runcorn to access pharmaceutical services. Many patients visit pharmacies as part of their shopping trips, leisure activities and work during their daily lives.

4.2.15 We dispute the applicants' statement that the shops at the proposed application sites are sufficient for daily living for the local population, there are no large supermarkets, colleges, or leisure facilities within this area e.g. sports centres, swimming baths, cinemas etc

4.2.16 Please see below details of the supermarkets available throughout Runcorn. Households purchase from these supermarkets as the prices

are lower, due to supermarkets' larger buying power they are able to pass these savings onto customers. Typically, an average household spends £425 per month on food and drink, due to the amount spent households shop around for value for money. (Source NimbleFins – average UK household cost food 2025)

4.2.17 Map of supermarkets in Runcorn:

4.2.18 Source: www.bing.com/maps/search

4.2.19 A local Co-op store does not have the buying power of an Asda Superstore with the current economic climate residents will be keen to reduce the cost of their food shopping and shall select the larger supermarkets Asda and Morrison for their "big shop".

4.2.20 Regulation 18(2)(b)(i)- we believe that there is a reasonable choice of existing pharmaceutical provision with regard to obtaining pharmaceutical services within the locality of Runcorn as patients who access these services will have travelled from where they live, work or shop.

4.2.21 Choice of pharmacies from proposed sites, patients may choose to access small independent pharmacies, national chemists, or larger family-owned chemist chains.

4.2.22 Peak Pharmacy at 49 High Street, Runcorn and Peak Pharmacy at 51/53 Church Street Runcorn, both offer all essential, enhanced local services and advanced services.

4.2.23 In addition, our pharmacies offer a delivery service to housebound and disabled patients throughout Runcorn as do the other pharmacies locally.

4.2.24 Distances from NHS.uk Pharmacies near WA7 5TJ - NHS

On applicant's map	Pharmacy name – blue circles	Postcode	Distance from NHS.uk
1 – Yes	Well	WA7 5LY	< 0.5 miles
2 – Yes	Peak Pharmacy @ High St	WA7 1AH	< 1.0 miles
3 – Yes	Wise Pharmacy	WA7 2DY	< 1.0 miles
4 – Yes	Peak Pharmacy @ Church St	WA7 1LG	< 1.0 miles

5 – Yes	Asda Pharmacy	WA7 2PY	< 2.0 miles
6 – omitted on applicant's map	Boots	WA7 2GX	< 2.0 miles
7 – omitted on applicant's map	Superdrug Pharmacy	WA7 2BX	< 2.0 miles
8 – Yes	West Bank Pharmacy	WA8 0DG	< 2.0 miles
9 – omitted on applicant's map	Runcorn Pharmacy	WA7 2ST	< 2.0 miles

4.2.25 Access to pharmacies

4.2.25.1 Vehicle

4.2.26 For drivers the distance between 36 Heath Road WA7 5TJ and Well Pharmacy at 11 Grangeway, WA7 5LY is 0.6 miles, a journey of only 3 minutes.

4.2.27 This distance of three minutes for a driver is not a barrier to access pharmaceutical services.

4.2.28 Evidence of this fact, for all three possible application sites is shown below, from page 58 of Halton PNA, Halton Pharmaceutical Needs Assessment

4.2.28.1 Walking

4.2.29 For pedestrians' access to the Well pharmacy at WA7 5LY there are three different routes as indicated by Google Maps. These routes offer alternative routes to those residents wishing to access pharmaceutical services.

4.2.30 WA7 5LY, Grangeway, Runcorn to WA7 5TJ, Runcorn – Google Maps

4.2.31 A walk of 15 minutes to a pharmacy is appropriate within the Halton PNA 2025-28.

4.2.32 From page 25. Halton Pharmaceutical Needs Assessment

4.2.33 Regulation 18(2)(b)(i)

4.2.34 We wish the Appeals Authority to specifically consider the fact that there are 9 pharmacies within two miles of the applicants' proposed location

(from NHS.uk), these pharmacies clearly offer choice for pharmaceutical provision and a choice of provider in the area to the local population. There is no evidence to show that these existing pharmacies are not meeting the pharmaceutical services needs of patients within the HWB area. There is no information provided in this application to show that patients are experiencing difficulties when accessing pharmacies.

4.2.35 Regulation 18(2)(b)(ii)

4.2.36 We do not believe the applicant has given sufficient evidence of need for those people who share a protected characteristic within the application. We are not aware of any specific complaints regarding access to pharmaceutical services within this area for these specific protected groups.

4.2.37 The applicant has failed to identify whether there are any people who share a protected characteristic who require access to a specific pharmaceutical service, who would benefit significantly from granting this application.

4.2.38 Regulation 18(2)(b)(iii)

4.2.39 The applicant is not offering any innovative approaches with regard to the delivery of pharmaceutical services, including the length of opening hours or services provision.

4.2.40 The proposed opening times are also shorter than most of the pharmacies within the locality. There are already many pharmacies within the existing network that provide additional hours during weekdays and weekends, compared to the applicant.

4.2.41 In summary, PCT Healthcare Limited t/a Peak Pharmacy does not agree that this application meets the requirements of the Pharmacy Regulations for an unforeseen benefits application:

4.2.41.1 Regulation 18(2)(b)(i) -There is already a reasonable choice with regard to obtaining pharmaceutical services in Walton and Runcorn.

4.2.41.2 Regulation 18(2)(b)(ii) -The applicant has not provided sufficient evidence of people sharing a protected characteristic who are having difficulty in accessing pharmaceutical services.

4.2.41.3 Regulation 18(2)(b)(iii) – within the application we do not believe there are innovative approaches taken with regard to the delivery of pharmaceutical services.

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

4.3 THE COMMISSIONER

4.3.1 “Thank for your letter dated 13th March 2026 inviting representations in response to the appeal by K&S Healthcare Ltd against the decision made by NHS Cheshire & Merseyside ICB to refuse an application for inclusion in the pharmaceutical list offering unforeseen benefits at best estimate - 78 Heath Road WA7 5TJ, 36 Langdale road, WA7 5PU, 35 Hinton Road, WA7 5PN

4.3.2 The application was refused by NHS Cheshire & Merseyside ICB’s Pharmaceutical Services Regulatory Committee (PSRC) on the basis that the PSRC members could not be satisfied that the application meets the requirements of Regulation 18 specifically with regard to Regulation 18 (1) and Regulation 18 (2).

4.3.3 *In relation to Regulation 18, the matters to which consideration will be given are whether:*

18.—(1) If—

(a) the NHSCB receives a routine application and is required to determine whether it is satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB; and

(b) the improvements or better access that would be secured were or was not included in the relevant pharmaceutical needs assessment in accordance with paragraph 4 of Schedule 1, in determining whether it is satisfied as mentioned in section 129(2A) of the 2006 Act(a) (regulations as to pharmaceutical services), the NHSCB must have regard to the matters set out in paragraph (2).
(2) Those matters are—

(a) whether it is satisfied that granting the application would cause significant detriment to—

(i) proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB, or

(ii) the arrangements the NHSCB has in place for the provision of pharmaceutical services in that area;

(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular
to the desirability of—

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also the NHSCB’s duties under sections 13I and 13P of the 2006 Act(b) (duty as to patient choice and duty as respects variation in provision of health services)),

(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also the NHSCB's duties under section 13G of the 2006 Act(c) (duty as to reducing inequalities)), and

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also the NHSCB's duties under section13K of the 2006 Act(a) (duty to promote innovation)), granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;

(c) whether it is satisfied that it would be desirable to consider, at the same time as the applicant's application, applications from other persons offering to secure the improvements or better access that the applicant is offering to secure;

(d) whether it is satisfied that another application offering to secure the improvements or better access has been submitted to it, and it would be desirable to consider, at the same time as the applicant's application, that other application;

(e) whether it is satisfied that an appeal relating to another application offering to secure the improvements or better access is pending, and it would be desirable to await the outcome
f that appeal before considering the applicant's application;

(f) whether the application needs to be deferred or refused by virtue of any provision of Part 5 to 7.

(3) The NHSCB need only consider whether it is satisfied in accordance with paragraphs (2)(c) to (e) if it has reached at least a preliminary view (although this may change) that it is satisfied in accordance with paragraph (2)(b).

4.3.4 Each of the above Regulations were considered and a detailed review of each is recorded in the committee report and minutes that have previously been provided to NHS Resolution and are enclosed again with this letter, so I will not repeat that information in this response, as NHS Cheshire & Merseyside ICB's position has not changed in respect of this. I also believe that the majority of the points raised by the applicant in their appeal letter have already been considered and addressed within the committee report and minutes, and as NHS Cheshire & Merseyside ICB's position has not changed in respect of these I will not be addressing each point within this letter.

4.3.5 In response to the appeal letter, we dispute the applicant's assertion that due to considering 'need' we have failed to apply the correct legal test in our determination of this application, as can clearly be seen throughout the committee report and the minutes of the PSRC meeting.

4.3.6 We do not dispute the fact that there is support for a pharmacy. However, we do not consider that the opinions provided through a patient survey to be evidence that this application meets the requirements of the Regulations. As stated in the report, and as supported by the response from the LPC, the closure of a pharmacy does not necessitate the need for a new pharmacy.

4.3.7 Cheshire & Merseyside ICB does not dispute that there may be some benefit of a pharmacy at this location; however, we cannot simply approve an application on this basis alone. The application needs to satisfy the Regulations, and this application does not do that.

4.3.8 The unforeseen benefits the client is offering to provide are:

4.3.8.1 Reasonable choice of pharmaceutical provision.

4.3.9 In consideration of reasonable choice: the committee determined that the applicant has failed to evidence how the PNA demonstrates a lack of patient choice - either in the general population of this neighbourhood or in the patient groups that would be considered as having protected characteristics. The PNA has clearly mapped out the journey times by car, public transport, cycle and walking for patients residing in all localities. The PNA has not identified any service or area where the provision currently provided is not judged to be adequate and the applicant has failed to articulate any proposed provision which would provide improvements to pharmaceutical provision over and above that which is currently provided.

4.3.10 Whilst the committee acknowledges support from local residents as outlined in the survey response the fact remains that this application does not satisfy the requirements of Regulation 18 specifically with regard to Regulation 18 (1) and Regulation 18 (2) as outlined above and within the enclosed committee report.

4.3.11 Therefore, we maintain that the application should be refused."

5 Observations

5.1 HEALTHCARE PLUS CONSULTING LIMITED ON BEHALF OF THE APPLICANT

5.1.1 "Thank you for your letter dated 13th April 2026. We provide our observations in response to the representations received below.

5.1.2 We endeavour to respond to each interested party in the order that points are raised by the interested party.

5.1.3 First, we note that no party considered the letter of support for this application provided by Ms Sarah Pochin, MP for Runcorn and Helsby.

5.1.4 **NHS Cheshire & Merseyside ICB**

5.1.5 We note that the ICB chose not to respond to each point in the appeal, instead, relying primarily on their decision report. As a result, the alignment of our client's core opening hours with the Heath Road Medical Centre/Runcorn GP Extra remains unconsidered by the ICB, which was notably absent from the decision report.

5.1.6 However, we note that the ICB's consideration of our client's proposed core opening hours being *"earlier and later Monday-Friday than any other nearby pharmacy"* remains undisputed amongst all parties.

5.1.7 Regardless, we note that the Appeals Committee must consider all information before it afresh.

5.1.8 The ICB state:

5.1.9 "*we dispute the applicant's assertion that due to considering 'need' we have failed to apply the correct legal test in our determination of this application, as can clearly be seen throughout the committee report and the minutes of the PSRC meeting.*"

5.1.10 We note that the appeal letter did not state that the Committee had considered 'need', but rather 'adequacy.' We continue to submit that 'adequacy' is not the regulatory test.

5.1.11 We note that the ICB does not dispute that the proposed pharmacy is supported by local residents. We disagree with the claim that the opinions captured within a patient survey is not evidence that the application meets the regulatory requirements, and note that local support is highly relevant to the question of significant benefits. We note that the public will not support a pharmacy if they believe it provides no benefit to them.

5.1.12 This brings us to the most peculiar element of the ICB's determination, who state:

5.1.13 "*Cheshire & Merseyside ICB does not dispute that there may be some benefit of a pharmacy at this location*"

5.1.14 It is clear that the ICB therefore does not dispute the central question of Regulation 18(2)(b), namely significant benefits.

5.1.15 We submit that the ICB then go on to make two of the errors we highlighted in the appeal letter.

5.1.16 Firstly, they apply the three listed considerations in Regulation 18(2)(b) as an exclusive list of significant benefits rather than merely some benefits of particular interest.

5.1.17 Secondly, they apply reasonable choice as being an adequacy test. We reiterate that based on the history of the regulations, it is clear that adequacy as a requirement was abolished by Parliament and reasonable choice always referred to competition – as was accepted in *R (on the application of Assura Pharmacy Ltd) v E Moss Ltd (t/a Alliance Pharmacy)* [2008] EWCA (Civ) 135.

5.1.18 Therefore, the ICB continue to apply an adequacy test, in effect, rejecting the 2006 act of Parliament.

5.1.19 The ICB goes on to state:

5.1.20 *"the committee determined that the applicant has failed to evidence how the PNA demonstrates a lack of patient choice"*

5.1.21 Once again, as noted in the appeal letter, the ICB demonstrates an excessive reliance on the PNA. It is not for the applicant to show that the PNA identified any lack of choice. The improvements or better access which our client proposes to secure are inherently not included in the PNA. This is why the present application is submitted under regulation 18.

5.1.22 **Boots Management Services Limited**

5.1.23 Boots re-attach previous comments, where they stated that *"The applicant has provided no evidence to suggest that residents in this locality in Runcorn experience difficulties when accessing the existing services"*.

5.1.24 As they have made no further observations on our client's appeal, we submit that they do not appear to dispute the evidence provided of patient difficulties in accessing pharmaceutical services in Runcorn. We reiterate that difficulties are not a requirement of the regulations, but submit that difficulties have been shown by the survey we have carried out.

5.1.25 We note that since the appeal letter was written, a further 42 residents have responded to the survey, of whom 38 have consented to share their responses with NHS Resolution. The total of number of respondents is therefore 94. We note that the strong and consistent feedback demonstrates a clear consensus within the community that there is a need, and the results should therefore be afforded appropriate weight despite the size of the sample.

5.1.26 For completeness, we have recalculated the statistics we previously presented in light of the additional responses:

5.1.26.1 97% of respondents answered 'Yes' when asked if a pharmacy is needed near the Heath Road Medical Centre/Runcorn GP Extra.

5.1.26.2 94% of respondents answered 'Yes' when asked if they would utilise a pharmacy at the proposed location.

5.1.26.3 97% of respondents answered 'Yes' when asked if a new pharmacy would provide better access to pharmaceutical services.

5.1.26.4 96% of respondents answered 'Yes' when asked if they would support the opening of a pharmacy at the proposed location.

5.1.26.5 73% of respondents were not able to access a pharmacy between 08:00 and 09:00.

5.1.26.6 Only 43% of respondents were aware of Pharmacy First, with only 22% having used the service.

5.1.26.7 59% of respondents revealed they shared at least one protected characteristic.

5.1.27 We note some of the issues highlighted by the new respondents explaining why they were unable to access pharmacy services when they needed them:

5.1.27.1 *"Usually never ready even though I've had a text and have to make 2 journeys"* (Survey response 56)

5.1.27.2 "Yes, because I have crippling cold BPD anxiety and depression and agoraphobia I've struggled to collect them especially during busy times\worse days" (Survey response 69)

5.1.28 Both of these respondents revealed that they would use the proposed pharmacy, which clearly indicates that granting this application would provide better access to pharmaceutical services.

5.1.29 When asked to describe their journeys, some notable responses detailed them as:

5.1.29.1 "*Long and difficult*" (Survey response 58)

5.1.29.2 *"Stressful"* (Survey response 59)

5.1.29.3 *"Lots of traffic and busy parking area"* (Survey response 75)

5.1.29.4 "Can be quite dangerous depending on the time of the year, walking through dark alley ways" (Survey response 77)

5.1.29.5 "Tedious" (Survey response 91)

5.1.30 We submit that from the previous evidence presented and the above, it is clear that patients are facing real difficulties when accessing pharmaceutical services.

5.1.31 We submit that all other matters raised in Boots' representations were addressed in our letter dated 12th December 2025.

5.1.32 **PCT Healthcare Ltd**

5.1.33 PCT make a number of broad generalisations based on a few images of the houses in the area from Google Streetview. We do not consider this to be a sensible approach when analysing the local demographics of Runcorn. It is notable that they assume that most houses are owner occupied, however when looking at the Grange Ward, it is notable that 19.3% of houses are social rented, compared to just 17.1% in England

as a whole (2021 Census). Those living in social housing are entirely overlooked by PCT.

5.1.34 Similarly with regard to car ownership, we do not believe that looking at Streetview images is a sound approach to understand local demographics. Focusing again on the Grange Ward, 74.3% of households have access to one or fewer cars or vans, including 31.4% with no access to a vehicle at all. This clearly indicates that many households do not have regular access to a car during the day. As a result, having a pharmacy within walking distance provides a significant benefit for local residents.

5.1.35 We note that in the Grange Ward, 10.3% of residents suffer from bad or very bad health compared to just 5.2% across England. This not only nearly double national figures but also equates to more than 1 in 10 residents of the local area.

5.1.36 We believe that using data for a single output area (the smallest geography used by ONS) is misleading. Naturally, residents of a larger area will attend and benefit from the proposed pharmacy.

5.1.37 The most appropriate approach would be to look at the whole ward or a number LSOAs. In this regard, though we acknowledge that not all residents in this geography would use the proposed pharmacy, we submit that data remains representative of the relevant population.

5.1.38 PCT go on to present the finding of the PNA that "*Pharmacy services are adequate*." We reiterate that by the very nature of the present application, any improvements or better access to be secured are not included in the PNA. Furthermore, the question before the Committee is not one of adequacy, but of improvements or better access. We note that the Halton PNA 2025-2028 characterised the current state of pharmacies as "*at acceptable minimum provision*" (Halton PNA, 2025-2028, pg. 11). We reiterate that the regulations are clearly intended to allow for new pharmacies in exactly this case where an additional pharmacy would offer benefits by elevating an area from mere adequate or minimal provision – especially an area suffering from high levels of bad/very bad health.

5.1.39 We reiterate that there are a number of services available surrounding the proposed site. The missing services identified by PCT are largely lesser used services such as swimming baths and cinemas. These are not daily services which the local area furnishes.

5.1.40 With regard to supermarkets, as can be seen by the map provided by PCT, no large Supermarkets operate to the west of the Central Expressway. Yet we think that it would be extreme to suggest that there is therefore no benefit to having access to pharmacies west of the Expressway. We note that this would include both of PCT's Peak Pharmacies.

5.1.41 Furthermore, the survey makes clear that the amenities around the proposed pharmacy are highly utilised. For example, 88% of respondents used at least one service at Langdale Road. A number

also expressed the desire to avoid travelling to the old town or to stay near the surgery:

5.1.41.1 *"Takes the strain away from the Old Town"* (Survey response 68)

5.1.41.2 *"Local, convenience, save having to access old town"* (Survey response 66)

5.1.41.3 *"Near to surgery"* (Survey response 60)

5.1.41.4 *"More convenient & handy if using heath Rd medical centre"* (Survey response 71)

5.1.42 Peak suggest that there is already a good choice of pharmacies in the area. The map they present includes pharmacies not only across the ring road and expressway but even includes a pharmacy across the river Mersey. Notably, excluding the pharmacies east of the expressway and north of the river, none are in fact independently owned or small chains.

5.1.43 Furthermore, a different story emerges from the additional survey responses. When asked why they supported the proposed pharmacy, some noted:

5.1.43.1 *"Needs a pharmacy that's not owned by peak"* (Survey response 56)

5.1.43.2 *"More choice, ease congestion at other pharmacies."* (Survey response 73)

5.1.43.3 *"Too many people to each pharmacy. There's always delays and big queues."* (Survey response 75)

5.1.43.4 *"We have had a number of pharmacies closed down which put pressure on the remaining ones"* (Survey response 81)

5.1.44 When asked if they were satisfied with the service provided by their current pharmacy, they stated:

5.1.44.1 A legally blind respondent; *"Absolutely awful pharmacy . Staff patronising and very rude because I'm young and take a lot of tablets . Make me feel like I'm a mithering crack head ."* (Survey response 56)

5.1.44.2 *"Every pharmacy visit in Runcorn is always busy and long waiting times"* – (Survey response 90)

5.1.44.3 "*No, seem overwhelmed since boots closed*" (Survey response 70)

5.1.44.4 *"Seams very overwhelmed since boots closed. Which i preferred to use"* (Survey response 71)

5.1.44.5 *"No. Had to queue for 30 minutes to pick up prescription. Assistants spend more time looking for stuff than serving. Prescription sent previous day - not dispensed when I went to pick it up. Closed for two half hour periods at husy times."* (Survey response 73)

5.1.44.6 *"No, its very busy and service is usually very slow."* (Survey response 91)

5.1.45 We highlight that the respondent in Survey response 56 noted that Runcorn *"needs a pharmacy that's* ***not*** *owned by peak"* (emphasis added). It is clear that competition and choice have been identified by residents as a reason for particular need. We submit this directly aligns with the 'reasonable choice' consideration within Regulation 18(2)(b)(i). Residents have also identified that pharmacies are *'overwhelmed'*, showing that local residents strongly feel that the closure of pharmacies has left the current pharmaceutical network under immense pressure, and therefore unable to cope.

5.1.46 We submit that it is therefore apparent that pharmacies are not providing good service and service quality would benefit both from competition and an additional service to manage demand.

5.1.47 Access to Pharmaceutical Provision

5.1.48 We note that PCT recalculates the journeys based on the very southern tip of the best estimate. We note that most units are further north. Our best estimate was based on the general location of most of the units. We also note that rather than using the actual address of the Well Pharmacy, they use their postcode. This causes us to doubt the accuracy of their estimates.

5.1.49 Additionally, merely showing that a part of the best estimate is closer does not change the fact that those living at/near the northern part of the best estimate face longer journeys.

5.1.50 Peak suggests that the current drive is not a barrier to access. We note that the regulations require only that the proposed pharmacy be more accessible - not to overcome a barrier. In any case, the survey revealed many people expressing difficulty with their journey by car, or a desire to access the pharmacy other than by car:

5.1.50.1 *"Hate it, traffic is heavy"* (Survey response 62)

5.1.50.2 "*Lots of traffic and busy parking area*" (Survey response 75)

5.1.50.3 "*Would mean didn't have to drive to old town - the parking is hotrendous*" (Survey response 78)

5.1.50.4 "*Easier access, I could walk there.*" (Survey response 91)

5.1.51 From the above, it is clear that there are difficulties with traffic and parking when accessing pharmaceutical services by car, and that making pharmacies accessible by foot would be a significant benefit.

5.1.52 PCT correctly identifies that per the PNA a journey by foot of more than 15 minutes was deemed to lead to inadequate access. We reiterate that for those living at/near the north of the best estimate journeys will exceed the 15-minute standard as the journey to Well Pharmacy (WA7 5LY) is at least 19 minutes by foot:

5.1.53 *Figure 1: Image of walk from the proposed site to the Well Pharmacy (WA7 5LY)*

5.1.54 We note that a 2-mile radius used by PCT to show there is choice of pharmaceutical services is entirely arbitrary. It makes no reference to the physical barriers that exist and the actual service which is being offered.

5.1.55 We note a number of survey respondents since our previous representations revealed they faced particular difficulties due to sharing protected characteristics. Below is an insight from an elderly and disabled resident on the service currently provided:

5.1.55.1 *"Ok, when I am fit to travel there. But it can be v busy and I find queueing painful."* (Survey response 76)

5.1.56 We also reiterate that the present application would offer additional core opening hours between 08:00-09:00 and 17:00-18:30. This is in itself a distinct and additional significant benefit offered by the present application – as noted by the ICB. We note that a number of survey respondents highlighted the difficulties they face when accessing pharmacy services out of hours:

5.1.56.1 *"Close at lunchtime and late afternoon"* (Survey response 59)

5.1.56.2 *"Yes. Sat afternoons, Sundays, bank holidays, outside 9-5 on a week day."* (Survey response 76)

5.1.56.3 *"Chemist shut between lunchtime hours which makes it difficult to get prescriptions during the week when you work full time."* (Survey response 88)

5.1.56.4 *"…The extended hours are a massive benefit though for working people"* (Survey response 89)

5.1.57 It is therefore quite apparent that the proposed pharmacy offers significant benefits by offering additional hours.

5.1.58 **Conclusion**

5.1.59 We note that there is ample evidence that the present application would offer significant benefits.

5.1.60 The ICB accept that the proposed pharmacy may offer benefit.

5.1.61 We also note that more than 90 people have provided their support, indicating that there is strong sentiment that a pharmacy at the proposed site is needed and would be accessed if opened.

5.1.62 We highlight that the proposed site has been identified as being outside the PNA's 15-minute walking distance standard, and that the PNA itself describes the existing level of service as 'minimal'."

6 Consideration

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

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

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

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

Regulation 31

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

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

(2) This paragraph applies where -

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

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

(ii) adjacent premises; and

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

6.6 The Committee noted that the Applicant had stated "*There is no pharmacy trading from or adjacent to the proposed premises, so Regulation 31 does not apply*." The Committee further noted the Commissioner had considered Regulation 31 and had concluded that "*There is no requirement to refuse this application under the provision of Regulation 31*." The Committee noted that

this had not been disputed either on appeal or in subsequent representations. The Committee therefore determined, based on the information before it, that it was not required to refuse the application under the provisions of Regulation 31.

Regulation 18

6.7 The Committee noted that this was an application for "unforeseen benefits" and fell to be considered under the provisions of Regulation 18 which states:

"(1) If—

(a) NHS England receives a routine application and is required to determine whether it is satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB; and

(b) the improvements or better access that would be secured were or was not included in the relevant pharmaceutical needs assessment in accordance with paragraph 4 of Schedule 1,

in determining whether it is satisfied as mentioned in section 129(2A) of the 2006 Act (regulations as to pharmaceutical services), NHS England must have regard to the matters set out in paragraph (2).

(2) Those matters are—

(a) whether it is satisfied that granting the application would cause significant detriment to—

(i) proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB, or

(ii) the arrangements NHS England has in place for the provision of pharmaceutical services in that area;

(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also NHS England's duties under sections 13I and 13P of the 2006 Act (duty as to patient choice and duty as respects variation in provision of health services)),

(ii) people who share a protected characteristic having access to services that meet specific needs for

pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also NHS England's duties under section 13G of the 2006 Act (duty as to reducing inequalities)), or

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also NHS England's duties under section 13K of the 2006 Act (duty to promote innovation)),

granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;

(c) whether it is satisfied that it would be desirable to consider, at the same time as the applicant's application, applications from other persons offering to secure the improvements or better access that the applicant is offering to secure;

(d) whether it is satisfied that another application offering to secure the improvements or better access has been submitted to it, and it would be desirable to consider, at the same time as the applicant's application, that other application;

(e) whether it is satisfied that an appeal relating to another application offering to secure the improvements or better access is pending, and it would be desirable to await the outcome of that appeal before considering the applicant's application;

(f) whether the application needs to be deferred or refused by virtue of any provision of Part 5 to 7.

(g) whether it is satisfied that the application presupposes that a gap in pharmaceutical services provision has been or is to be created—

(i) by the removal of chemist premises from a pharmaceutical list as a consequence of the grant of a consolidation application, and

(ii) since the last revision of the relevant HWB's pharmaceutical needs assessment other than by way of a supplementary statement.

(3) NHS England need only consider whether it is satisfied in accordance with paragraphs (2)(c) to (e) if it has reached at least a preliminary view (although this may change) that it is satisfied in accordance with paragraph (2)(b)."

6.8 The Committee considered that Regulation 18(1)(a) was satisfied in that it was required to determine whether it was satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical

services of a specified type, in the area of the relevant Health and Wellbeing Board ("HWB").

6.9 The Committee went on to consider whether Regulation 18(1)(b) was satisfied, i.e. whether the improvements or better access that would be secured if the application was granted were or was included in the Pharmaceutical Needs Assessment ("the PNA") in accordance with paragraph 4 of Schedule 1 of the Regulations.

6.10 Paragraph 4 of Schedule 1 requires the PNA to include: "a *statement of the pharmaceutical services that the HWB had identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied (a)* ***would*** *if they were provided….secure improvements or better access, to pharmaceutical services… (b)* ***would*** *if in specified future circumstances they were provided…secure future improvements or better access to pharmaceutical services…"* (emphasis added).

6.11 The Committee considered the PNA prepared by Halton Borough Council, conscious that the document provides an analysis of the situation as it was assessed at the date of publication. The Committee bears in mind that, under Regulation 6(2), the body responsible for the PNA must make a revised assessment as soon as reasonably practicable unless to do so appears to be a disproportionate response to those changes. Where it appears disproportionate, the responsible body may, but is not obliged to, issue a supplementary statement under Regulation 6(3) explaining changes to the availability of pharmaceutical services since the publication of its PNA. Such a statement then forms part of the PNA. A supplementary statement must not provide a new analysis of service provision. The Committee noted that the PNA was dated 1 October 2025 and that no supplementary statements had been issued.

6.12 Under the heading Key Findings on page 11 of the PNA, it states:

6.12.1 "*The provision of pharmacy services within Halton in terms of location, opening hours and services provided is considered adequate to meet the needs of the population.*

As such this PNA has not identified a current need for new NHS pharmaceutical service providers in Halton at the point this PNA was published.

We are mindful of recent trends and closures that have taken place since the 2022-2025 PNA was published which are detailed in the data analysis throughout this PNA. This includes 3 community pharmacy closures (1 Widnes and 2 Runcorn), an increase in GP registered patient population lists, an increase in average dispensing volume (especially for Runcorn pharmacies) and housing development mainly being in Runcorn.

As such pharmacies in Runcorn are now at acceptable minimum provision. The largest proportion of planned housing developments during the lifetime of this 2025-2028 PNA are scheduled in the South East part of Runcorn."

6.13 The Committee noted that the Applicant seeks to provide unforeseen benefits to the patients of Runcorn. The Committee noted that the improvements or better access that the Applicant was claiming would be secured by its application were not included in the relevant PNA in accordance with paragraph 4 of Schedule 1.

6.14 In order to be satisfied in accordance with Regulation 18(1), regard is to be had to those matters set out at 18(2). The Committee's consideration of the issues is set out below.

Regulation 18(2)(a)(i)

6.15 The Committee had regard to

> *"(a) whether it is satisfied that granting the application would cause significant detriment to—*
>
> > *(i) proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB"*

6.16 The Committee noted that the Commissioner had stated "*…neither NHS England nor Cheshire & Merseyside ICB have any plans relating to the provision of pharmaceutical services in the area of Halton HWB. …and if the applicant went on to open the pharmacy, the ability of NHS England and Cheshire & Merseyside ICB thereafter to plan for the provision of services would not be affected in a significant way*." The Committee noted that this had not been disputed either on appeal or in subsequent representations. On the basis of the information available, the Committee was not satisfied that, if the application were to be granted and the pharmacy to open, the ability of the Commissioner thereafter to plan for the provision of services would be affected in a significant way.

6.17 The Committee was therefore not satisfied that significant detriment to the proper planning of pharmaceutical services would result from a grant of the application.

Regulation 18(2)(a)(ii)

6.18 The Committee had regard to

> *"(a) whether it is satisfied that granting the application would cause significant detriment to— …*
>
> > *(ii) the arrangements NHS England has in place for the provision of pharmaceutical services in that area"*

6.19 The Commissioner had concluded that "*it has not been provided with any information in order to be satisfied that <u>significant</u> detriment to the arrangements currently in place for the provision of pharmaceutical services would result from a grant of the application*" which again had not been disputed by any party either on appeal or in subsequent representations. On the basis of the information before it, the Committee was therefore not satisfied that significant detriment to the arrangements currently in place for the provision of pharmaceutical services would result from a grant of the application.

6.20 In the absence of any significant detriment as described in Regulation 18(2)(a), the Committee was not obliged to refuse the application and went on to consider Regulation 18(2)(b).

Regulation 18(2)(b)

6.21 The Committee had regard to

> *"(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—*
>
> *(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also NHS England's duties under sections 13I and 13P of the 2006 Act (duty as to patient choice and duty as respects variation in provision of health services)),*
>
> *(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also NHS England's duties under section 13G of the 2006 Act (duty as to reducing inequalities)), or*
>
> *(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also NHS England's duties under section 13K of the 2006 Act (duty to promote innovation)),*
>
> *granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published"*

Regulation 18(2)(b)(i) to (iii)

6.22 The Committee had regard to the location of existing pharmacies and GP surgeries as provided on a map by the Commissioner, which had not been disputed.

6.23 The Committee noted that the Applicant seeks to open a pharmacy within a communal parade of shops in a residential area of Runcorn, within the Borough of Halton, in order to "*provide better access to pharmaceutical provision in Runcorn*." It also noted the Applicant's comments regarding increasing GP list sizes across Runcorn, together with the submission that Halton's high population density gives rise to a need for additional pharmaceutical provision in the area.

6.24 The Committee had regard to the online patient survey, provided with the appeal, which comprised 55 initial responses, followed by an additional 42 responses after the survey period closed. The survey was "*available to anyone who saw it online and distributed via local community Facebook Groups*" and "*additional distribution was carried out through word of mouth*." These responses would be considered below.

6.25 The Committee noted that the proposed site is located amongst a communal parade of shops and noted the Applicant's comments regarding the amenities and facilities, which are "*used by the vast majority of those surveyed, as 92.7% of respondents revealed that they currently access them*" and include:

6.25.1 Heath Road Medical Centre/Runcorn GP Extra

6.25.2 Langdale Express Shop

6.25.3 Evri Lockers/Postal Lockers

6.25.4 Postbox

6.25.5 Langdale Fishbar

6.25.6 Danny's Mini Market

6.25.7 Household Store

6.25.8 Flower Shop

6.25.9 Hair Lounge

6.25.10 Beauty Clinic

6.25.11 Pampered Pooches

6.25.12 Bloom in Nutrition

6.26 The Committee noted the range of facilities available along Langdale Road, and had regard to the patient comments on the location of the proposed pharmacy, "*Local, convenience, save having to access old town" (Survey response 66) "Near to surgery" (Survey response 60) "More convenient & handy if using heath Rd medical centre*." However, the Committee considered that the shops were neither extensive nor varied enough to meet all of the population's day-to-day needs without residents having to travel elsewhere to access additional services. In doing so, they may also be able to access existing pharmaceutical services at the same time. The Committee further noted that the Applicant's evidence that 88% of residents used the facilities on Langdale Road appeared to reflect only a small proportion of the wider Runcorn population. In particular, the patient survey relied on by the Applicant included responses from 94 local residents, following a further 42 responses received after the appeal letter was submitted, 38 of whom consented to share their responses with NHS Resolution. The Committee did not consider this sample to be representative of the area as a whole, and it did not identify any clear themes regarding specific pharmacies or access.

6.27 The Committee noted the Applicant's comments on the local population demographics of Runcorn. In particular, the Applicant stated that "*the Halton 011B LSOA – of the proposed site – has a population density of 6,808.6 residents per square kilometre, which is over four times the Halton average of 1,624.3 and over 15 times the England average of 433.5*." The Committee also had regard to the PNA, which states: "*Based on the number of community pharmacies (as at April 2024) as a rate per 100,000 GP registered population*

(as at 1 May 2024), Halton has a larger number of pharmacies in relation to the size of its population (19.82 per 100,000) when compared to England (16.75 per 100,000) and Cheshire & Merseyside (19.35 per 100,000)." It noted that "*the rate is lower in Runcorn (14.68 per 100,000) than Widnes (26.11 per 100,000)*." The Committee noted, however, that the application fell to be determined in accordance with the Regulations on the basis of the information before it, and not by reference to the number of pharmacies per 100,000 population nor population density.

6.28 The Committee also had regard to the letter of support provided by Sarah Pochin MP, who wrote in support of a pharmacy in the Langdale Road area of Runcorn as a "*vital support to families, carers, older residents, and those living with long-term conditions*." The Committee would also take into account the needs of persons with protected characteristics as part of its assessment of access.

6.29 The Committee considered access to existing pharmacies on foot. The Applicant submitted that the nearest pharmacy, Well Pharmacy, is located "*0.9 miles or 20 minutes, equating to a 40-minute round journey*" from the proposed site on Langdale Road. The Committee also noted the Applicant's comments that, for many residents living to the north-west of the site, the walking distance to Well Pharmacy would be greater, at up to 1.4 miles. The Committee noted PCT Healthcare's comments that there are three different walking routes to Well Pharmacy, providing "*alternative routes to those residents wishing to access pharmaceutical services*." It also noted that 12 of the 55 respondents to the patient survey reported that they walk to their usual pharmacy. However, of the total respondents, only two were users of Well Pharmacy, and neither of those respondents walked to the pharmacy. The Committee further noted the Commissioners' comments in the decision report that the Applicant had not referred in the application to two other nearby pharmacies. In particular, the report identified two pharmacies closer to postcode WA7 5PU: Peak Pharmacy, High Street, Runcorn, WA7 1AH (0.5 miles), and Peak Pharmacy, Church Street, Runcorn, WA7 1LQ (0.6 miles). The Committee also noted that the Applicant had not referred to either of these pharmacies in the appeal but in the application had suggested that the ring road presents a barrier to accessing these pharmacies with patients having to use the underpass. The Committee was provided with no evidence to suggest that this was the case. The Committee was not provided with evidence demonstrating that the journey to existing pharmacies was unreasonable or unduly difficult for those wishing to travel on foot. On the information before it, the Committee therefore did not consider there to be barriers to accessing existing pharmacies on foot, particularly for those who are fit and able. For those who do not access services on foot, or are unable to do so, the Committee went on to consider the ease of access to pharmacies by private and public transport.

6.30 The Committee noted the Applicant's comments regarding access to Well Pharmacy by public transport: "*For the journey by bus, patients obtain the 82A bus service from the Langdale Road Shops bus stop at the proposed site, travel for 4 minutes, and then walk an additional 2 minutes to reach the nearest pharmacy. The return journey follows a similar route but takes 7 minutes, thus entailing a 13-minute round trip*." The Committee noted that the bus service runs every 30 minutes. Whilst it recognised that public transport may not be the preferred means of access for some residents, it noted that a service was

available and that no evidence had been provided to suggest that residents were experiencing difficulty in accessing existing pharmaceutical services by public transport. The Committee also had regard to PCT Healthcare Ltd's comments on bus services running from Langdale Road to Runcorn town centre, "*to Peak Pharmacy at 49 High Street, Runcorn WA7 1AH there are 4 buses each hour 3A, 82A, 3C, 82A … a 10-to-16-minute journey*." This information was not disputed. Therefore, based on the information before it, the Committee did not see any barriers to accessing the existing pharmacies by bus.

6.31 In relation to access by private transport, the Committee noted the Applicant's comments that "*the journey from the proposed site to Well Pharmacy (WA7 5LY) takes 6 minutes, equating to a 12-minute round journey to access the pharmacy. We highlight that many residents would have to travel significantly further than this*." The Committee noted that the Applicant had not referred to journey times to pharmacies in the north. The Committee noted the Applicant's comments regarding the proportion of residents within three of the LSOAs in Halton who do not have access to a car although the data was disputed by PCT Healthcare. However, it was not provided with evidence that low levels of car ownership was creating a barrier to accessing pharmaceutical services. Similarly, although the Committee noted a small number of patient survey responses referring to difficulties with parking in the Old Town and at Peak Pharmacy on Church Street, no evidence had been provided to demonstrate wider difficulty in accessing existing pharmacies by car.

6.32 The Committee also noted the contents of the patient survey provided by the Applicant, in which some respondents expressed frustration at long queues and waiting times for medicines and, on that basis, supported the application for a new pharmacy in the local area. These comments included "*Had to queue for 30 minutes to pick up prescription*", "*its very busy and service is usually very slow*". The Committee noted concerns had been raised regarding the capacity of existing pharmacies, with patients describing how "*the wait times have increased due to over subscription*" and "*often extremely busy and a long wait for acute prescriptions*." However, the Committee noted that approximately 42% of patients were satisfied with the service they received from their pharmacy.

6.33 Whilst not wishing to diminish the value of the patient voice, the Committee considered that the number of survey responses was proportionately low. Although some comments referred to convenience and the busyness of existing pharmacies, many focused on a preference for a pharmacy located closer to respondents' homes. The Committee also noted that a number of residents described difficulties in accessing pharmaceutical services, including issues relating to parking at Peak Pharmacy on Church Street, and Asda Pharmacy during busy periods. The Committee noted the comments from respondents that the location of the pharmacy close to the Heath Road GP Surgery would be convenient, particularly for those with young children or who are elderly or have limited mobility.

6.34 The Committee accepted that there had been some dissatisfaction with existing pharmacies in the area and that any negative patient experience is a matter of concern. However, it was not persuaded, on the evidence provided, that this dissatisfaction reflected the views of the wider population. In particular, the

Committee noted that the 94 comments received represented a relatively small proportion of the population of Runcorn, and it was unclear whether those responses were representative of the 11,500 as claimed by the Applicant.

6.35 Overall, the Committee was of the view that there was already reasonable choice in relation to obtaining pharmaceutical services within the relevant HWB area. It was therefore not satisfied that, having regard to the desirability of there being reasonable choice in obtaining such services, granting the application would confer significant benefits on persons.

6.36 In considering Regulation 18(2)(b)(ii) the Committee reminded itself that it was required to address itself to people who share a protected characteristic under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) having access to services that meet specific needs for pharmaceutical services that, in the relevant area, are difficult for them to access.

6.37 The Committee noted the information provided in the appeal that "*Runcorn is also home to a disproportionate number of residents with protected characteristics according to the 2021 Census*." It also noted the Applicant's submission that 64.4% of survey respondents indicated that they had some form of protected characteristic. The Applicant further submitted that those who are "*elderly, disabled, or those with young children*" face difficulties in accessing pharmaceutical services, as reflected in survey responses such as "*not always fit enough to do the journey*", "*a pain loading two small children in and out of the car*", "*Parking is a problem and I have a Blue Badge*", and "*it's uphill most of the way back; at the age of 70 I don't look forward to it*." Whilst noting the survey responses and having regard to the needs of persons with protected characteristics, the Committee considered that the evidence provided in relation to the pharmaceutical service needs of such persons was limited. It was mindful that access to pharmaceutical services—particularly essential services other than the dispensing of prescriptions—may present greater challenges for persons with protected characteristics, including those relating to age and disability. However, whilst the Committee accepted that any locality will include persons who share protected characteristics, no sufficient evidence had been provided to explain whether, or why, such individuals were currently experiencing difficulty in accessing pharmaceutical services.

6.38 The Committee was therefore not satisfied that, having regard to the desirability of people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that are difficult for them to access, granting the application would confer significant benefits on persons.

6.39 In considering Regulation 18(2)(b)(iii) the Committee had regard to the desirability of innovative approaches to the delivery of pharmaceutical services. In doing so, the Committee would consider whether there was something more over and above the usual delivery of pharmaceutical services that might be expected from all pharmacies, some 'added value' on offer at the location. The Committee noted that the Applicant was not seeking to rely on innovation in this application. The Committee was not satisfied that, having regard to the desirability of there being innovative approaches taken with regard to the

deliverability of pharmaceutical services, granting the application would confer significant benefits on persons.

Regulation 18(2)(b) generally

6.40 The Committee had regard to the application form and noted that the Applicant's proposed core hours are 8am to 12pm and 2.30pm to 6.30pm Monday to Friday.

6.41 The Applicant contends that the proposed opening hours would "*align… the pharmacy's opening hours with the nearby GP practice*." In support of this, the Applicant states that *the Heath Road Medical Centre is open every weekday from 07:00am or 08:00am. In fact, the Halton PNA states that "GP extended opening hours do mean patients with a 7-8am appointment in Runcorn practices will not be able to access a pharmacy until between 8-9am depending on their preferred pharmacy" (Halton PNA, 2025-2028, pg. 62). We note that most patients living in Runcorn are unable to access any pharmacy before 09:00am regardless of their needs. This is because the nearest pharmacy open before 09:00am is Runcorn Pharmacy (WA7 2ST), which is a 2.8-mile drive away from the proposed site. We submit that this is clearly not representative of reasonable choice or access to pharmaceutical provision, especially when we consider that patients may be issued with acute medication from Heath Road Medical Centre and then have to wait at least an hour to collect this medication*." The Committee noted the Commissioner's comment that "*The proposed opening times are also shorter than many of the pharmacies within the locality. There are already many pharmacies within the existing network that provide additional hours during weekdays and weekends, compared to the applicant*." The Committee had regard to the opening hours of existing pharmacies provided by the Commissioner and noted that Asda Pharmacy and Runcorn Pharmacy already offer the same hours as those proposed by the Applicant. It also noted that the patient survey comments did not identify a need for earlier opening times, although one comment stated that there were "*no late pharmacies in area*." The Committee was therefore unclear as to the level of demand for increased opening hours, including on weekday mornings. It did not consider the fact that the nearby GP practice opens earlier, of itself, demonstrated a need for pharmaceutical services to be available at the same time. In the absence of evidence showing that patients were unable to access medicines through the existing network in a reasonable way, the Committee considered that, if there were a demonstrable need for additional hours, that was a matter the Commissioner could address by issuing directions.

6.42 The Committee was not provided with evidence to support a finding that pharmaceutical services are not currently available at such times as needed. It was therefore not satisfied that, having regard to the desirability of there being a reasonable choice with regard to obtaining services, granting the application would confer significant benefits on persons in relation to opening hours.

6.43 The Committee has considered whether there are any other factors that would confer significant benefits including on patients who share protected characteristics. The Committee had regard to the need to eliminate discrimination and advance equality of opportunity and foster good relations between these patients and those who do not share their protected characteristics.

6.44 Accordingly, the Committee concluded that, in accordance with Regulation 18(2)(b), granting the application would not confer significant benefits on persons in the area of the HWB that were not foreseen when the PNA was published.

Other considerations

6.45 Having determined that Regulation 18(2)(b) had not been satisfied, the Committee did not need to have regard to Regulation 18(2)(c) to (e).

6.46 No deferral or refusal under Regulation 18(2)(f) was required in this case.

6.47 The Committee had regard to Regulation 18(2)(g) and found that it was not applicable.

6.48 The Committee considered whether there were any further factors to be taken into account and concluded that there were not.

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

6.49.1 confirm the Commissioner's decision;

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

6.49.3 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.

6.50 Although the Committee has reached the same decision as the Commissioner, the Committee had been provided with additional information such as a patient survey. In those circumstances, the Committee determined that the decision of the Commissioner must be quashed.

6.51 The Committee went on to consider 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 remit the matter to the Commissioner) or whether it was preferable for the Committee to redetermine the application.

6.52 The Committee noted that representations on Regulation 18 had been sought from parties by the Commissioner and representations had already been made by parties to the Commissioner in response. 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 18.

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

7 DECISION

7.1 The Pharmacy Appeals Committee ("Committee"), appointed by NHS Resolution, quashes the decision of the Commissioner, for the reasons given above, and redetermines the application.

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

7.3 The Committee has considered whether the granting of the application would cause significant detriment to proper planning in respect of the provision of pharmaceutical services in the area covered by the HWB, or the arrangements in place for the provision of pharmaceutical services in that area and is not satisfied that it would;

7.4 The Committee determined that the application should be refused on the following basis:

7.4.1 In considering whether the granting of the application would confer significant benefits, the Committee determined that –

7.4.1.1 there is already a reasonable choice with regard to obtaining pharmaceutical services;

7.4.1.2 there is no evidence of people sharing a protected characteristic having difficulty in accessing pharmaceutical services; and

7.4.1.3 there is no evidence that innovative approaches would be taken with regard to the delivery of pharmaceutical services;

7.4.2 Having taken these matters into account, the Committee is not satisfied that granting the application would confer significant benefits as outlined above that would secure improvements or better access to pharmaceutical services.

Case Manager
Primary Care Appeals