NHS Resolution

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29 June 2026

REF: SHA/26916

APPEAL AGAINST NHS SOUTH WEST LONDON ICB DECISION TO REFUSE AN APPLICATION BY VITTAL PHARMA LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT UNIT 5B, PARKFIELD INDUSTRIAL ESTATE, CULVERT PLACE, LONDON, SW11 5BA UNDER REGULATION 25

1 Outcome

1.1 The Pharmacy Appeals Committee ("Committee"), appointed by NHS Resolution, quashes the decision of the Commissioner and redetermines the application.

1.2 The Committee determined that the application should be refused.

A copy of this decision is being sent to:

Carter Bond Solicitors representing Vittal Pharma Limited (the Applicant)
PCSE for South West London ICB
Boots UK Ltd

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1 The Application

By application dated 19 June 2025, Vittal Pharma Limited ("the Applicant") applied to South West London ICB ("the Commissioner") for inclusion in the pharmaceutical list at Unit 5B, Parkfield Industrial Estate, Culvert Place, London, SW11 5BA under Regulation 25. In support of the application it was stated:

1.1 In response to "If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write 'none' if it is intended that the pharmacy will not provide appliances)" the Applicant left the box blank.

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

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

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

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

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

1.7 "N/A."

Pharmacy procedures

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

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

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

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

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

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

1.12 “Please refer to Annex A.”

1.13 “ANNEX A

1.14 **Executive Summary**

1.15 **Vittal Pharma Limited is applying for an NHS Distance Selling Pharmacy (DSP) contract under the trading name MediRush, to be operated from newly acquired premises at Unit 5B, Parkfield Industrial Estate, Culvert Place, London, SW11 5BA.** The pharmacy will be fully compliant with DSP regulations, offering essential NHS pharmaceutical services remotely to patients across England. MediRush also operates a private pharmacy in Whitechapel, which delivers services outside of the NHS framework. This DSP application is entirely separate and will be managed in accordance with NHS England’s requirements for distance selling, with no face-to-face services provided from the new site.

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

1.17 1. **Nationwide Delivery of Medicines**

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

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

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

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

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

1.20 2. **No Face-to-Face Interaction at or from the Premises**

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

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

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

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

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

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

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

1.24 3. **Prescription Collection from Patients**

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

1.26 Prescriptions will be received through the following methods:

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

1.26.2 Secure upload via patient portal (where appropriate).

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

1.26.4 **Dedicated driver** to collect Rx from surgeries if requested.

1.27 4. **Provision of Other Essential Services**

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

1.28.1 Public Health advice via website and telephone.

1.28.2 Repeat dispensing services.

1.28.3 Signposting patients to appropriate services.

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

1.29 5. **Safe Custody and Handling of CDs**

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

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

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

1.33 6. **Standard Operating Procedures (SOPs)**

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

1.34.1 Clinical checks, labelling, and assembly.

1.34.2 Handling of temperature-sensitive and CD medications.

1.34.3 Delivery failures, complaints, and emergency supply scenarios.

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

1.36 **7.1 MEDIRUSH aims to deliver:**

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

1.38 **The safe and effective provision of essential services without face-to-face contact between any person receiving the services, whether on their own or someone else's behalf, and the applicant or the applicants staff.**

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

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

1.41 A dedicated website will be developed, with The Pharmacy Mentor being a recommended option for consideration. Through the MEDIRUSH website, patients throughout the UK will be able to access the offered services.

1.42 MEDIRUSH's scope of service will encompass the nationwide provision of all medicines that are typically available from a standard pharmacy, provided a prescription is furnished.

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

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

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

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

1.47 **Dispensing Medicines**

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

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

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

1.51 Prescriptions will be received through various channels: by mail, collection from GP practices and patients' homes when applicable, as well as generated from

EPS1 and EPS2 systems. MEDIRUSH will ensure that patients receive correctly labelled medications in accordance with the prescriber's directions.

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

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

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

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

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

1.57 To enhance patient support, MEDIRUSH will offer a live webcast portal to address concerns regarding medication usage, potential side effects, and more.

1.58 Before dispatching items, MEDIRUSH will communicate with patients via their preferred contact method to notify them about the impending delivery Emergency supply of medicines will always adhere to GPhC guidelines. Controlled drugs will not be supplied. Regular MEDIRUSH patients meeting the necessary criteria will have access to urgent medicines.

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

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

1.61 Dispensing Controlled Drugs (CD) and temperature-sensitive medicines involves thorough processes. Upon receipt of a prescription meeting legal requirements, MEDIRUSH will ensure delivery through an MHRA approved courier service, with the customer signing for the item upon receipt. Patients

will be contacted to schedule suitable delivery times. In cases of CD non-delivery, the item will be promptly returned to MEDIRUSH.

1.62 **Repeat Dispensing**

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

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

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

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

1.67 For prescriptions not immediately accessible due to distance, we proactively engage with GPs through pre-paid envelopes, ensuring timely prescription submission. In cases of prescription delays, our flexible approach accepts fax submissions within 72 hours to prevent medication interruptions, assessed on a case-by-case basis Requests for repeat dispensing can be made through various channels, including email, website, telephone, and fax. MEDIRUSH assumes full responsibility for delivering medications safely, maintaining their quality, and upholding their effectiveness. We provide an auditable trail from prescription initiation to final delivery or return, emphasizing patient privacy and confidentiality in packaging.

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

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

1.70 MEDIRUSH's environmentally conscious approach extends to waste disposal, with contracted waste management company SRCL ensuring proper handling of unused medicines. Patients can request collection through phone or email,

with courier deployment if needed, safeguarding the environment and public health.

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

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

1.73 Virtual Wellness Hub

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

1.75 Empowerment through Tangible Outreach

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

1.77 Collaborating for Nationwide Impact

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

1.79 In summation, MEDIRUSH's commitment to public health is vividly expressed through our comprehensive strategy that champions healthy lifestyles. By furnishing comprehensive virtual resources, tangible materials, and forging partnerships with NHS England, we empower patients to make informed decisions that pave the way for healthier, more enriched lives.

1.80 **Disposal of Unwanted Medicines**

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

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

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

1.84 **Signposting**

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

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

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

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

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

1.90 Our approach to offering opportunistic guidance concerning health, lifestyle, signposting, and self-care is meticulous. Drawing insights from patients' PMRs

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

1.91 **Support for Self-Care**

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

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

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

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

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

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

1.98 **Clinical Governance**

1.99 Elevated Clinical Governance: Pioneering Excellence

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

1.101 Transparent Complaints Handling

1.102 Our commitment to transparency is evident in our comprehensive approach to complaints handling. We provide accessible avenues for patients to voice their concerns through an easily accessible Complaints Procedure on our website.

1.103 Additionally, our Practice Leaflet not only outlines how to initiate a complaint but also sheds light on MEDIRUSH's essential services, promoting a clear understanding of our offerings.

1.104 Proactive Risk Management

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

1.106 Vigilant Drug Alerts and Recalls

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

1.108 Robust Staff Development

1.109 Investing in our staff's competence and knowledge, we provide thorough Staff Induction processes for all new team members. Comprehensive training equips them with proficiency across all aspects of their roles, including a comprehensive understanding of relevant Standard Operating Procedures (SOPs). Ensuring continuous growth, our pharmacists and locums are mandated to maintain Continuing Professional Development (CPD) records.

1.110 Enabling Advanced Services

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

1.112 Holistic Audits for Excellence

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

1.114 Data Security and Accessibility

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

1.116 Inclusivity and Accessibility

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

1.118 Convenient Access to Medications

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

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

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

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

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

In response to a request from the Commissioner with regard to the amendments to Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 in June 2025, the Applicant provided the following information in its letter dated 1 August 2025:

1.124 "Clarification on Provision of Advanced/Enhanced Services – CAS-370652-H1T3Z3

1.125 Thank you for your letter dated 30 July 2025 regarding our DSP application.

1.126 We acknowledge the amendments to Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, now requiring that safe and effective procedures are in place to deliver all pharmaceutical services, including Advanced and Enhanced Services without face-to-face contact at or near the pharmacy premises.

1.127 We are pleased to provide the following clarification:

1.128 **How Advanced and Enhanced Services Will Be Delivered:**

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

1.129.1 Eligibility confirmed via prescription history or referrals

1.129.2 Consultations and follow-ups will be conducted exclusively via telephone or video

1.129.3 All records stored securely in our PMR system

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

1.130.1 Assessment initiated remotely (online referral or screening forms)

1.130.2 BP readings via home kits or remote collaborations

1.130.3 Ambulatory monitoring (if needed) coordinated via mobile provider partners

1.131 **3. Smoking Cessation Support**

1.131.1 Referrals via online platform or NHS Trusts

1.131.2 Behavioural counselling delivered remotely

1.131.3 NRTs dispatched directly to the patient's home

1.132 **4. Vaccination Services (e.g., Flu)**

1.132.1 No vaccinations will be administered at the DSP premises

1.132.2 Where offered, delivery will occur at external authorised settings (care homes, workplaces)

1.133 **5. Care Home Services**

1.133.1 Clinical audits, MAR reviews and consultations performed off-site or remotely

1.133.2 Medication deliveries through tracked courier services

1.134 **Confirmation of Compliance:**

1.134.1 No face-to-face services will be provided at or near the pharmacy

1.134.2 The premises will remain closed to the public at all times

1.134.3 All services will comply fully with DSP and NHS regulatory requirements

1.135 We trust this provides the clarity required. If you would prefer an updated Annex A including this information, we are happy to submit that promptly."

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 "**Vittal Pharma Limited – Response to Representations**

2.2 **Ref:** CAS-370652-H1T3Z3

2.3 **Application:** Inclusion in the pharmaceutical list at Unit 5B, Parkfield Industrial Estate, Culvert Place, London SW11 5BA (Distance Selling Premises)

2.4 **PART 1 - GENERAL RESPONSE**

2.5 Vittal Pharma Limited acknowledges the representations received following circulation of its Distance Selling Pharmacy (DSP) application. No new information is introduced in this response; all clarifications reference statements already contained within the submitted application and **Annex A**, or processes governed by Vittal Pharma Limited's **Standard Operating Procedures (SOPs)** held on-site.

2.6 1. Compliance with Regulations 25 and 64

2.7 The application satisfies every condition of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended):

2.7.1 Essential services will be available to any person in England who requests them.

2.7.2 These services will be provided safely and effectively.

2.7.3 No face-to-face contact will occur between patients and pharmacy staff.

2.8 The premises are a **closed-door, non-retail facility**, accessible only to authorised staff. All public interaction occurs remotely by telephone, email or secure online portal.

2.9 2. Standard Operating Procedures

2.10 The Regulations require NHS England to be satisfied that suitable procedures exist; they do not require the SOPs themselves to be submitted. Vittal Pharma's SOPs are complete and operational, covering:

2.10.1 Responsible Pharmacist continuity and absence.

2.10.2 Dispensing, labelling, delivery and audit trails.

2.10.3 Controlled Drug storage and transport.

2.10.4 Emergency supply, incident reporting, complaints, data protection.

2.10.5 Equality Act compliance and accessibility arrangements.

2.11 All SOPs are available to NHS England on request.

2.12 3. Nationwide Service Model

2.13 Vittal Pharma Limited operates exclusively as a distance-selling pharmacy serving patients across England. Medicines are delivered under identical terms nationwide through MHRA-compliant courier services (Royal Mail, Polar Speed, DPD Healthcare, IGLOO). An in-house driver supplements this only for operational continuity, not local trade.

2.14 4. Equality and Accessibility

2.15 Services are accessible via telephone, post, email and website. Reasonable adjustments—large-print labels, translators, communication aids - are embedded within SOPs. No group is excluded from accessing essential services.

2.16 Summary: All objectors' points are addressed within Annex A and SOPs. The application fully meets the tests in Regulations 25 and 64.

2.17 **PART 2 - RESPONSES TO INDIVIDUAL REPRESENTATIONS**

2.18 **A. APB Wellcare Ltd (16 October 2025)**

2.18.1 **SOP Submission** – The Regulations do not require SOPs to be attached.

2.19 Annex A and on-site SOPs describe how all limbs of Reg 25(2)(b) are satisfied.

2.19.1 **Continuity of Service** – Annex A § 7.1 explains that a Responsible Pharmacist is registered on PMR and paper systems; business-continuity SOPs ensure uninterrupted essential-service provision during any temporary absence.

2.19.2 **Nationwide Access and Equality** – Services available by phone, email and post; SOPs include reasonable adjustments for those with severe disabilities, sight loss or hearing loss.

2.19.3 **Disposal of Unwanted Medicines** – Provided free of charge as part of NHS essential services; if the in-house driver cannot collect, a courier is deployed so distant patients receive identical service.

2.19.4 **Safe and Effective Provision (CDs / Emergency Supply)** – Annex A sets out detailed procedures: secure storage, ID-verified delivery, and GPhC compliant emergency-supply protocols.

2.19.5 **Face-to-Face Contact** – The premises are closed-door within an industrial estate; no public access or signage inviting entry. Access is restricted to authorised staff.

2.20 **Summary:** The representation is speculative and presents no evidence of non-compliance with Reg 25(2)(b).

2.21 **B. Wellcare Pharmacy (19 September 2025)**

2.21.1 **Annex A Availability** – Annex A was included with the NHS application and contains the required information. Its circulation to objectors is a PCSE administrative matter, not within the applicant's control.

2.21.2 **SOP Submission** – As above, SOPs are in place; submission is not required.

2.21.3 **Continuity of Service / RP Absence** – Covered by Annex A § 7.1 and business-continuity SOPs.

2.21.4 **Access for Disabled or Non-Digital Patients** – Services are available nationwide by telephone, email and post; reasonable adjustments ensure no discrimination.

2.21.5 **Controlled Drugs and Courier Processes** – Annex A details secure CD delivery, temperature control measures and audit trails.

2.21.6 **Face-to-Face Contact** – Premises closed to the public; no walk-in element.

2.21.7 **Summary:** The objection repeats generalised statements without evidence; Annex A and SOPs address all points raised.

2.22 **C. Kamsons Pharmacy (15 October 2025)**

2.23 Kamsons refer to a "hypertension case-finding service", which is an **advanced service** outside the scope of this essential-service DSP application. This point is therefore **irrelevant to Regulation 25** and carries no weight.

2.23.1 **Summary:** Objection immaterial.

2.24 **D. Boots UK Ltd (30 October 2025)**

2.25 Boots UK Ltd offered no substantive objection, merely requesting assurance of compliance with Regulations 25 and 64. Vittal Pharma Limited confirms full compliance with the 2025 amendments.

2.25.1 **Summary:** No action required.

2.26 **E. Londonwide LMC (8 September 2025)**

2.27 Londonwide LMC provided a neutral comment only. Vittal Pharma Limited appreciates their engagement and reiterates that the application complies fully with DSP regulations.

2.27.1 **Summary:** Neutral; no issues to address.

2.28 **Conclusion**

2.29 All representations have been reviewed and addressed. None introduce new material evidence suggesting non-compliance with Regulations 25 or 64. Vittal Pharma Limited has demonstrated that:

2.29.1 Essential services will be provided safely and effectively to anyone in England.

2.29.2 The pharmacy will operate solely on a distance-selling basis, with no face-to face contact.

2.29.2.1 Premises, systems and SOPs are fully fit for purpose.

2.30 Vittal Pharma Limited therefore respectfully requests that NHS England determine this application on the basis of the submitted evidence and confirm that the requirements of Regulation 25(2)(b) are satisfied."

2.31 [Enclosed Vittal Pharma Limited – Summary Table of Representations and Responses – Appendix A for Committee].

3 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 30 January 2026 states:

3.1 “South West London 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 South West London 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”

London Pharmaceutical Services Regulations Committee Meeting 21 January 2026

3.4 “CAS reference number: CAS-370652-H1T3Z3

3.5 Name of application: Vittal Pharma Ltd

3.6 Fitness to practise: Approved for inclusion

3.7 Address of proposed premises: Unit 5B, Parkfield Industrial Estate, Culvert Place, London, SW11 5BA

3.8 Status of location: Non controlled locality

3.9 Relevant regulations and guidance:

3.9.1 Regulation 25 – distance selling premises

3.9.2 Regulation 31 – refusal: same or adjacent premises

3.9.3 DH market entry guidance chapter 11

3.10 Additional information

3.11 Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS Public Sector Equality Duty Consider impact of decision on NHS duty on health inequality.

3.12 [List of parties notified of application.]

3.13 Additional information from PSRC:

3.14 The PSRC is satisfied that there is enough information to deal with this application without holding an oral hearing.

3.15 **Applicant Information Provided**

3.16 The applicant has submitted an Annex A document to provide assurance of how they will comply with the requirements for a Distance Selling Pharmacy. A copy of the Annex A is attached.

3.17 The comments received from the interested parties is available to the PSRC panel to review, below:

3.18 **Londonwide LMCs (Response to 1st Circulation)**

3.19 Londonwide LMCs has approached local GPs to seek their views on the application and has received no representations. We therefore do not have any comments to make on this occasion, but we would be grateful if you would keep us informed of developments.

3.20 **Pharmacy Sales & Consultancy (PSM) on behalf of APB (Wellcare) Ltd (Response to 1st Circulation)**

3.21 As a preliminary matter, we note that the applicant does not appear to have provided a full set of Standard Operating Procedures (SOPs) or any supporting information to how they intend to fully satisfy the Regulation. An Annex A document is mentioned in the application form but has not been made available to interested parties despite asking or clarity from PCSE on two separate occasions. If this document has been made available to the ICB but it has not been circulated to interested parties for comment, then we respectfully request that the 45-day notification to interested parties be restarted with all information being made available to allow interested parties time to provide full comments.

3.22 If the Annex A document has not been provided to the ICB then there is insufficient detail within the application form for it to be approved as it leaves significant doubt in respect of the applicant's compliance with the requirements of an application made under Regulation 25.

3.23 I would suggest that the ICB will not be in a position to grant this application if it is not in possession of the information on how the essential services will be delivered in full without receiving a copy of the SOPs. Whilst the applicant has provided some supporting information in respect of this application, specifically regarding advanced and enhanced services there are many gaps in the application.

3.24 The ICB is being asked to determine whether the application meets the regulatory tests and can therefore be approved. This can only be determined by reviewing each and every SOP in detail to ensure that:

3.24.1 (a) all essential services will be provided without interruption during the proposed opening hours of the pharmacy;

3.24.2 (b) all essential services will be made available to anybody in England who wishes to access them;

3.24.3 (c) all essential services are likely to be secured in a safe and effective manner;

3.24.4 (d) all essential services will be provided without the face-to-face contact between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff.

3.25 In the absence of a full set of SOPs we do not believe that the ICB can be confident that the requirements of Regulation 25(2)(b) will be met. For example:

3.25.1 (a) all essential services will be provided without interruption during the proposed opening hours of the pharmacy;

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

3.27 We would suggest that the ICB should request additional evidence from the applicant that such cover will be provided.

3.27.1 (b) all essential services will be made available to anybody in England who wishes to access them;

3.28 There is no detail on how patients will access a full range of essential services. It is insufficient to state that they will focus on nationwide service delivery using remote systems. This statement is too high level to provide the ICB with sufficient assurance that the regulations will be fully satisfied, so we urge the ICB to refuse the application.

3.29 From the information provided, it is not clear how certain patient groups such as those with severe disabilities, sight loss or hearing loss will have equal access to the services offered by this pharmacy. Where services require internet or telephone access, they may discriminate against patients who are not able to make use of these communication methods for any reason.

3.30 The nature of distance selling pharmacies is that the model relies heavily on the use of either websites or apps. Whilst telephone services may be provided, many of the services referred to by the applicant appear to rely on access to the internet. This naturally excludes patients who do not have such access, through choice or lack of availability.

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

3.31.1 (c) all essential services are likely to be secured in a safe and effective manner.

3.32 In the absence of the SOP's it is almost impossible to comment on how this element of the regulatory test will be met. This is specifically important when there is no detail contained in the application regarding how the applicant will check exemptions and identities of patients. Merely stating they will is insufficient for the ICB to be fully satisfied that the processes are safe and effective.

3.33 Furthermore, there is no information provided in the application on how the courier delivery service will operate especially with regard to the delivery of controlled drugs and temperature sensitive medicines are being delivered.

3.34 It would be very difficult for the ICB to make a decision in the absence of the above information and as the burden of proof is on the applicant to demonstrate that the application fully satisfies the regulatory test without this information.

3.34.1 (d) all essential services will be provided without the face-to-face contact between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff.

3.35 The applicant states that the pharmacy will not be accessed by patients, but without the details contained within the SOP's and supporting information it is almost impossible to comment further on the applicant's proposal.

3.36 It would be very difficult for the ICB to make a decision in the absence of the above information, and the burden of proof is on the applicant to demonstrate that the application fully satisfies the regulatory tests.

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

3.38 **Pharmacy Sales & Consultancy (PSM) on behalf of ABP Wellcare Pharmacy (Response to 2nd circulation)**

3.39 As a preliminary matter, we note that the applicant does not appear to have provided a full set of Standard Operating Procedures (SOPs) or any supporting information to how they intend to fully satisfy the Regulation. Without the SOPs it is difficult for the ICB to fully assess if this application fully satisfies Regulation 25.

3.40 The ICB is being asked to determine whether the application meets the regulatory tests and can therefore be approved. This can only be determined by reviewing each and every SOP in detail to ensure that:

3.40.1 (a) all essential services will be provided without interruption during the proposed opening hours of the pharmacy;

3.40.2 (b) all essential services will be made available to anybody in England who wishes to access them;

3.40.3 (c) all essential services are likely to be secured in a safe and effective manner;

3.40.4 (d) all essential services will be provided without the face-to-face contact between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff.

3.41 In the absence of a full set of SOPs we do not believe that the ICB can be confident that the requirements of Regulation 25(2)(b) will be met. For example:

3.41.1 (a) all essential services will be provided without interruption during the proposed opening hours of the pharmacy;

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

3.43 We would suggest that the ICB should request additional evidence from the applicant that such cover will be provided.

3.43.1 (b) all essential services will be made available to anybody in England who wishes to access them;

3.44 The applicant has made reference to disposing of unwanted medicines, but they have failed to mention if this is provided free of charge to patients who aren't able to have the medicines collected by their own driver. This suggests that there is a focus on providing a better service to those patients who live in a certain proximity to the proposed pharmacy unit than the rest of the patients that would choose to use these services in the rest of England.

3.45 From the information provided, it is not clear how certain patient groups such as those with severe disabilities, sight loss or hearing loss will have equal access to the services offered by this pharmacy. Where services require internet or telephone access, they may discriminate against patients who are not able to make use of these communication methods for any reason.

3.46 The nature of distance selling pharmacies is that the model relies heavily on the use of either websites or apps. Whilst telephone services may be provided, many of the services referred to by the applicant appear to rely on access to the internet. This naturally excludes patients who do not have such access, through choice or lack of availability.

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

3.47.1 (c) all essential services are likely to be secured in a safe and effective manner.

3.48 In the absence of the SOP's it is almost impossible to comment on how this element of the regulatory test will be met.

3.49 With regard to how the Emergency Supply protocols and Control Drug deliveries will be followed in the pharmacy, it is insufficient for the applicant to state they will follow the GPHC guidelines without stating how they will do this.

3.50 Furthermore, there is no information provided in the application on what the process is in deciding what should be delivered by their in-house delivery driver or the courier service. This suggests that there is a focus on local services and over national services provision.

3.51 It would be very difficult for the ICB to make a decision in the absence of the above information and as the burden of proof is on the applicant to demonstrate that the application fully satisfies the regulatory test without this information.

3.51.1 (d) all essential services will be provided without the face-to-face contact between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff.

3.52 The applicant states that the pharmacy will not be accessed by patients, but without the details contained within the SOP's and supporting information it is almost impossible to comment further on the applicant's proposal.

3.53 It would be very difficult for the ICB to make a decision in the absence of the above information, and the burden of proof is on the applicant to demonstrate that the application fully satisfies the regulatory tests.

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

3.55 **Boots**

3.56 Boots UK Ltd would also like to respectfully request that members of the deciding committee are satisfied that this application fully meets the criteria set out in Regulation 25 and the conditions set out in Regulation 64 when determining this application. As the regulatory change came into effect in June 2025, we also ask that these changes are also met should this application be approved.

3.57 Boots UK LTD have no further comments to make with regards to this application, and we would be grateful if you could notify us of the decision of the ICB in due course.

3.58 **Kamsons Pharmacy**

3.59 Unfortunately, the information included in the application form does not give the ICB the assurance that the applicant will be able to meet the regulatory requirements associated with this application, particularly concerning the hypertension case-finding service.

3.60 This application does not meet the regulatory tests and should therefore be refused.

3.61 **Response to 1st Circulation Comment by Applicant**

3.62 **PART 1 - GENERAL RESPONSE**

3.63 Vittal Pharma Limited acknowledges the representations received following circulation of its Distance Selling Pharmacy (DSP) application. No new information is introduced in this response; all clarifications reference statements already contained within the submitted application and **Annex A**,

or processes governed by Vittal Pharma Limited's **Standard Operating Procedures (SOPs)** held on-site.

3.64 **1. Compliance with Regulations 25 and 64**

3.65 The application satisfies every condition of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended):

3.65.1 Essential services will be available to any person in England who requests them.

3.65.2 These services will be provided safely and effectively.

3.65.3 No face-to-face contact will occur between patients and pharmacy staff.

3.66 The premises are a **closed-door, non-retail facility**, accessible only to authorised staff. All public interaction occurs remotely by telephone, email or secure online portal.

3.67 **2. Standard Operating Procedures**

3.68 The Regulations require NHS England to be satisfied that suitable procedures *exist*; they do not require the SOPs themselves to be submitted. Vittal Pharma's SOPs are complete and operational, covering:

3.68.1 Responsible Pharmacist continuity and absence.

3.68.2 Dispensing, labelling, delivery and audit trails.

3.68.3 Controlled Drug storage and transport.

3.68.4 Emergency supply, incident reporting, complaints, data protection.

3.68.5 Equality Act compliance and accessibility arrangements.

3.69 All SOPs are available to NHS England on request.

3.70 **3. Nationwide Service Model**

3.71 Vittal Pharma Limited operates exclusively as a **distance-selling pharmacy** serving patients across England. Medicines are delivered under identical terms nationwide through MHRA compliant courier services (Royal Mail, Polar Speed, DPD Healthcare, IGLOO). An in-house driver supplements this only for operational continuity, not local trade.

3.72 **4. Equality and Accessibility**

3.73 Services are accessible via telephone, post, email and website. Reasonable adjustments—large print labels, translators, communication aids - are embedded within SOPs. No group is excluded from accessing essential services.

3.74 **Summary:** All objectors' points are addressed within Annex A and SOPs. The application fully meets the tests in Regulations 25 and 64.

3.75 **PART 2 - RESPONSES TO INDIVIDUAL REPRESENTATIONS**

3.76 [See paragraphs 2.1 to 2.31 above].

3.77 **PSRC Observations**

3.78 The applicant is required to demonstrate how they will meet the requirements for a Distance Selling Pharmacy. The PSRC has made this decision based on the attached Annex A. No additional SOPs were submitted.

3.79 With regard to Regulation 31

3.80 (Refusal: same or adjacent premises) and to the provisions of Schedule 2 to the Regulations:

3.81 Applications seeking the listing of premises that are already, or are in close proximity to, listed chemist premises.

3.82 The proposed pharmacy is not on the same site or adjacent to any other pharmacy, therefore this regulation is not engaged.

3.83 **Distance Selling premises applications**

3.84 Regulation 25 *(1) Section 129(2A) of the 2006 Act(**c**) (regulations as to pharmaceutical services) does not apply to an application—*

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

3.84.2 *(b) by a person already included in a pharmaceutical list for inclusion in that list also in respect of premises other than those already listed in relation to that person, in respect of pharmacy premises that are distance selling premises.*

3.85 *(2) The ICB must refuse an application to which paragraph (1) applies—*

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

3.86 (a) The premises in respect of which the application is made are not on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

3.86.1 *b) unless the ICB is satisfied that the pharmacy procedures for the pharmacy premises are likely to secure—*

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

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

3.87 (b) The information provided by the applicant and other information including the representation comments has been reviewed against the regulations and our assessment is that the following has not been met:

3.87.1 *Paragraph 6 of Schedule 4 - very limited information provided.*

3.87.2 *Paragraph 8(1) of Schedule 4 – limited information provided.*

3.87.3 *Paragraph 8(5) of Schedule 4 – no information provided.*

3.87.4 *Paragraph 8(15) of Schedule 4 – no information provided.*

3.87.5 *Paragraph 22B & 22C of Schedule 4 – no information provided.*

3.88 It may be concluded that the PSRC is not satisfied that pharmacy procedures for the pharmacy are likely to secure the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services.

3.89 It may also be concluded that the applicant is likely to not satisfy the criteria as set out in the Terms of Service of Pharmacists for the safe and effective provision of all essential services without face-to-face contact.

3.90 Therefore, the PSRC is not satisfied that the pharmacy procedures for the pharmacy premises are likely to secure the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff.

3.91 **Decision**

3.92 Regulation 31.

3.93 There are no current pharmacies listed at the proposed premises or adjacent to the proposed premises. Therefore regulation 31 does not apply for this application.

3.94 Regulation 25(2)(1)(a)

3.95 The proposed site is not on the same site or in the same building as the premises of a provider of Primary Medical Services with a patient list. Therefore, this regulation does not apply for this application.

3.96 Regulation 25(2)(1)(b)(i)

3.97 The PSRC is not satisfied that pharmacy procedures for the pharmacy are likely to secure the uninterrupted provision of essential services, during the opening

hours of the premises, to persons anywhere in England who request those services.

3.98 Regulation 25(2)(1)(b)(ii)

3.99 The PSRC is not satisfied that the applicant is likely to satisfy the criteria as set out in the Terms of Service of Pharmacists for the provision of all essential services without face-to face contact.

3.100 The PSRC is not satisfied that the pharmacy procedures for the pharmacy premises are likely to secure the safe and effective provision of essential services without face-to-face contact between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff. Therefore, the application should be refused.

3.101 **Determination made by London PSRC on behalf of NHS South West London ICB Conditions of approval for a Distance Selling Pharmacy**

3.102 As this application is in respect of distance selling premises, by virtue of regulation 64(3) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, if the applicant is subsequently included in the pharmaceutical list for the area of **Wandsworth** Health and Wellbeing board in respect of the premises included in the application, that inclusion will be subject to the following conditions:

3.102.1 The applicant must not offer to provide pharmaceutical services to persons who are present at (which includes in the vicinity of) the proposed premises.

3.102.2 The means by which the applicant provides pharmaceutical services must be such that any person receiving those services does so otherwise than at the proposed premises.

3.102.3 The proposed premises must not be on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

3.102.4 The pharmacy procedures for the premises must be such as to secure:

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

3.102.4.2 the safe and effective provision of pharmaceutical services without face-to face contact at the proposed premises between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff; and

3.102.5 Nothing in the applicant's practice leaflet, in the applicant's publicity material in respect of the proposed premises, in material published on behalf of the applicant publicising services provided at or from the proposed premises or in any communication (written or oral) from the

applicant or the applicant's staff to any person seeking the provision of essential services from the applicant must represent, either expressly or impliedly, that:

3.102.5.1 the essential services provided at or from the premises are only available to persons in particular areas of England, or

3.102.5.2 the applicant is likely to refuse, for reasons other than those provided for in the applicant's terms of service, to provide drugs or appliances ordered on prescription forms or repeatable prescription forms which are presented by particular categories of patients (eg because the availability of essential services from the applicant is limited to other categories of patients)."

4 The Appeal

In a letter dated 27 February 2026, Carter Bond Solicitors on behalf of the Applicant appealed against the Commissioner's decision. The grounds of appeal are:

4.1 "Vittal Pharma t/a Medirush – Appellant.

4.2 South West London ICB – Respondent.

4.3 Grounds of Appeals with Supporting Submissions.

4.4 *The Appeal Panel is invited to read the following:*

4.5 *The Original Application.*

4.6 *The Provided Witness Statement and SOPs.*

4.7 *The Refusal Decision.*

4.8 *These Grounds of Appeal and Supporting Submissions.*

4.9 **Introduction**

4.10 The Appellant appeals against a decision of the Respondent to refuse its application to be registered to operate as a Distance Selling Pharmacy, pursuant to:

4.10.1 Section 129(2A) of the National Health Service Act 2006; and

4.10.2 NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013/349 (as amended) (hereinafter "the Regulations").

4.11 The reasons are dated 21st January 2026, but the decision letter is dated 30th January 2026, inviting an appeal within 30 days. This Appeal is within that timeframe.

4.12 The grounds for refusal are solely under the following paragraphs under Schedule 4:

4.12.1 *Paragraph 6 of Schedule 4 - very limited information provided.*

4.12.2 *Paragraph 8(1) of Schedule 4 – limited information provided.*

4.12.3 *Paragraph 8(5) of Schedule 4 – no information provided.*

4.12.4 *Paragraph 8(15) of Schedule 4 – no information provided.*

4.12.5 *Paragraph 22B & 22C of Schedule 4 – no information provided.*

4.13 Whilst these are individually considered further below, some general submissions are made first.

4.14 General Reasons why Appeal should be allowed

4.14.1 The Appeal is brought under a number of headings: That the reasons for refusing the application were irrational or unreasonable;

4.14.2 It was disproportionate to refuse the application on the grounds that it was refused;

4.14.3 Further to Paragraph 4(a) and 4(b) [4.11.1 and 4.11.2 of this determination] above, the Respondent did not properly consider the full evidence before it including drawing the appropriate inferences, especially when it had no concerns regarding the fitness of the proposed Superintendent;

4.14.4 Failing to provide proper reasons for the refusal; and

4.14.5 Failing to, in light of its ultimate reasons for refusal, ask the Appellant for the relevant SOPs, that were clearly offered as part of its Application.

4.15 The failure to provide proper reasons is in itself wrong and a reason why the appeal should be allowed under this head alone. The Appellant is not clear as to why the Application was refused. As such, and in order that this Panel can take a proper view of both the Application and the Appeal, the Appellant has provided a witness statement with the relevant SOPs relating to the grounds for refusal.

4.16 Considering, on the whole, the small number of reasons for rejection, the decision to not ask for SOPs or for further reassurance was unreasonable and makes the decision unfair. Where, substantially, the Panel did not have any overall concerns regarding the proposed operation of the distance selling pharmacy, it was more incumbent on the Panel to ask for limited SOPs on the areas they were concerned about and to not do so was unreasonable. It should also be taken into account that the Appellant had satisfied the Panel as to the objections raised by the other pharmacies without the provision of SOPs, and so the Panel should have either:

4.16.1 Asked for the SOPs on the remaining areas in which they had concern; or

4.16.2 Inferred that where the Appellant stated they had SOPs in line with GPhC and NHS guidelines, such SOPs were suitable and dealt with each of the reasons for refusal.

4.17 This is especially so when the Panel has not cited any reasons for refusal relating to the unsuitability of the proposed Superintendent. As such, the Panel should have considered that none of these grounds for refusal were made out when there are no concerns, as the responsible Superintendent being respectful of his/her registration, would ensure that patient safety was not compromised.

4.18 Further to Paragraph 7 [4.17] above, it is irrational and disproportionate to refuse the Application for reasons under Schedule 4 Paragraphs 6 and 8. For example, to think that in the totality of this Application, it is not clear that the Appellant would provide medicines in proper containers (Paragraph 8(15) refusal) when there are no concerns with the Superintendent, is irrational and disproportionate, especially when there is sufficient and proper evidence that there will be no issues with the delivery of medications. These two conclusions cannot sit together, as medicines cannot be safely delivered if they are not in the appropriate containers.

4.19 **Individual Submissions**

4.20 Paragraph 6 Refusal

4.21 *(1) This paragraph applies where, in a case of urgency, a prescriber requests an NHS pharmacist (P) to provide a drug or appliance.*

4.22 As stated above, once it is accepted that the Proposed Superintendent is suitable, it is difficult to see how this can properly stand. To not provide emergency medications without a prescription safely, would be a breach of the GPhC regulations, and the Panel should have considered that there was no issue with this.

4.23 Further, to Paragraph 8 [4.18] above, the Appellant did provide ample evidence within its Annex A on this issue, as follows:

4.23.1 *SOPs are in place for all DSP operations, including:*

4.23.1.1 Delivery failures, complaints, and emergency supply scenarios.

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

4.23.3 *…*

4.23.4 *Emergency supply of medicines will always adhere to GPhC guidelines. Controlled drugs will not be supplied. Regular VITTAL PHARMA patients meeting the necessary criteria will have access to urgent medicines*

4.23.5 *For dispensing items without prescriptions, VITTAL PHARMA will ensure the patient's familiarity with the medication and confirm its*

ongoing use, absence of side effects, unchanged medication regimen, and consistent well-being. VITTAL PHARMA will communicate with the patient before issuing an emergency supply, considering the use of video conferencing services like Skype for a more personalized interaction.

4.23.6 *Regarding new patients requiring emergency supply, as long as they provide satisfactory evidence, VITTAL PHARMA will accommodate their needs. When VITTAL PHARMA is unable to provide an emergency supply, the patient will be directed to nearby pharmacies or out-of-hours services.*

4.24 There was therefore ample evidence, which taken on its own, or in conjunction with the fact of a proper Superintendent, to conclude that there was no issue with Paragraph 6. The Panel did not properly take this evidence into account.

4.25 Furthermore, and to reassure this panel, the following SOPs now provided confirm this at: SOP 5, 19, 25, 39a and 39b.

4.26 Paragraphs 8(1), 8(5) and 8(15) Refusal

4.27 *(1) Where an NHS pharmacist (P) is presented with, or receives from the Electronic Prescription Service, a prescription form or a repeatable prescription, P must only provide the drugs or appliances so ordered—*

4.27.1 *(a) if the prescription form or repeatable prescription is duly signed and completed as described in paragraph 5(2) or (3); and*

4.27.2 *(b) in accordance with the order on the prescription form or repeatable prescription, subject to any regulations in force under the Weights and Measures Act 1985 and the following provisions of this Part.*

4.27.3 …

4.27.4 *(5) If the order is for, or a product to be provided in accordance with a SSP is a drug or appliance included in the Drug Tariff, the British National Formulary (including any Appendix published as part of that Formulary), the Dental Practitioner's Formulary, the European Pharmacopoeia or the British Pharmaceutical Codex, the drug or appliance provided must comply with any relevant standard or formula specified therein.*

4.27.5 …

4.27.6 *(15) P must provide any drug which P is required to provide under paragraph 5 or 5C, or provides under paragraph 5A or 5B in a suitable container.*

4.28 Again, where there are no concerns regarding the proposed Superintendent, then these issues do not arise. The Panel should have concluded that Paragraph 8 would be met, as to not do so would have jeopardised that Superintendent's registration.

4.29 However, and in any event, the Panel failed to take into account the following evidence provided in Annex A:

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

4.29.2 *Prescriptions will be received through the following methods:*

4.29.2.1 *EPS (Electronic Prescription Service) nomination.*

4.29.2.2 *Secure upload via patient portal (where appropriate).*

4.29.3 …

4.29.4 *SOPs are in place for all DSP operations, including:*

4.29.4.1 Clinical checks, labelling, and assembly.

4.29.4.2 *Handling of temperature-sensitive and CD medications.*

4.29.4.3 Delivery failures, complaints, and emergency supply scenarios.

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

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

4.29.7 …

4.29.8 *VITTAL PHARMA's approach to prescription exemption verification involves reaching out to patients initially via telephone to confirm their exemption declarations. If a patient is indeed exempt, VITTAL PHARMA will request proof of exemption, which can be submitted to the pharmacy through fax, email, or text. To ensure completeness, the back of the prescription will be filled out in black ink. In cases where*

exemption evidence is not available, the "evidence not seen" box will be marked.

4.29.9 …

4.29.10 *VITTAL PHARMA's scope of service will encompass the nationwide provision of all medicines that are typically available from a standard pharmacy, provided a prescription is furnished.*

4.29.11 …

4.29.12 *To align with guidelines from the General Pharmaceutical Council (GPhC) and NHS England, VITTAL PHARMA will implement robust systems to uphold the integrity of all supplied items.*

4.29.13 …

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

4.29.15 …

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

4.29.17 …

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

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

4.29.20 …

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

4.29.22 …

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

4.29.24 …

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

4.30 This evidence comprehensively deals with each of the alleged objections under Paragraphs 8(1), (5) and (15) of the Regulations. The Appellant has repeatedly made it clear, in a variety of scenarios and by a number of mechanisms that:

4.30.1 Medicines will only be provided when an RP (responsible physician) is present;

4.30.2 It will adhere to all GPhC and NHS guidelines;

4.30.3 Medicines will only be provided when there is a prescription, except in case of emergency;

4.30.4 All necessary and relevant details will be checked in the prescription, and the necessary details recorded when the medicines are dispensed, again in line with all GPhC and NHS guidelines;

4.30.5 There is clear reference to the mechanism of storage and prescription of controlled drugs; and

4.30.6 As mentioned under the General Reasons at the outset of these submissions, there is a clear and proper system for delivery, which can only be possible if the medicines themselves are in proper containers.

4.31 As such, it is submitted that the Panel failed to take into account this evidence, was itself was unreasonable and has led to wrongly refusing the Application under this Paragraph 8 of the Regulations. The Panel have appeared to simply ignore the role of the Superintendent, and also that a RP would be present at all times.

4.32 In any event, and to assist this Appeal Panel, the Appellant has provided SOPs as follows that confirm there are procedures in place:

4.32.1 For Paragraph 8(1), SOPs at 1, 2, 4, 5, 39a and 39b;

4.32.2 For Paragraph 8(5), SOPs at 2, 4, 5, 7 39a and 39b; and

4.32.3 For Paragraph 8(15), SOPs 3, 7, 12, 13, 15, 39a and 39b.

4.33 Paragraphs 22B and 22C Refusal

4.34 *22B Discharge medicines service*

4.35 *An NHS pharmacist (P) must, to the extent that paragraph 22C requires and in the manner set out in that paragraph, provide advice, assistance and support to and in respect of a health service patient—*

4.35.1 *(a) recently discharged from hospital who is referred to P for advice, assistance and support in respect of the patient's medication regimen by the staff of the hospital in which the patient stayed; or*

4.35.2 *(b) who is otherwise referred to P for advice, assistance and support in respect of the patient's medication regimen by the staff of an NHS trust or NHS foundation trust as part of arrangements linked to the transfer of care between different providers of NHS services.*

4.36 *22C. Service outline in respect of the discharge medicines service*

4.37 *(1) An NHS pharmacist (P) must have procedures in place (as part of its standard operating procedures) for checking at appropriate intervals on days on which P's pharmacy premises are open for business whether P has received any referrals, which are in the form and manner approved for this purpose by [NHS England]2 , for the services set out in this paragraph ("DMS referrals")…*

4.38 The Application made it clear that Prescriptions would be received through the following methods:

4.38.1 *Prescriptions will be received through the following methods:*

4.38.1.1 *EPS (Electronic Prescription Service) nomination.*

4.38.1.2 *Secure upload via patient portal (where appropriate).*

4.38.1.3 *Postal delivery to the pharmacy address*.

4.38.1.4 D*edicated driver to collect Rx from surgeries if requested*

4.39 In addition, and as set out above, the Application set out that the Appellant would provide the following:

4.39.1 *VITTAL PHARMA's scope of service will encompass the nationwide provision of all medicines that are typically available from a standard pharmacy, provided a prescription is furnished.*

4.40 Since 2020, DMS has been a mandatory service. The Superintendent and/or the RS [sic] would have clearly been aware of this. Whilst the Appellant has not expressly mentioned DMS, they have clearly articulated that they will provide all essential services expected, which would include DMS. The application also set out comprehensive procedures for receipt of prescriptions (EPS, paper, and secure electronic communication), which would facilitate the provision of DMS

where referrals are received from hospital trusts. There was no intention to exclude DMS, and the Panel should have concluded that it would be provided in line with NHS requirements.

4.41 Further, and as set out above, if this was a genuine concern, then the Panel should have asked for further SOPs or reassurance, being for a very restricted query. Had it done so, it would have been provided with SOPs 22-27, that would have conformed the provision of DMS Services.

4.42 **Conclusion**

4.43 As stated at the outset, there are a number of reasons why the Appeal should be allowed. The lack of proper reasoning from the Panel is particularly concerning and therefore we respectfully ask the panel to consider an oral hearing.

4.44 In order to rectify this issue, this Appeal Panel has been provided with the SOPs and a witness statement, in order that it can provide full reasons for its decision, which the Appellant submits can only be for the Appeal to be allowed and it be allowed to begin providing distance pharmaceutical services.

4.45 So that the Appeal Panel is aware, the Appellant has little choice but to pursue the Appeal, in light of the lease that has been taken in anticipation of being licensed as a distance selling pharmacy. The Appellant has incurred significant expenditure on the expectation that the application would be approved, and the Appeal Panel is asked to consider carefully the Appeal Bundle, evidence and submissions above."

4.46 [Enclosures:

4.46.1 Application [See paragraph 1.1 to 1.136 above]

4.46.2 Fitness Information Form dated 16 June 2025 [not circulated to Committee]

4.46.3 Annex A [See paragraphs 1.14 to 1.136 above]

4.46.4 Decision letter from the Commissioner dated 30 January 2026 [See paragraphs 3.1 to 3.102.5.2 above]

4.46.5 First Witness statement of Mr AM. Exhibit AM1 dated 27 February 2026 [Appendix B for Committee]

4.46.6 Standard Operating Procedures Version 1.0 July 2025 [Appendix C for Committee].

4.47 [Note on the front cover of the Applicant SOPs it states:

4.47.1 "*Any unauthorized use or reproduction of the content, in whole or in part, is strictly prohibited and may result in legal action*."

4.47.2 By email dated 9 March 2026, NHS Resolution sort confirmation whether it could circulate the SOPs stating:

4.47.3 "*In order for NHS Resolution to take the SOPs into consideration, we must circulate the information provided to all statutory interest parties and also when we come to making a determination, we quote from the SOPs in order to demonstrate why we are satisfied or not with various criteria. All our decisions are published on our website*.

4.47.4 *Please can you confirm that we have permission from the Applicant to circulate these SOPs, include quotes from the SOPs in our decision and confirm the understanding that our decisions are published on our website.*"

4.47.5 By email dated 9 March 2026 Carter Bond Solicitors replied:

4.47.6 "*I have received confirmation from my client that you are able to circulate the SOPs*."]

5 Summary of Representations

This is a summary of representations received on the appeal.

5.1 BOOTS UK LTD

5.1.1 "Thank you for your letter dated 12th March 2026 informing us of the above appeal.

5.1.2 Boots UK Ltd have no further comments to make but respectfully ask that NHS Resolution inform us of the decision in due course."

5.2 THE COMMISSIONER

5.2.1 "I am responding to the above appeal, please also refer to the decision report which you have on file and should be read in conjunction with this response.

5.2.2 For a distance selling pharmacy to be granted the ICB has to review the information provided and be assured that essential, advanced and enhanced services can all be provided without a face to face intervention with the patient. It is for the applicant to provide the relevant information that it feels is appropriate to support the information provided for the application, it is not for the ICB to request this information, although due to the change in regulations a request for additional information was made after the regulations change, to be fair and transparent with applicants who applied before the change to regulations.

5.2.3 Where an application is refused as not complying with parts of the regulation this is usually because the applicant has provided little or insufficient information to make the assurances to the ICB, that the services can be provided without face to face intervention. This in no way is a reflection on the pharmacist and that they cannot provide the service, just that they have not evidenced how they will provide without face to face patient intervention.

5.2.4 We have reviewed the additional information provided by the applicant and the SOPs now provided. For the information that was missing or limited, the additional information now provided appears to provide that additional assurance that was needed that services can be provided effectively without face to face intervention with patients. Had this been provided originally the application would have been granted.

5.2.5 Therefore, with this additional information we feel that the application now complies with the regulations and should be granted."

6 Summary of Observations

This is summary of observations received.

6.1 CARTER BOND SOLICITORS REPRESENTING THE APPLICANT

6.1.1 "Thank you for your correspondence dated 13 April 2026 and for providing the representations received from the Decision Making Body.

6.1.2 Having reviewed the response submitted, I note that the Decision Making Body has confirmed that the additional information and SOPs provided now address the concerns previously raised. In particular, they have stated that this information provides the necessary assurance that essential, advanced and enhanced services can be delivered effectively without face-to-face patient interaction, and that the application now complies with the relevant regulatory requirements.

6.1.3 I respectfully agree with this position. The additional information submitted clarifies how services will be delivered remotely, in line with the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

6.1.4 **In light of the above, I submit that the basis for the original refusal has now been addressed, and there are no remaining grounds on which the application should be refused.**

6.1.5 Accordingly, I respectfully invite the Committee to allow the appeal and to direct that the application be granted."

7 Consideration

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

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

7.3 The Committee noted the Applicant's comments that the Commissioner had failed to provide it with the opportunity to provide further SOPs where the Commissioner had a concern. As the appeal is not a review of the Commissioner's decision, the Committee did not consider it necessary to address this point and was mindful that this appeal is a reconsideration of the application afresh and the Applicant had been advised of this. The process is

not iterative, and the Applicant has had the opportunity to supply all information which it intends to rely upon.

7.4 The Committee noted the Applicant's request for an oral hearing on the basis of an alleged lack of proper reasoning by the Commissioner. However, the Committee was satisfied that the Applicant had been afforded sufficient opportunity to present all relevant information on appeal. In the circumstances, the Committee considered it was not necessary to hold an Oral Hearing.

7.5 The Committee noted that although the SOPs were marked confidential, and the Applicant had also referred to the SOPs confidentiality in his witness statement, the Applicant had confirmed permission for the SOPs to be circulated to statutory parties and accepted that the Committee would quote from them in its determination.

7.6 The Committee noted the Applicant's concern in his witness statement that the Commissioner's refusal of the application called into question his fitness to practise as a superintendent pharmacist. The Committee considered that distance selling applications differ materially from traditional bricks-and-mortar pharmacies, where processes and patient interactions can be observed directly. In contrast, a distance selling pharmacy must demonstrate, through the evidence provided, how services will be delivered safely and effectively in a remote setting. The Committee was therefore satisfied that the assessment of the application and appeal against these distinct requirements did not reflect on the Applicant's fitness to practise.

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

Regulation 31

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

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

(2) This paragraph applies where -

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

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

(ii) adjacent premises; and

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

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

7.10 However the Commissioner, in its decision stated "*There are no current pharmacies listed at the proposed premises or adjacent to the proposed premises. Therefore regulation 31 does not apply for this application*." No party sought to argue that the application should be refused pursuant to Regulation 31.

7.11 The Committee therefore determined that it was not required to refuse the application under the provisions of Regulation 31.

Regulation 25

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

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

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

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

in respect of pharmacy premises that are distance selling premises.

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

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

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

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

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

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

Additional information to be included with excepted applications

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

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

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

Nature of details to be supplied

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

Regulation 25(1)

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

Regulation 25(2)(a)

7.15 As far as Regulation 25(2)(a) is concerned, the Committee had regard to the application form in which the Applicant states "N/A." The Commissioner in its decision stated "*The proposed site is not on the same site or in the same building as the premises of a provider of Primary Medical Services with a patient list. Therefore, this regulation does not apply for this application*." The Committee noted that this had not been disputed and that it had not been provided with any information to persuade it otherwise. The Committee was therefore satisfied that the proposed premises were not on the same site as, or in the same building as the premises of a provider of primary medical services with a patient list.

Regulation 25(2)(b)

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

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

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

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

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

7.21 With regard to whether the Applicant had explained the arrangements which ensure that, for appliances which require fitting / measuring, a registered pharmacist measures / fits them, the Committee noted that within the application this section was left blank.

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

7.23 The Committee first considered how the Applicant would provide essential services without interruption and noted the following information in the application. The Applicant states:

"*The RP will maintain continuous supervision both during core and supplementary hours. This oversight will be facilitated by the registration of the RP on both the Pharmacy Management System (PMR) and paper-based systems. This registration mechanism will allow verification of the pharmacist's presence at MEDIRUSH, including times when they might be temporarily away, such as during lunch breaks or emergencies. The pharmacists affiliated with MEDIRUSH will be accessible via phone and online platforms during the establishment's opening hours. If deemed necessary, MEDIRUSH will employ a dispenser, technician, and a qualified healthcare assistant to ensure the safe and effective delivery of essential services. In cases of temporary coverage, adherence to MEDIRUSH's Standard Operating Procedures (SOPs) will be maintained to prevent any service disruptions*." And

"*Core hours will see pharmacists available for patient inquiries via telephone and email*"

7.24 The Applicant's SOP 39b: Responsible Pharmacist Responsibilities (Distance Selling Pharmacy) states at points 4 to 7:

"***4. Responsible Pharmacist Sign-In Procedure***

At the start of duty, the RP must: …….

No dispensing, labelling, clinical checking, or release of medicines may occur until the RP is formally signed in.

5. Responsible Pharmacist Sign-Out Procedure

Before leaving the premises, the RP must: ……..

If no replacement RP is present, dispensing and supply activities must cease immediately.

6. RP Absence – Planned

1. The Superintendent Pharmacist must arrange a locum pharmacist. …….

3. No dispensing or supply may occur until the locum has signed in as RP.

If no locum is available:

Prescription processing may continue (administrative tasks only).

No clinical check, assembly verification, or dispatch may occur.

Patients will be informed of any unavoidable delay.

7. RP Absence – Unplanned / Emergency Departure

If the RP must leave unexpectedly:

1. All dispensing and supply must cease immediately.

2. Any assembled but unchecked prescriptions must be quarantined. …….

5. Superintendent Pharmacist must be notified.

6. Locum arrangements initiated immediately.

No medicines may be dispatched or handed to couriers without an RP signed in."

7.25 The Committee considered the Applicant's assertion that the Responsible Pharmacist (RP) would provide continuous supervision and that services would operate without interruption. However, the Committee noted that the SOPs require all dispensing and supply activities to cease immediately in the absence

of an RP, including in circumstances of planned or unplanned absence, with reliance placed on locum arrangements which the Committee is mindful are not guaranteed, particularly at short notice. The Committee considered this to be inconsistent with the requirement under Regulation 25 and the Terms of Service in Schedule 4 that pharmaceutical services must be provided without interruption.

7.26 With regard to services being available to persons anywhere in England, the Committee noted the following information. In its application, the Applicant stated:

"*1. Nationwide Delivery of Medicines*

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

Ambient-temperature medications via tracked 24-hour delivery.

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

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

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

"*Nationwide Access and Equality – Services available by phone, email and post; SOPs include reasonable adjustments for those with severe disabilities, sight loss or hearing loss*."

7.27 In its SOP - Introduction on page 8 it states:

"*All Essential NHS services must be offered to any person in England*."

7.28 SOP 12 Delivery of Medicines to Patients states at point 2:

"*Delivery of NHS and private prescriptions to patients across England*."

7.29 The Committee noted that services would be available via telephone, email and post, and that the SOPs confirm that essential services would be offered to any person in England, with delivery of prescriptions across England. On that basis, the Committee was satisfied that the Applicant had demonstrated that pharmaceutical services would be available to persons anywhere in England.

7.30 The Committee considered how the Applicant would provide pharmaceutical services without face to face contact and noted the following information in the Applicant's application:

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

1. Nationwide Delivery of Medicines ….

2. No Face-to-Face Interaction at or from the Premises

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

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

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

> *A dedicated pharmacy website with prescription ordering and repeat request functionality.*
>
> *Telephone and email support, manned by trained staff during all operating hours.*
>
> *On-site intercom system at the premises for controlled visitor communication.*
>
> *A secure entrance door, which can only be opened internally to ensure safety and controlled access.*

3. Prescription Collection from Patients

There will be no face-to-face collection of prescriptions from patients." …..

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

7.31 SOP 11: Remote Consultation & Communication with Patients at paragraph 6 provides a table of acceptable communication channels including; Telephone, video call, nhs mail, SMS/Email and App/Web Portal.

7.32 SOP 41: Access to the Premises (Closed Door Operation) paragraph 1 states:

"*To ensure that access to the Distance Selling Pharmacy premises is secure, controlled and compliant with the requirements for a closed-door operation.*"

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

7.34 The Committee noted SOP 16: New Medicine Service (NMS) which states:

"*Pharmacists delivering NMS remotely via phone or video consultation*."

7.35 The Committee was aware that if the pharmacy opens, it will be the responsibility of the Commissioner, in keeping with Regulation 64, to ensure that services are provided other than with face to face contact.

7.36 The Committee was satisfied that the Applicant's arrangements ensure that pharmaceutical services will be provided without face to face contact.

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

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

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

7.39.1 Dispensing of drugs and appliances

7.39.2 Urgent supply without a prescription

7.39.3 Preliminary matters before providing ordered drugs or appliances

7.39.4 Providing ordered drugs or appliances

7.39.5 Refusal to provide drugs or appliances ordered

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

7.39.7 Disposal service in respect of unwanted drugs

7.39.8 Promotion of healthy lifestyles

7.39.9 Prescription linked intervention

7.39.10 Health campaigns

7.39.11 Signposting

7.39.12 Support for self-care

7.39.13 Discharge medicines service

7.39.14 Websites and health promotion zones.

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

Urgent supply without a prescription

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

7.42 In the application, the Applicant states:

"*In cases where MEDIRUSH is unable to provide a specific item, patients will be contacted to explore alternative options, particularly in urgent situations.*"

7.43 On appeal, the Applicant states:

"*Paragraph 6 Refusal*

(1) This paragraph applies where, in a case of urgency, a prescriber requests an NHS pharmacist (P) to provide a drug or appliance.

As stated above, once it is accepted that the Proposed Superintendent is suitable, it is difficult to see how this can properly stand. To not provide emergency medications without a prescription safely, would be a breach of the GPhC regulations, and the Panel should have considered that there was no issue with this. ……

Further, to Paragraph 8 [4.18] above, the Appellant did provide ample evidence within its Annex A on this issue, as follows:

> *SOPs are in place for all DSP operations, including:*
>
> Delivery failures, complaints, and emergency supply scenarios.
>
> *These SOPs are regularly reviewed and aligned with GPhC and NHS guidance.*
>
> *…*
>
> *Emergency supply of medicines will always adhere to GPhC guidelines. Controlled drugs will not be supplied. Regular VITTAL PHARMA patients meeting the necessary criteria will have access to urgent medicines*
>
> *For dispensing items without prescriptions, VITTAL PHARMA will ensure the patient's familiarity with the medication and confirm its ongoing use, absence of side effects, unchanged medication regimen, and consistent well-being. VITTAL PHARMA will communicate with the patient before issuing an emergency supply, considering the use of video conferencing services like Skype for a more personalized interaction.*

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

There was therefore ample evidence, which taken on its own, or in conjunction with the fact of a proper Superintendent, to conclude that there was no issue with Paragraph 6. The Panel did not properly take this evidence into account.

Furthermore, and to reassure this panel, the following SOPs now provided confirm this at: SOP 5, 19, 25, 39a and 39b."

7.44 The Committee noted SOP 19: Emergency Supply Requests which states:

"*5.1. At the Request of a Prescriber*

A prescriber (e.g. GP, IP, dentist) contacts the pharmacy and asks for supply before issuing a prescription

The pharmacist may supply if:

The prescriber agrees to send the prescription within 72 hours

The medicine is not a Schedule 1, 2, or 3 Controlled Drug (except phenobarbital for epilepsy)

Record prescriber details and prescription promise."

7.45 The Committee noted SOP 5: Clinical Screening of Prescriptions noting that the Pharmacist must assess: appropriateness, interactions, contraindications, patient factors but this SOP does not show how urgent requests are processed.

7.46 The Committee noted SOP 25: Record Keeping and Documentation noting the references to ensuring an audit trail and documentation of supplies and interventions but this SOP does not demonstrate the procedure for urgent requests.

7.47 The Committee noted SOP 39: Superintendent Pharmacist Responsibilities & 39b: Responsible Pharmacist Responsibilities (Distance Selling Pharmacy) noting reference to **"**Ensuring compliance with all relevant legislation and SOPs." However again these two SOPs do not demonstrate how urgent requests are processed.

7.48 Whilst the Committee noted that SOP 19 sets out the circumstances in which an emergency supply may be made at the request of a prescriber, including the requirement for a prescription to follow within 72 hours, the Committee was not satisfied that the information provided demonstrates with sufficient clarity how urgent requests would be received, prioritised and processed in practice, particularly in a distance selling context, or how such requests would be managed through to safe and timely supply.

7.49 The Committee was therefore not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 6 of Schedule 4.

Preliminary matters before providing ordered drugs or appliances

7.50 The Committee considered whether the Applicant had explained how charges will be paid. SOP 6: Endorsements and Claims Processing at paragraph 8 states:

"*8.2. Paid Prescriptions*

Ensure that prescription charges are collected and recorded for patients not exempt.

Record charge in PMR and issue a receipt if requested."

7.51 The Committee noted that SOP 6 sets out that prescription charges will be collected and recorded for patients not exempt and includes provision for recording exemption status in the PMR, including the application of exemption codes. However, the Committee was not satisfied that the SOP demonstrates with sufficient clarity, particularly in the context of a distance selling pharmacy, how prescription charges would be collected.

7.52 The Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 7(5)(b) of Schedule 4.

Discharge Medicines Service

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

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

7.55 The Committee noted on appeal, the Applicant states:

"*The Application made it clear that Prescriptions would be received through the following methods:*

Prescriptions will be received through the following methods:

EPS (Electronic Prescription Service) nomination.

Secure upload via patient portal (where appropriate).

Postal delivery to the pharmacy address.

Dedicated driver to collect Rx from surgeries if requested

In addition, and as set out above, the Application set out that the Appellant would provide the following:

> *VITTAL PHARMA's scope of service will encompass the nationwide provision of all medicines that are typically available from a standard pharmacy, provided a prescription is furnished.*

Since 2020, DMS has been a mandatory service. The Superintendent and/or the RS would have clearly been aware of this. Whilst the Appellant has not expressly mentioned DMS, they have clearly articulated that they will provide all essential services expected, which would include DMS. The application also set out comprehensive procedures for receipt of prescriptions (EPS, paper, and secure electronic communication), which would facilitate the provision of DMS where referrals are received from hospital trusts. There was no intention to exclude DMS, and the Panel should have concluded that it would be provided in line with NHS requirements.

Further, and as set out above, if this was a genuine concern, then the Panel should have asked for further SOPs or reassurance, being for a very restricted query. Had it done so, it would have been provided with SOPs 22-27, that would have conformed the provision of DMS Services."

7.56 The Committee noted the SOPs as referred to by the Applicant are, SOP 22: Error Reporting and Near Misses, SOP 23: Complaints Handling, SOP 24 Business Continuity and Disaster Recovery, SOP 25: Record Keeping and Documentation, SOP 26: Data Protection and GDPR Compliance and SOP 27: Information Governance.

7.57 The Committee was of the view that these SOPs provided a governance and safety framework supporting audit trails, patient safety systems and documentation and data handling which the Applicant says shows DMS can be delivered. However, the Committee was not satisfied that the information provided demonstrates with sufficient clarity how advice, assistance and support would be provided in practice to patients following discharge or transfer of care, or the procedures in place for checking and acting upon such referrals, including the management and prioritisation of referrals in a distance selling context.

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

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

Summary

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

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

7.61.1 confirm the Commissioner's decision;

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

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

7.62 The Committee has reached the same conclusion as the Commissioner regarding the application but for different reasons based upon all the information provided by the Applicant within its application and appeal. Therefore, the Committee determined that the decision of the Commissioner must be quashed.

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

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

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

8 Decision

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

8.2 The Committee:

8.2.1 quashes the decision of the Commissioner; and

8.2.2 redetermines the application as follows -

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

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

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

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

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

8.2.3 The application is refused.

Case Manager
Primary Care Appeals