NHS Resolution

30 June 2026

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REF: SHA/26919

APPEAL AGAINST BIRMINGHAM AND SOLIHULL ICB DECISION TO REFUSE AN APPLICATION BY WADE PHARMA LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT 82 MANOR HOUSE LANE, BIRMINGHAM, B26 1PR 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:

PCSE on behalf of the Birmingham and Solihull ICB
Manor Pharmacy
Pharmaceutical Defence on behalf of Wade Pharma Ltd

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1 The Application

By application dated 19 June 2025, Wade Pharma Ltd ("the Applicant") applied to Birmingham and Solihull ICB ("the Commissioner") for inclusion in the pharmaceutical list at 82 Manor House Lane, Birmingham, B26 1PR under Regulation 25. In support of the application it was stated:

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

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

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

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

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

1.3.1 "Application 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."

Pharmacy procedures

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

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

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

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

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

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

1.8 "SEE ATTACHED INFORMATION"

1.9 **"Standard Operating Procedures for Distance Selling Pharmacy**

1.10 Date: 10th July 2025

1.11 **SOP 1: Provision of Advanced Services Remotely**

1.12 Purpose

1.13 To ensure safe, effective, and compliant delivery of Advanced Services remotely, in line with DSP regulations prohibiting face-to-face interaction at or near the pharmacy premises.

1.14 Scope

1.15 Applies to all staff involved in remote delivery of services such as NMS and CPCS.

1.16 Procedure

1.16.1 Patient Identification & Consent:

1.16.1.1 Patients are referred electronically or self-refer online.

1.16.1.2 Consent obtained remotely (phone, secure portal, video).

1.16.2 Service Delivery:

1.16.2.1 Consultations via NHS-compliant video/phone platforms.

1.16.2.2 No in-person interaction at or near the pharmacy.

1.16.3 Documentation:

1.16.3.1 Records kept in PMR; outcomes reported via MYS.

1.16.4 Signposting:

1.16.4.1 Patients needing physical assessments are referred to their GP or a face-to-face provider.

1.17 Training & Governance

1.17.1 Staff trained on DSP policies, confidentiality, and remote procedures.

1.17.2 Regular audits ensure compliance.

1.18 **SOP 2: Enhanced Services Policy (No Face-to-Face)**

1.19 Policy

1.20 In line with NHS England DSP regulations, this pharmacy does not provide any enhanced services requiring face-to-face contact. Patients are signposted to appropriate community pharmacies.

1.21 Procedure

1.21.1 Staff are trained to advise patients that services like flu vaccination are not available from this DSP.

1.21.2 Signposting options include local pharmacies offering in-person services.

1.22 **SOP 3: Remote Patient Interaction & Service Access**

1.23 **Purpose**

1.24 To ensure patients access services remotely in a safe, inclusive, and compliant manner.

1.25 Procedure

1.26 Access:

1.26.1 Services available via website, phone, or NHS App.

1.27 Communication:

1.27.1 Via phone, NHSmail, or video.

1.27.2 Language support available.

1.28 Delivery:

1.28.1 Medicines and documents sent via tracked courier.

1.28.2 No collection allowed at or near the premises.

1.29 Compliance Checklist

1.29.1 No face-to-face services provided

1.29.2 All services remote or signposted

1.29.3 SOPs reviewed annually or after regulatory updates."

2 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 3 February 2026 states:

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

2.2 You have a right of appeal to the Secretary of State against Birmingham and Solihull ICB's decision. Should you choose to appeal then you should either complete the online form available on the NHS Resolution website or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to nhsr.appeals@nhs.net or: Primary Care Appeals NHS Resolution 8th Floor 10 South Colonnade Canary Wharf London E14 4PU."

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

Decision Report

2.3 "PSRC (Committee) have REFUSED and ratified the following Distant Selling Pharmacy application:

2.4 Wade Pharma Limited - 82 Manor House Lane, Birmingham, B26 1PR

2.5 Regulation 25 – Distance Selling Premises Applications

2.6 25(2) The NHSCB 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 the NHSCB 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 between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff.

2.7 Regulation 25(2)(a) – The proposed premises 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. The applicant did not provide details within the application form, however the proposed premises are not on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

2.8 This is confirmed with information available on the NHS.UK website where the nearest general practice is located 0.2 mile away. This regulation is deemed to have been met.

2.9 Regulation 25(2)(b)(i) – The Pharmacy Procedures indicate that the service will be provided as uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services. The lack of supporting information provided by the applicant does not provide assurance for safe and effective provision of the services during the opening hours of the premises. Therefore this regulation is deemed to have not been met.

2.10 Regulation 25(2)(b)(ii) – The pharmacy procedures and detailed SOPs provided appear to meet the standard required to satisfy the regulatory requirements of the provision of Pharmaceutical services without face to face contact. The lack of supporting information provided by the applicant does not provide assurance for provision of pharmaceutical services, therefore this regulation is deemed to have not been met. A Clinical Advisor has reviewed the supporting information provided by the applicant and has confirmed the following statement 'I agree on both recommendations, that neither Regulation 25(2)(b)(i) or Regulation 25(2)(b)(ii) have been met. You can pick one of many reasons due to the lack of information provided in their application. This includes lack of assurance around cold chain products and delivery of Controlled Drugs'.

2.11 Regulation 31 – refusal: same or adjacent premises

2.12 Must be refused where paragraph 2 applies-

2.13 (2) This paragraph applies where-

2.14 (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") from-

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

2.16 (ii) adjacent premises, and

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

2.18 Regulation 31 (1) The application is a for Distance Selling premises, therefore Regulation 31 (2) needs to be considered.

2.19 Regulation 31(2)(a) (i) (ii) There is no pharmacy providing pharmaceutical services at the same or adjacent premises.

2.20 This regulation therefore does not apply As Regulation 31(2)(a) does not apply, the committee is not required to consider Regulation 31(2) (b)

2.21 Therefore, the committee is not required to refuse the application under the provisions of Regulation 31.

2.22 Regulation 66: The applicant has undertaken to provide the following directed services if the application is granted.

2.23 Regulation 66(4): therefore applies if the application is to be granted, and the inclusion of the applicant and the pharmacy premises in the pharmaceutical list for the area of Birmingham HWB would be subject to the condition set out in Regulation 66(5).

2.24 The Committee refused the application.

2.25 The Committee determined that the applicant has been granted appeal rights.

2.26 Specific conditions – Distance Selling Premises

2.27 "As the 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 Birmingham Health and Wellbeing board in respect of the premises included in the application, that inclusion will be subject to the following conditions:

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

2.27.2 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.

2.27.3 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.

2.27.4 The pharmacy procedures for the premises must be such as to secure: the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services, and 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

2.27.5 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: the essential services provided at or from the premises are only available to persons in particular areas of England, or 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).""

3 The Appeal

Using the online appeal form dated 2 March 2026, Pharmaceutical Defence on behalf of the Applicant appealed against the Commissioner's decision. The grounds of appeal are:

3.1 "The decision letter and attached decision report did not contain any information so that the applicant could be satisfied that the application had been fully considered. Both the decision letter and reasons are attached.

3.2 It is submitted that the decision letter and decision report provided by NHS Birmingham and Solihull ICB:

3.2.1 Is woefully inadequate in that it contains little information as to why the committee reached the refusal decision AND / OR

3.2.2 Is woefully inadequate in that it contains very little information as to why the application does not meet the requirements of Regulation 25 AND / OR

3.2.3 The decision report appears to have:

3.2.3.1 Failed to take into account the SOP overview provided by the applicant AND / OR

3.2.3.2 Failed to give adequate explanation that the committee have considered the document in 3a above AND/ OR

3.2.3.3 Primarily focused on areas which appear to have been predetermined by the committee namely unsuccessful delivery and cold chain AND / OR

3.2.3.4 Explain how the committee applied the law to the application that they were tasked with deciding on AND / OR

3.2.3.5 Contained a predetermined decision which was to refuse the application AND / OR

3.2.3.6 Failed to take into account that it is not the committees function to approve or disapprove of the applicants SOPs

3.3 No person, be that the applicant or a member of the public, could be satisfied that the committee reached the correct decision based on the woefully inadequate information provided in the refusal decision and letter.

3.4 The decision is therefore:

3.4.1 Unsafe as no person, be that the applicant or a member of the public, could be satisfied that the committee reached the correct decision based on the inadequate provided in the refusal decision and letter AND / OR

3.4.2 Unlawful as the committee have misdirected themselves on the correct interpretation of the tests laid down in Regulations 25 and 64

3.5 The applicant requests that the committee hear the appeal and consider the application afresh.

3.6 The committee will need to refer to the original documentation associated with this application which can be found under reference number CAS 370337 J5F6B8."

[Enclosures provided included a copy of Standard Operating Procedures]

4 Summary of Representations

This is a summary of representations received on the appeal.

4.1 The Commissioner

4.1.1 "The Committee considered the appeal received and felt that the additional information provided from the applicant to NHS Resolution, is new information that was not available to Committee at the time a decision was made. If that information was available, the Committee may have come to a different conclusion."

5 Summary of Observations

This is summary of observations received.

5.1 Manor Pharmacy

5.1.1 "Good afternoon,

5.1.2 We are writing to object to the application by Wade Pharma Ltd for inclusion in the pharmaceutical list as a distance selling premises at 82 Manor House Lane, Birmingham, B26 1PR.

5.1.3 Impact on Local Pharmaceutical Services

5.1.4 The proposed DSP will operate exclusively as an internet (distance selling) pharmacy, with no face-to-face provision of essential, advanced, or enhanced services at or near the premises. While the applicant has indicated that patients requiring face-to face care will be

signposted to alternative providers, this could place additional strain on existing local pharmacies, particularly regarding in-person services such as vaccinations, medicine reviews, and advice consultations. The application does not sufficiently address how continuity of care and local health integration will be supported if more patients are redirected.

5.1.5 Adequacy of Remote Delivery Arrangements

5.1.6 Although SOPs have been provided detailing remote service protocols, including telephonic and video consultations, there remain uncertainties regarding accessibility for vulnerable patients, those with limited digital literacy, or without internet access. The application does not clearly demonstrate robust provisions to avoid digital exclusion or ensure equal service access for all community members.

5.1.7 Consultation and Patient Involvement

5.1.8 The explanatory notes state that patient involvement is required in ADM (application decision making), but do not specify mechanisms to solicit broader patient input beyond representative groups. There is a risk of reduced engagement and community voice, particularly given the non-confidential nature of the application and the weighting given to written comments over public consultation.

5.1.9 Service Gaps in Advanced & Enhanced Services

5.1.10 Certain NHS services, such as supervised medicine consumption, flu vaccinations, and drug monitoring, inherently require in-person provision. Wade Pharma Ltd's SOPs explicitly exclude these services from the DSP offering, relying solely on signposting. This could lead to fragmentation of care and may inconvenience patients, especially where existing providers may have limited capacity to absorb increased demand.

5.1.11 Physical Premises Suitability

5.1.12 The floor plan provided is draft only and not finalized, with key elements—such as the private consultation area for remote service delivery—still subject to future agreement with shop fitters. There is minimal description of how the physical premises will ensure data privacy, safeguard medicines, and guarantee secure, uninterrupted remote dispensing within regulatory requirements.

5.1.13 Competition & Proximity

5.1.14 While Wade Pharma Ltd states there are no adjacent pharmacy premises, the provided distribution list demonstrates a high density of existing community pharmacies in the area. The application does not convincingly show that the new DSP will add meaningful choice or benefit to the local population, as opposed to simply increasing competition without improving physical service coverage.

5.1.15 Conclusion

5.1.16 I urge NHS Birmingham and Solihull ICB to carefully consider the following before making a decision:

5.1.16.1 The potential impact on existing pharmacies and face-to-face services

5.1.16.2 Whether arrangements for digital inclusion and equal access are sufficiently robust

5.1.16.3 The adequacy of the physical security and privacy measures at the proposed site

5.1.16.4 Whether patient and community involvement in the decision is meaningful and sufficient

5.1.16.5 The risk of service fragmentation and negative effects on continuity of care

5.1.17 We trust these concerns will be taken into account in the determination of the application.

5.1.18 Kindly let us know the outcome of the application that has been made."

5.2 Pharmaceutical Defence on behalf of the Applicant

5.2.1 "Although we do not have any comments relating to the response received, we will say that the further information that would have been considered by the ICB at the relevant time would have also included the following amendment to the SOP regarding delivery of items that are temperature controlled i.e. cold chain:

5.2.2 We write to notify you of an amendment to our Delivery Standard Operating Procedure (SOP) following the identification of an inadvertent omission. The following controls are to be formally incorporated into the Delivery SOP with immediate effect:

5.2.2.1 A maximum–minimum thermometer will be placed within the cool box used for the transportation of temperature-controlled (refrigerated) medicinal products.

5.2.2.2 Maximum and minimum temperatures will be recorded at each point of delivery for all temperature-controlled (refrigerated) items.

5.2.3 This amendment ensures full alignment with regulatory expectations regarding the safe handling, transportation, and monitoring of temperature-sensitive medicinal products.

5.2.4 We kindly request that this update be reviewed and appended to our existing Delivery SOP documentation as part of your assessment.

5.2.5 Please do not hesitate to contact us should you require any further information or clarification."

5.3 Pharmaceutical Defence on behalf of the Applicant

5.3.1 “We write in response to the objections submitted by Manor Pharmacy in relation to our application for inclusion in the pharmaceutical list as a Distance Selling Pharmacy (DSP).

5.3.2 Having reviewed the objections raised, we respectfully submit that many of the concerns are either speculative in nature, based on misunderstandings of the DSP model, or have already been fully addressed within the revised SOPs and supporting documentation submitted as part of our appeal.

5.3.3 Impact on Local Pharmaceutical Services

5.3.4 The objection suggests that our DSP model may place pressure on existing local pharmacies due to the absence of face-to-face services. However, it is well established within the NHS pharmaceutical regulatory framework that DSP pharmacies are specifically designed to provide pharmaceutical services remotely. Patients requiring face-to-face services will continue to have access to existing community pharmacies, as intended within the DSP regulatory structure.

5.3.5 Our application does not remove or reduce existing services in the area, nor does it prevent patients from accessing in-person services elsewhere. Rather, it provides additional patient choice and access through remote dispensing and delivery services.

5.3.6 Furthermore, this is not part of the tests envisaged in the Regulations.

5.3.7 Accessibility and Digital Inclusion

5.3.8 We acknowledge the importance of ensuring accessibility for all patients, including vulnerable individuals and those with limited digital literacy. Our revised SOPs include provisions for telephone consultations, alternative communication methods, carer involvement where appropriate, and patient support mechanisms designed to minimise any risk of digital exclusion.

5.3.9 The DSP model itself is nationally recognised and widely utilised across England, including by patients who specifically prefer home delivery and remote access services.

5.3.10 Advanced and Enhanced Services

5.3.11 The objection refers to services such as supervised consumption and vaccinations which are inherently face-to-face services. As a DSP applicant, we are operating fully within the requirements of the DSP regulations and NHS guidance. The inability to provide certain in-person services is not a deficiency unique to this application but an inherent characteristic of all distance selling pharmacies.

5.3.12 Appropriate signposting arrangements are in place where patients require services that must legally or practically be provided face-to-face.

5.3.13 Premises and Security Arrangements

5.3.14 The concerns regarding the premises are unfounded. The premises will operate in full compliance with GPhC standards, NHS requirements, information governance obligations, and medicines storage regulations.

5.3.15 Any draft floor plans submitted at the time of application were indicative during the fit-out planning process. Final arrangements will ensure appropriate consultation space, secure medicine storage, safeguarding of patient confidentiality, and compliant dispensing workflows.

5.3.16 Competition and Local Need

5.3.17 The objection appears to focus significantly on commercial competition rather than regulatory suitability. The DSP framework does not require an applicant to demonstrate a lack of existing pharmacies in the area. Instead, the application must demonstrate compliance with the statutory requirements applicable to DSP contractors.

5.3.18 Our application seeks to enhance patient choice through remote pharmaceutical access and delivery services, which differ materially from traditional community pharmacy provision.

5.3.19 SOP Clarification – Cold Chain Deliveries

5.3.20 Further to our previous correspondence submitted via Pharmaceutical Defence, we also wish to reiterate that our Delivery SOP has been updated to include additional controls for temperature-controlled medicines, including:

5.3.20.1 Use of maximum-minimum thermometers within cool boxes;

5.3.20.2 Recording of maximum and minimum temperatures at each delivery point for refrigerated items.

5.3.21 These amendments were submitted to ensure full alignment with regulatory expectations surrounding the safe transportation and monitoring of cold chain medicines.

5.3.22 Additionally, we wish to clarify the status of the SOP documentation submitted during the appeal process.

5.3.23 All previously submitted SOPs have been superseded by the revised SOPs submitted during our appeal process.

5.3.24 We respectfully request that only the updated SOPs and accompanying revised documentation submitted as part of the appeal are taken into account when reviewing our application. Any earlier versions should be considered withdrawn and no longer applicable.

5.3.25 The intention of the appeal submission was to replace the previous SOP set in full with the newly submitted versions, which were specifically amended to address the concerns raised in the original decision.

5.3.26 We trust the above assists the Appeals Team and respectfully request that the appeal be determined based on the revised and updated documentation now before NHS Resolution."

6 Consideration

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

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

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

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

Regulation 31

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

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

(2) This paragraph applies where -

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

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

(ii) adjacent premises; and

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

6.6 In response to the question in the application form on this point, the Applicant had stated "*Not applicable as no other pharmacy in same or adjacent premises*." The Commissioner in its decision report stated "*Regulation 31(2)(a) (i) (ii) There is no pharmacy providing pharmaceutical services at the same or adjacent premises. This regulation therefore does not apply*." The Committee noted that no party had sought to dispute this finding on appeal.

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

Regulation 25

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

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

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

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

in respect of pharmacy premises that are distance selling premises.

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

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

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

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

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

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

Additional information to be included with excepted applications

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

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

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

Nature of details to be supplied

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

Regulation 25(1)

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

Regulation 25(2)(a)

6.11 As far as Regulation 25(2)(a) is concerned, the Committee had regard to the application form in which the Applicant states "*Application 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.*" The Committee noted that this had not been disputed and that it had not been provided with any information to persuade it otherwise. The Committee was therefore satisfied that the proposed premises were not on the same site as, or in the same building as the premises of a provider of primary medical services with a patient list.

Regulation 25(2)(b)

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

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

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

6.15 The Committee has asked itself whether it has sufficient information and documentation which would address the criteria in Regulation 25(2)(b). If the Committee is to be satisfied of the matters in that paragraph, the Committee must be provided with evidence to demonstrate these matters. In this case,

that evidence put forward has taken the form of the original application and the SOPs which the Applicant has prepared or commissioned.

6.16 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 revised SOPs in order to satisfy itself that it is appropriate to grant the application, the absence of which would require it to reject it.

6.17 The Committee considered how the Applicant would provide essential services without interruption and noted the following information in the document titled "Wade Pharma Ltd Pharmacy Procedures":

6.17.1 "*A full-time Responsible Pharmacist will be employed to be in attendance during the opening hours. He will be supported by a staff team of one full- time and one part-time dispenser. This level of staff will be able to cover initial trade levels once the pharmacy is open and will ensure an uninterrupted provision of essential services during the opening hours. The team is expected to grow with the business and new members will be added as and when required*."

6.18 In addition, under the heading "Essential Service - Dispensing Uninterrupted service", the Applicant states:

6.18.1 "*Provision of service through the opening hours of the pharmacy will be maintained by having a Responsible Pharmacist present at all times during the pharmacy opening hours and having sufficient support staff at all times. The pharmacy website will run throughout these hours together with a phone, fax, email and webcam service. If the responsible pharmacist is required to leave the premises, a further pharmacist will be on hand to ensure that there is no break in pharmacist cover during the opening hours*."

6.19 Further, the Committee noted under the heading "Essential Service - Public Health (Promotion of Healthy Lifestyles), Prescription linked intervention, Uninterrupted service" it states:

6.19.1 "*Provision of service through the core opening hours of the pharmacy will be maintained by having a Responsible Pharmacist rostered on for all opening hours and having sufficient support staff at all times. Provision of service through the core opening hours of the pharmacy will be maintained by the pharmacy website email and telephone*."

6.20 The Applicant also states:

6.20.1 "*Essential Service - Support for Self Care*

Uninterrupted Service

Provision of service through the core opening hours of the pharmacy will be maintained by having a Responsible Pharmacist rostered on for

all opening hours and having sufficient support staff at all times. Communication links to maintain the service through the core opening hours of the pharmacy will be via the pharmacy website, telephone, email, live chat or video link."

6.21 The Committee noted that throughout the information provided with the application, the Applicant sets out how essential services will be delivered without interruption through the use of, "*email, phone, fax, email, post, website or webcam*." The Committee also noted references to the availability of a second pharmacist and fully trained support staff throughout the pharmacy's opening hours.

6.22 The Committee could not reconcile the Applicant's staffing model with other statements. It noted there would be one RP, one full time dispenser and one part time dispenser. There is no reference to a second pharmacist other than one being "on hand". Based on the staffing model, the Committee considered the wording "on hand" to be unclear and unhelpful in assessing how there would be uninterrupted provision. The onus is solely on the Applicant to provide assurance in this regard. Therefore, the Committee was not satisfied that essential services would be provided without interruption.

6.23 With regard to services being available to persons anywhere in England, the Committee noted the following information in the Applicant's SOPs.

6.23.1 "*Essential Service – Dispensing, Persons anywhere in England*

Patients anywhere in England can access these services via our pharmacy website a direct phone line to the pharmacy, fax, email as well as webcam. Internet connections at the pharmacy will be provided by the NHS HSCN network via BT.

All prescriptions dispensed will be delivered using a dedicated courier service provided by City Sprint (www.citysprinthealth.co.uk). This will include the delivery of prescriptions received via post, fax and EPS. City Sprint will also be delivering cold chain items and CDs. This is addressed in the SOPs which have been included."

6.24 Under the heading "Essential Service – Dispensing, Without Face to Face Contact", the Applicant states:

6.24.1 "*Acute or Urgent Dispensing Requests – Any acute, urgent medication received by ETP or directly via courier from a surgery for patients anywhere in England can be dispensed and dispatched the same day using City Sprint who offer a 24 hour, 365 day service for any type of delivery.*

If a prescription is received for an appliance which requires measuring and fitting, the patient will be telephoned and emailed to state that the pharmacy cannot provide this service because the pharmacy must operate without face to face contact. The patient will then be advised that they would need to have the prescription dispensed by a pharmacy where a pharmacist would be able to measure and fit the appliance. We would facilitate this by gaining the permission of the patient to contact

their nominated pharmacy and explaining the situation. We would then return the prescription to the patient or to the NHS spine so that the prescription can be dispensed."

6.25 The Committee also noted that, under the following headings and sections, the Applicant stated:

6.25.1 "*Essential Service - Disposal of Unwanted Medication*

Persons anywhere in England

Patients anywhere in England can request for safe disposal of their unwanted medication from our pharmacy via phone, fax, email, post or webcam.

Safe and Effectively

Patients, anywhere in England, can contact the pharmacy for collection of their unwanted medicines. We will take details of medication being returned by patients and assess if we are allowed to take them. We would provide patients with adequate packaging so medication can be returned securely via City Sprint couriers at no charge to the patient. All legal records will be kept and we would have procedures in place to comply with Hazardous Waste Regulations and we would keep any additional legal records such as those required for Controlled Drugs. Returned medication can be collected from patients' homes and residential homes but we will not be accepting from nursing homes. Returned medication will be stored in UN type containers provided by PHS. Returned medication will be stored in UN type containers provided by PHS.

Returned solid medicines/ ampoules, liquids and aerosols will be separated. Schedule 2 and 3 Controlled Drugs that are subject to safe custody regulations which are returned by patients will be segregated from other returned medicines and stored in compliance with the Safe Custody Regulations until they have been rendered irretrievable. As the Environment Agency has suggested that the denaturing of CDs is likely to constitute a waste treatment, the pharmacy will hold a waste management license. We will ensure that the courier collecting returned medication is registered as a waste carrier with each local environmental agency office that it operates in. We will keep full records of any waste collected and disposed of for at least three years."

6.25.2 "*Essential Service – Signposting, Persons anywhere in England*

Patients anywhere in England would be able to access the signposting service from the pharmacy via phone, website, email, post or webcam. During communication the pharmacy staff will assess the need for signposting and if any doubt will refer the matter to the pharmacist."

6.25.3 "*Essential Service - Repeat Dispensing*

Persons anywhere in England Patients anywhere in England can access the Repeat Dispensing service by signing consent form which is available on the website for anyone wishing to use the service. This consent from can be emailed, faxed or posted directly to the pharmacy. Patients from surgeries that are ETP 2 compliant will have their prescriptions sent and received at the pharmacy electronically almost instantly after the Doctor signs off the electronic prescription. The prescriptions medicines will be dispensed and despatched for delivery by our in-house delivery service or the courier without any delay."

6.25.4 "*Essential Service – Discharge Medicine Service, Persons anywhere in England*

Patients anywhere in England can access the discharge medicine service via the phone, email, chat, video link. When the pharmacist identifies an intervention on the service he/she will communicate with the patient and other healthcare professionals. All interventions will be documented on their PMR record."

6.25.5 "*Essential Service - Public Health (Promotion of Healthy Lifestyles), Persons anywhere in England*

Patients anywhere in England can access these services via the pharmacy website, phone, email, chat, video link or distribution of leaflets within the prescription that is delivered to the patient. When the pharmacist identifies an intervention on a prescription he/she will communicate with the patient and other healthcare professionals. All interventions will be documented on their PMR record."

6.25.6 "*Essential Service - Support for Self Care, Persons anywhere in England*

Patients anywhere in England can access these services via the pharmacy website, telephone, email, live chat or video link. The majority of interactions will come whilst giving advice to the patient using these methods."

6.26 The Committee acknowledged the references to a nationwide service, including the use of national couriers such as CitySprint and non-face to face communication methods (for example, via the pharmacy website and telephone).

6.27 The Committee was therefore satisfied that the provision of essential services would be available to persons anywhere in England.

6.28 The Committee went on to consider whether pharmaceutical services would be provided without face to face contact.

6.29 Within its SOPs, the Applicant states:

6.29.1 "*Communication between the pharmacy and patients will be facilitated by phone, fax, email and webcam. Records of all patient interactions will be maintained on the PMR in use at the pharmacy.*

… The Superintendent Pharmacist WA will train all the staff members on the conditions of being a distance selling contractor. They will receive specific training on talking to patients without face-to-face contact, an example being how to elicit a comprehensive medical history by telephone or webcam.

… The premises have been carefully chosen to prevent face to face contact for any person seeking the provision of essential services, in, or within the vicinity of the premises. No person who is seeking essential services under the NHS contract will be allowed entry to the premises. All entrances and exits will remain inaccessible to members of the public who are seeking the provision of essential services. An alarm system will cover the pharmacy premises which will notify the owner of unauthorised access when the premises are closed. All access routes will always be secured and kept locked when the premises not in use. Keys to the pharmacy premises will only be kept with authorised persons employed by the company. Schedule 1, 2 and relevant 3 drugs will always be stored in a locked CD cabinet. Security of premises will be reviewed regularly. A chosen member of staff will be available for emergency outcall in case of a breach."

6.30 Further, the Applicant states under the heading "Essential Service – Dispensing":

6.30.1 "*Persons anywhere in England Patients anywhere in England can access these services via our pharmacy website a direct phone line to the pharmacy, fax, email as well as webcam. Internet connections at the pharmacy will be provided by the NHS HSCN network via BT. All prescriptions dispensed will be delivered using a dedicated courier service provided by City Sprint (www.citysprinthealth.co.uk). This will include the delivery of prescriptions received via post, fax and EPS. City Sprint will also be delivering cold chain items and CDs. This is addressed in the SOPs which have been included*."

6.31 The Applicant's SOPs state:

6.31.1 "*THESE ARE SOPs THAT ARE DRAFT IN NATURE NO FACE-TO FACE CONTACT WITH PATIENTS OR THEIR REPRESENTATIVES IS PERMITTED WHEN DELIVERING ANY NHS SERVICES UNLESS DIRECTED BY THE ICB / LOCAL AREA TEAM*."

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

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

6.34 The Committee was of the view that there was nothing provided in the information submitted by the Applicant which demonstrated that "pharmaceutical services" would be provided by face to face contact at the pharmacy premises.

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

6.36 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.

Dispensing of drugs and appliances

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

6.38 The Committee noted the SOP titled "Repeat Dispensing" states:

6.38.1 "*For patients with paper scripts, who decide to keep their own batch issues, explain that they need to remember to send them to the pharmacy using the pre-paid envelopes, for dispensing ahead of need and that they will not be able to them dispensed elsewhere*.

…

In the case of paper RD, Check that the master repeatable prescription is in date (master repeatable prescriptions must be dispensed for the first time within six months of being generated, and – depending on prescriber's intentions – may be valid for up to one year)

…

In the case of paper RD, Check the number of batch issues and their likely validity over time (batch issues can only be dispensed during the time that the master repeatable prescription is valid – so if the master repeatable prescription is presented late, some batch issues may expire before needed)."

6.39 The Applicant's SOP titled "Delivering Medicines Safely and Effectively" states:

6.39.1 "*Medicines should only be couriered when it is impractical to deliver via the delivery driver. CDs must NOT be couriered outside of the UK. City Sprint will be used for this purpose*."

6.40 Further in the Applicant's introduction to the SOPs, it states:

6.40.1 "*The medication is delivered nationwide via a tracked delivery service*."

6.41 The Committee was satisfied that the Applicant was proposing to offer the services to all of England, as per the information contained in the SOPs.

6.42 The Committee was therefore satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 5(2) and 5(3) of Schedule 4.

Urgent supply without a prescription

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

6.44 The Committee noted the information in the Applicant's SOPs under the heading "Essential Service – Dispensing", 'Courier Contingency Plan' which states:

6.44.1 "*Acute or Urgent Dispensing Requests – Any acute, urgent medication received by ETP or directly via courier from a surgery for patients anywhere in England can be dispensed and dispatched the same day using City Sprint who offer a 24 hour, 365 day service for any type of delivery*."

6.45 The Committee noted that the SOPs refer to pharmaceutical services being delivered by several means of non-face to face communication including telephone and email, and considered that it was reasonable to infer that these methods would be used to receive requests from prescribers for the urgent supply of drugs.

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

Preliminary matters before providing ordered drugs or appliances

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

6.48 The Committee noted under the heading "Proof of exemption/prescription charges", the Applicant states:

6.48.1 "*If the patient is under 16 or over 60 years of age and the date of birth is printed on the front of the prescription then no check of exemption status is required. The pharmacy will make use of real time exemption checking (RTEC) via the PMR system if appropriate. For all other exemptions, the pharmacy will make contact with the patient and ask them for proof of their exemption. The pharmacy will ask patients to*

send proof of exemption to the pharmacy via post, fax or as an email attachment. The exemption details can also be updated on the secure pharmacy website. The pharmacy will keep records of exemption on the PMR, including when the exemption runs out or expires. On each dispensing occasion, we would verify exemption details and seek explicit permission from the patient if they would like the pharmacy to fill in the back of the prescription on their behalf. We would make a record each time the patient gave us permission to fill in the back of the prescription on their behalf so there is an audit trail. If the patient wishes to fill in the back of the prescriptions themselves we would send the prescription to the patient via courier for them to fill in and return to us. This could be done at the same time as the medication is being delivered or prior to delivery depending on patient preference. If patient is unable to provide proof of exemption, the pharmacy would mark the back of the prescription to indicate that the exemption has not been seen."

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

6.50 The Committee considered whether the Applicant had explained how charges will be paid.

6.51 The Committee noted under the heading 'Proof of exemption/prescription charges', the Applicant states:

6.51.1 "*Where prescription charge(s) need to be taken, the pharmacy will have facilities in place whereby card details can be taken over the telephone or via a secure internet site. The pharmacy will cover the cost of postage by arranging for an insured courier to collect prescription charges nationally via a tracked service*."

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

Providing ordered drugs or appliances

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

6.54 The Committee noted, under the heading, "Essential Service – Dispensing", the Applicant states:

6.54.1 "*Delivery of Refrigerated Medicinal Products –*

For cold chain products, delivery times will always be pre-arranged with the patient to minimise the risk of failed delivery. The patient's contact

number will be given to the City Sprint delivery driver so they can again call the patient approximately 15-30 minutes prior to so they can check that somebody will be at the address to receive the medication.

Cold chain products will be packed in such a way as to ensure that the required temperatures are maintained throughout the journey and the medicines are transported in accordance with their labelling requirements to maintain product integrity.

For delivery of medication with short journey times of less than 3 hours, validated medical cool boxes will be used as recommended by the MHRA. For extended journeys, gels/ ice packs will be added to the packaging to maintain appropriate temperatures throughout. Extra caution will be taken with regards to the positioning of these packs within the consignments as this would be deemed extremely important as they must not be allowed to come into direct contact with the medicines being delivered. Temperatures will be strictly controlled and monitored with calibrated temperature probes to provide temperature data for the entire journey. This will be done by the courier driver. Temperatures will be recorded at the beginning of the journey and again at the point of delivery to ensure it stays between 2-8°C. If the temperature is outside of the required range, then the product will be deemed unsafe to deliver, marked as waste and returned to the pharmacy for destruction. Thermometer(s) will be calibrated annually against a certified standard to ensure safe and effective use. When used to deliver medication, the City Sprint delivery driver must only remove the item from cold storage once the patient has answered the door and verified their identity. In the event of failed delivery, the cold storage item must be returned to the pharmacy as soon as possible, with the maximum and minimum temperatures again being recorded at the point of return. Once again, if temperature monitoring suggests that the medication may have been transported outside of the required range, then the product will be destroyed by the pharmacy and then item will be re-dispensed by the pharmacy. Once again, a new delivery will be agreed with the patient prior to redelivery."

6.55 The Committee noted that the above references items that are being delivered by "City Sprint" and that the Applicant has also made reference to the use of local delivery drivers for the delivery of cold chain items. By way of example, within the SOP entitled "Delivering Medicines Safely and Effectively", the Applicant refers to the delivery driver handling and delivering fridge line items. Under "P4 Preparation for Delivery", it states:

6.55.1 "*Delivery Driver*

Check the patient's name and address on the bagged medicines corresponds to the details in the Delivery Drivers Record Book

Against each entry, record the date and make it clear which driver has delivered to that patient (via the colour of a pen, or write the driver's name next to the entry)

Ask the dispensary staff for any fridge packages that need to be delivered

For schedule 2 and 3 CDs subject to safe custody – ring the patient prior to leaving the pharmacy to confirm they will be able to receive them

Ask the pharmacist for any Schedule 2 and 3 CDs that need to be delivered. Sign the reverse of the prescription to indicate that the prescription has been collected by the driver / courier."

6.56 In addition, "P5 Delivery" states that medicines that usually require storage in a fridge must be kept in a cool box during transit:

6.56.1 *"Delivery Driver*

While in transit, medicines must always be secured and remain in the drivers possession or left in the vehicle. The vehicle must be locked, the windows must be closed, and the medicines should be kept out of sight

Medicines usually requiring storage in a fridge must be kept in a cool box during transit

Travel to the correct address

Politely introduce yourself and explain why you are present

Confirm your identity and hand over the medicines to the patient/carer or authorised designated person. Do Not hand over medicines to someone who is not the patient/carer or authorised designated person

Ask the patient to check the name, address, and number of packages. Confirm exemption evidence if necessary

Ask the patient to check that the medicines received are required by the patient to help minimise wastage

Ask the patients if they will require their repeats again next month

Ask the patient to write their name and sign to indicate receipt of the medication in the Driver's delivery record book – where this isn't possible, the reason should be recorded by the delivery driver

Return the Delivery Record book to authorised pharmacy staff."

6.57 Further, under the heading "P6 Failure to Deliver" the Applicant sets out the procedure to be followed where delivery is unsuccessful, stating:

6.57.1 "*Driver*

If the patient is not home during the agreed delivery slot:

Complete a 'Not at Home' Card detailing information about arranging a re-delivery

Post the pharmacy card through the letter box

Do NOT push through medicines through the letterbox

Do NOT leave the medicines outside the door, placed in unsecured locations or left unattended

Inform the authorised pharmacy staff upon return to the pharmacy

All medicines are returned to the pharmacy on the same day

Refrigerated items are immediately returned to compliant cold storage (2-8°C) and temperature monitoring records are reviewed

If continuous temperature compliance cannot be verified, the item is segregated and placed in a suitable pharmaceutical waste bin

Where Schedule 2 and 3 Controlled Drugs are returned to the pharmacy having not been delivered, inform the pharmacist upon return to the pharmacy. They are returned to the CD cupboard and all required Controlled Drug register entries are made."

6.58 The Committee noted the information provided by the Applicant within their observations. It states:

6.58.1 "*A maximum–minimum thermometer will be placed within the cool box used for the transportation of temperature-controlled (refrigerated) medicinal products.*

Maximum and minimum temperatures will be recorded at each point of delivery for all temperature-controlled (refrigerated) items.

This amendment ensures full alignment with regulatory expectations regarding the safe handling, transportation, and monitoring of temperature-sensitive medicinal products."

6.59 The Committee noted that in the SOP "Delivering Medicines Safely and Effectively," the Applicant included reference to how delivery of Controlled Drugs would be done by "*Courier: Follow the procedure set out by the company who they are employed by*."

6.59.1 *"If needed, Controlled Drug (CD) deliveries will be undertaken by City Sprint who are accredited to handle and transport CDs. Their drivers will deliver to patients at a pre-determined time and the CD's must be*

signed for on receipt. Their drivers will only deliver the CD to the named recipient and they will ask for photographic proof of ID. In the instance of a failed delivery attempt, City Sprint will return any CDs to their overnight safe storage facility and the pharmacy will be contacted to arrange alternative delivery date to patient."

6.60 Further, the Committee noted under the heading "P8 Delivery via Courier", it references Controlled Drug delivery, stating:

6.60.1 "*Authorised pharmacy staff*

Medicines should only be couriered when it is impractical to deliver via the delivery driver. CDs must NOT be couriered outside of the UK. City Sprint will be used for this purpose

Check with the pharmacist before agreeing to courier medicines

Pharmacy bags should be packaged in a box with bubble wrap or similar packaging to prevent any damage during transit

Ensure that a return address for the pharmacy is marked on the package

Mark the package with the words 'Urgent Medical Supplies' but do not describe the exact contents of the package

Packages should be sent via a traceable/auditable service."

6.61 The Committee also noted that the Applicant states under "Courier Contingency Plan":

6.61.1 *"In the event of failed delivery, the cold storage item must be returned to the pharmacy as soon as possible, with the maximum and minimum temperatures again being recorded at the point of return. Once again, if temperature monitoring suggests that the medication may have been transported outside of the required range, then the product will be destroyed by the pharmacy and then item will be re-dispensed by the pharmacy. Once again, a new delivery will be agreed with the patient prior to redelivery*."

6.62 Further, the Committee noted the information provided by the Applicant in '"P6 Failure to Deliver" which states:

6.62.1 "*Where Schedule 2 and 3 Controlled Drugs are returned to the pharmacy having not been delivered, inform the pharmacist upon return to the pharmacy. They are returned to the CD cupboard and all required Controlled Drug register entries are made*."

6.63 Based on the information before it, the Committee was satisfied that the Applicant had provided information sufficient to show that there would be compliance with paragraph 8(1) of Schedule 4.

6.64 The Committee considered whether the Applicant had explained the arrangements which ensure that, for appliances which require fitting/ measuring, a registered pharmacist measures/fits them.

6.65 Under the heading 'Courier Contingency Plan', the Applicant states:

6.65.1 "*If a prescription is received for an appliance which requires measuring and fitting, the patient will be telephoned and emailed to state that the pharmacy cannot provide this service because the pharmacy must operate without face to face contact. The patient will then be advised that they would need to have the prescription dispensed by a pharmacy where a pharmacist would be able to measure and fit the appliance. We would facilitate this by gaining the permission of the patient to contact their nominated pharmacy and explaining the situation. We would then return the prescription to the patient or to the NHS spine so that the prescription can be dispensed*."

6.66 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 8(4) of Schedule 4.

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

6.68 The Committee had regard to SOP 'Delivering Medicines Safely and Effectively', which states:

6.68.1 "*Pharmacy bags should be packaged in a box with bubble wrap or similar packaging to prevent any damage during transit*."

6.69 Further, under the heading 'Essential Service – Dispensing', 'Safe and effectively', the Applicant states:

6.69.1 "*All medication will be delivered in tamper-proof and seal-proof packaging. Several companies who produce packaging material have been researched with a view to order corrugated cardboard boxes and 5-panel wraps which are able to withstand a single trip. It will be packed so it is protected from the environment which may include using a double walled package design or using waterproofing on the packaging material. This will also ensure that the delivery person is protected from cytotoxics and sharps*."

6.70 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 8(15) of Schedule 4.

Refusal to provide drugs or appliances ordered

6.71 The Committee asked itself how the Applicant will be satisfied that when dispensing a repeatable prescription other than on the first occasion, that the patient is still using the medication, is not suffering from any side effects, the medicine regime has not changed in any way and there has been no changes

to the patient's health, which may indicate the desirability of review the patients treatment.

6.72 The Committee noted under the heading "Essential Service – Repeat Dispensing", 'Safe and Effectively', it states:

6.72.1 "*Repeat Dispensing will be delivered safe and effectively via the staff completing sufficient clinical and legal assessments before dispensing the medicine. Once a patient signs up we will obtain the batch prescription (both the Repeat Authorising Prescription RA and the Repeat Dispensing Prescriptions RD) either from the surgery, electronically or via post. Either the patient will contact the pharmacy via phone, email post, website or webcam to dispense the next RD instalment prescription or the pharmacy contacts the patient when they are due their next RD instalment. Before each RD dispensing activity we will contact the patient to clarify which items are required and whether or not there has been a change in medical condition. If treatment needs to be reviewed by the prescriber, the patient will be notified by telephone and/or email. We will keep records of dates of dispensing for each individual batch for each patient, to monitor compliance. Records of interventions made by the pharmacist considered by the pharmacist to be clinically significant will be maintained on the PMR. These actions will ensure a safe and effective service is delivered for patients using the repeat dispensing service*."

6.73 The Committee was therefore satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 9(4) of Schedule 4.

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

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

6.75 The Committee had regard to the information under the heading "Essential Service – Repeat Dispensing'", it states:

6.75.1 *"**Without face-to-face contact** All repeat dispensing patients will be communicated without face-to-face contact via phone, email, post, fax or webcam. All medications will be delivered using our in-house delivery service or the City Sprint courier service and will maintain service delivery without face-to-face contact. We have SOPs in place to manage these services without face-to-face contact.*

For patients who request our service and who are NOT signed up to the repeat dispensing service, we will request that they contact the pharmacy so that we can discuss their suitability for the service but also provide further information on the benefits of the service. The initial

contact with the patient will be via a leaflet which will be included within their dispensed medication. Benefits will include saving time for the patient and the prescriber due to a decreased workload on both parties.

A further benefit will include an improvement of medication safety as the pharmacy will check each and every request to ensure that the medication is still suitable before dispensing. During these checks, if a medication is flagged as being unsuitable or there are side effects, then the patient will be referred to the prescriber for discussion.

Uninterrupted Service

Provision of repeat dispensing throughout the opening hours of the pharmacy will be maintained by phone, fax, email, post or webcam. The Responsible Pharmacist will have undertaken the necessary training and is competent to provide the repeat dispensing service. The CPPE certificate of the Responsible Pharmacist will be provided to the local NHS team for their records. During the opening hours the Responsible Pharmacist will be supported by a suitable trained team sufficient to deliver the repeat dispensing. The pharmacy IT system will be ETP compliant to allow for repeat prescriptions to be received electronically from surgeries anywhere in England that are ETP release 2 compliant. This will be promoted to patients as a quick way to receive prescriptions from participating surgeries for nominated patients repeat and acute prescriptions for quick despatch of medicines without any delay."

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

Disposal service in respect of unwanted drugs

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

6.78 The Committee noted under the heading "Essential Service - Disposal of Unwanted Medication. 'Uninterrupted Service'", it states:

6.78.1 *"Provision for disposal of unwanted medications can be requested by any patients during the core opening hours of the pharmacy. This can be requested via telephone, fax, email or webcam. All staff will be trained to deal with such enquiries.*

Persons anywhere in England

Patients anywhere in England can request for safe disposal of their unwanted medication from our pharmacy via phone, fax, email, post or webcam.

Safe and Effectively

Patients, anywhere in England, can contact the pharmacy for collection of their unwanted medicines. We will take details of medication being returned by patients and assess if we are allowed to take them. We would provide patients with adequate packaging so medication can be returned securely via City Sprint couriers at no charge to the patient. All legal records will be kept and we would have procedures in place to comply with Hazardous Waste Regulations and we would keep any additional legal records such as those required for Controlled Drugs. Returned medication can be collected from patients' homes and residential homes but we will not be accepting from nursing homes. Returned medication will be stored in UN type containers provided by PHS.

Returned medication will be stored in UN type containers provided by PHS. Returned solid medicines/ ampoules, liquids and aerosols will be separated. Schedule 2 and 3 Controlled Drugs that are subject to safe custody regulations which are returned by patients will be segregated from other returned medicines and stored in compliance with the Safe Custody Regulations until they have been rendered irretrievable. As the Environment Agency has suggested that the denaturing of CDs is likely to constitute a waste treatment, the pharmacy will hold a waste management license. We will ensure that the courier collecting returned medication is registered as a waste carrier with each local environmental agency office that it operates in. We will keep full records of any waste collected and disposed of for at least three years.

Without face-to-face contact
Disposal of unwanted medication will be delivered without face-to-face contact via City Sprint couriers or, for local requests, out in-house delivery service. This courier service will provide a third party delivery. Patients would communicate with the pharmacy via phone, fax, email website, post or webcam. We have SOPs in place to ensure this service is offered without having them to be present the pharmacy."

6.79 The Committee noted SOP "Responsible Pharmacist, The Safe and Effective Disposal of Medicines" states:

6.79.1 **"*Authorised pharmacy staff***

Patients anywhere in England can contact the pharmacy for collection of their unwanted medicines.

We will take details of medication being returned by patients and assess if we are allowed to take them.

Check for sharps or chemicals. (Chemicals should not be accepted for disposal, and patients signposted appropriately.

Only accept returned sharps where there is a waste disposal service for sharps. The patient must be asked to carefully remove these items before unwanted medicines can be accepted

Signpost the patient to the most appropriate route for disposal (May be their usual GP practice or by local authority collection)

We would provide patients with adequate packaging so medication can be returned securely via delivery driver/ City Sprint couriers at no charge to the patient.

Ask the patient to estimate the amount of waste and nature of the waste, e.g. any CDs

Provide the patient with the required number of plastic bags, with tamper proof seals for CDs

Explain that a driver/ courier will be coming round to collect the medication when convenient for the patient

Once collected, the driver should place the medication in a box that has the facility to be closed with a lid.

This is to ensure the returned medicines do not get mixed up with the deliveries

If the medicines cannot be dealt with immediately, then:
Handle the returned medicines only using the handles of the bag or the top of the bag or container, ensuring there is no risk of the contents spilling from the bag

If the returned medicines cannot be sorted immediately, then make sure the bag or container is clearly marked and stored separately from other pharmacy stock. Temporarily store the bag or container for processing at a later time according to the procedure outlines below

If the medicines can be dealt with immediately, then process according to the procedure outlined below

All legal records will be kept and we would have procedures in place to comply with Hazardous Waste Regulations and we would keep any additional legal records such as those required for Controlled Drugs.

Returned medication can be collected from patients' homes and residential homes but we will not be accepting from nursing homes.

Returned medication will be stored in UN type containers provided by PHS.

Returned solid medicines/ ampoules, liquids and aerosols will be separated.

Schedule 2 and 3 Controlled Drugs that are subject to safe custody regulations which are returned by patients will be segregated from other returned medicines and stored in compliance with the Safe Custody Regulations until they have been rendered irretrievable.

As the Environment Agency has suggested that the denaturing of CDs is likely to constitute a waste treatment, the pharmacy will hold a waste management license.

We will ensure that the courier collecting returned medication is registered as a waste carrier with each local environmental agency office that it operates in.

We will keep full records of any waste collected and disposed of for at least three years."

6.80 The Committee noted SOP "Destruction of Controlled Drugs" states:

6.80.1 "*CDs returned by the public are disposed of quickly and safely and in accordance with the relevant legislation and RPS guidance*

Adequate records of the disposal of CDs returned by the public are made

Returned CDs cannot be diverted back into community or accidentally re-used in the pharmacy

All members of the pharmacy team understand that relatives returning CDs may be recently bereaved and that they are treated with appropriate sensitivity."

6.81 The Committee was of the view that there was nothing contained within the information before it which led it to conclude that pharmaceutical services would be provided face to face at the pharmacy premises by the Applicant's staff. Based on all of the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 13 - 15 of Schedule 4.

Promotion of healthy lifestyles

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

6.83 The Committee had regard to the information provided by the Applicant under the heading, "Essential Service - Public Health (Promotion of Healthy Lifestyles)", which states:

6.83.1 "*Prescription linked intervention Uninterrupted service*

Provision of service through the core opening hours of the pharmacy will be maintained by having a Responsible Pharmacist rostered on for all opening hours and having sufficient support staff at all times. Provision of service through the core opening hours of the pharmacy will be maintained by the pharmacy website email and telephone.

Persons anywhere in England

Patients anywhere in England can access these services via the pharmacy website, phone, email, chat, video link or distribution of leaflets within the prescription that is delivered to the patient.

When the pharmacist identifies an intervention on a prescription he/she will communicate with the patient and other healthcare professionals. All interventions will be documented on their PMR record.

Safe and effectively

This service will be delivered safe and effectively by pharmacists and appropriately trained staff. At risk patients will be targeted through prescription linked intervention. Opportunistic advice will be given by the pharmacist on specified healthy living/public health topics to patients who have their prescriptions fulfilled by the pharmacy. Staff will be trained to assess for prescription linked interventions and if any doubt will refer the matter to the pharmacist. In particular, patients with diabetes, coronary heart disease, high blood pressure, smokers and obesity. These patients will be identified through the type of medication being requested the patients PMR, or the online questionnaire completed by new patients. Once a prescription linked intervention has been made, a note will be made on the patient's PMR. This note will ensure continuity of advice and as a reference for future interactions with the patients.

Without face-to-face contact

The service will be delivered without face-to-face contact via telephone, email, live chat or video link. Any educational material relating to certain conditions can also be sent in the post or inserted into the packaging of any dispensed prescriptions. We have SOPs in place to manage these services without face-to-face contact."

6.84 The Committee noted the SOP "Self care and Healthy Lifestyle Promotion" states:

6.84.1 "*The SOP will ensure:*

Enhanced access and choice for patients who want to care for themselves and their families

Provision of appropriate advice to people including carers to help them to self-manage a self-limiting or longterm condition

Provision of information and advice to people who require assistance of appropriate health and social care providers or support organisations

Increased patient and public knowledge and understanding of key health lifestyle and public health messages

Opportunistic provision of health promotion advice to encourage patients to take action to improve their health

Patients can access further care and support

A reduction of inappropriate use of health and social care services

Procedure

All advice will be provided via email, telephone or using leaflets

HEALTHY LIFESTYLE

Check if it is appropriate to give advice and support

Yes – identify relevant ICB campaign

Provide leaflets and advice on campaign issues, and record advice provided via email or telephone on the PMR

If no ICB campaign is running, provide relevant advice or supply leaflets

No – refer to relevant health or social care provider or support organisation and made a record on the PMR."

6.85 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 16 – 18 of Schedule 4.

Prescription linked intervention

6.86 The Committee considered whether the Applicant had explained how it will assess whether persons require prescription linked intervention advice because they have diabetes, are at risk of coronary heart disease, smoke or are overweight.

6.87 The Committee noted the following:

6.87.1 "*Essential Service - Public Health (Promotion of Healthy Lifestyles)*

Prescription linked intervention

Uninterrupted service

Provision of service through the core opening hours of the pharmacy will be maintained by having a Responsible Pharmacist rostered on for all opening hours and having sufficient support staff at all times. Provision of service through the core opening hours of the pharmacy will be maintained by the pharmacy website email and telephone.

Persons anywhere in England

Patients anywhere in England can access these services via the pharmacy website, phone, email, chat, video link or distribution of leaflets within the prescription that is delivered to the patient.

When the pharmacist identifies an intervention on a prescription he/she will communicate with the patient and other healthcare professionals. All interventions will be documented on their PMR record.

Safe and effectively

This service will be delivered safe and effectively by pharmacists and appropriately trained staff. At risk patients will be targeted through prescription linked intervention. Opportunistic advice will be given by the pharmacist on specified healthy living/public health topics to patients who have their prescriptions fulfilled by the pharmacy. Staff will be trained to assess for prescription linked interventions and if any doubt will refer the matter to the pharmacist. In particular, patients with diabetes, coronary heart disease, high blood pressure, smokers and obesity. These patients will be identified through the type of medication being requested the patients PMR, or the online questionnaire completed by new patients. Once a prescription linked intervention has been made, a note will be made on the patient's PMR. This note will ensure continuity of advice and as a reference for future interactions with the patients."

6.88 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 17 of Schedule 4.

Health campaigns

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

6.90 The Committee noted under the heading "National Health Campaign, Uninterrupted Service", the Applicant states:

6.90.1 "*Provision of service through the core opening hours of the pharmacy will be maintained by the pharmacy website, telephone, fax email, web chat or video link. Promotional material prepared by the Local Area Team and/or Public Health England will be made available for any patients. Trained staff will be available at the pharmacy to run the campaigns during the opening hours.*

Persons anywhere in England

Patients anywhere in England can access these services via the pharmacy website, telephone, email, live chat, video link as well as sending out printed leaflets. The website will have a specific area for current health campaigns and allow outbound links to accredited organisations and clear routes to further resources.

Safe and Effectively

This service will be delivered safe and effectively. The pharmacy will contribute in up to 6 campaigns as directed by NHS England and Public Health England. Other campaigns may be advised by the Local Area Team/Health and Wellbeing Board. Throughout the campaigns the pharmacy will maintain a record of the number of people that receive the advice to ensure traceability. The pharmacy will use the approved content provided by the relevant bodies. This may include briefing packs, patient literature, NHS funded merchandise or services.

Without face-to-face contact

The service will be delivered without face-to-face contact via the pharmacy website telephone, email or live chat. We have SOPs in place to manage these services without face to face contact."

6.91 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 18 of Schedule 4.

Signposting

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

6.93 The Committee noted that under the heading "Essential Service – Signposting", "Uninterrupted Service", it states:

6.93.1 "*Provision of signposting can be done through the opening hours of the pharmacy via phone, fax, email, post, website or webcam. Staff will be trained to assess the need for signposting and if any doubt will refer the matter to the pharmacist.*

Persons anywhere in England

Patients anywhere in England would be able to access the signposting service from the pharmacy via phone, website, email, post or webcam. During communication the pharmacy staff will assess the need for signposting and if any doubt will refer the matter to the pharmacist.

Safe and Effectively

We would contact the relevant NHS organisations in Scotland. Wales and Northern Ireland to obtain resources. Furthermore, we would have access to Macmillan, NHS Choices and NHS Direct websites, as well as full internet access to further on-demand resources. Depending on the nature of patient queries and assessment of the information provided by the patient we could then either contact patients for further information refer them to their GP or signpost them to a local NHS or

non NHS service as appropriate. We will provide referral notes by email, fax and post to the appropriate health and social care providers in cases where the pharmacy is unable to meet the needs of the patient. We will aim to ensure that patients are referred correctly to minimise inappropriate use of health and social care services. We will keep records of all referrals made on the PMR including any advice given to maintain audit trails.

Without face-to-face contact

Signposting will be delivered without face-to-face contact via the website email phone, post fax or webcam. All patients will communicate with the pharmacy via these methods and as such there will be no face-to-face patient interaction. The SOPs in place ensure we can deliver the service without face to face contact in a distance selling model."

6.94 The Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 19 – 20 of Schedule 4.

Support for self-care

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

6.96 The Committee noted under the heading "Essential Service - Support for Self Care," "Uninterrupted Service," it states:

6.96.1 "*Provision of service through the core opening hours of the pharmacy will be maintained by having a Responsible Pharmacist rostered on for all opening hours and having sufficient support staff at all times. Communication links to maintain the service through the core opening hours of the pharmacy will be via the pharmacy website, telephone, email, live chat or video link.*

Persons anywhere in England

Patients anywhere in England can access these services via the pharmacy website, telephone, email, live chat or video link. The majority of interactions will come whilst giving advice to the patient using these methods.

Safe and Effectively

Support for self care will be delivered safe and effectively. Pharmacy staff will provide advice to patients including carers requesting help with the treatment of minor illness and long term conditions, including general information and advice on how to manage illness. Using website or telephone consultation, we can assess patients using a protocol based on the WWHAM model.

Visual symptoms can be accessed via a video link if necessary. The pharmacy staff will advise on the appropriate use of the wide range of non prescription medicines which can be used in the self-care of minor illness and long term conditions. When appropriate pharmacy staff will make healthy interventions in a similar manner to that provided in promotions of healthy lifestyle service. When appropriate and where necessary, pharmacy staff will signpost patients to other health and social care providers. Records of advice given, products purchased or referrals made will be put on to the patients PMR when the pharmacist deems it to be of clinical significance. Any medication sold online will be sent to the patient via City Sprint couriers.

Without face-to-face contact

This service will be delivered without face-to-face contact via telephone, email, live chat or video link. Support for Self-Care will be prevalent in all patient interactions which will be maintained using these methods. Any deliveries of OTC products will be made using City Sprint courier who will act as a third party. We have SOPs in place to manage these services without face-to-face contact."

6.97 Further, in the SOP "Self Care and Healthy Lifestyle Promotion", it states:

6.97.1 "*Scope*

This SOP includes guidance for the provision of selfcare to customers and their families, including signposting to appropriate organisations and promotion of a health [sic] lifestyle

The SOP will ensure:

Enhanced access and choice for patients who want to care for themselves and their families

Provision of appropriate advice to people including carers to help them to self-manage a self-limiting or long term condition

Provision of information and advice to people who require assistance of appropriate health and social care providers or support organisations

Increased patient and public knowledge and understanding of key health lifestyle and public health messages

Opportunistic provision of health promotion advice to encourage patients to take action to improve their health

Patients can access further care and support

A reduction of inappropriate use of health and social care services."

6.98 The Committee was therefore satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 21 – 22 of Schedule 4.

Discharge medicines service

6.99 The Committee considered whether the Applicant had explained how it will provide advice, assistance and support to and in respect of a health service patient – (a) recently discharged from hospital who is referred to P for advice, assistance and support in respect of the patient's medication regimen by the staff of the hospital in which the patient stayed; or (b) who is otherwise referred to P for advice, assistance and support in respect of the patient's medication 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.

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

6.101 The Committee noted the SOP, "Discharge Medicine Service" states:

6.101.1"*Purpose*

To ensure the safe and effective management of discharge medicines for patients, in accordance with the NHS Discharge Medicines Toolkit, to support continuity of care and patient safety.

Scope

This SOP applies to all pharmacy staff involved in the discharge process this includes:

Pharmacists: Ensure accurate medication reconciliation, provide patient education, and manage the discharge medication process.

Pharmacy Technicians: Assist with medication preparation and labelling. Definitions

Discharge Medicines: Medications provided to patients upon discharge from a healthcare facility.

Medication Reconciliation: The process of comparing a patient's medication orders to all of the medications that the patient has been taking.

Uninterrupted Service

Provision of discharge medicine service throughout the opening hours of the pharmacy will be maintained by phone, fax, email, post or webcam.

The Responsible Pharmacist will have undertaken the necessary training and is competent to provide the discharge medicine service.

The CPPE certificate for the Responsible Pharmacist will be provided to the local NHS team for their records.

During the opening hours the Responsible Pharmacist will be supported by a suitable trained team sufficient to deliver the discharge medicine service.

The pharmacy IT system will be compliant to allow for discharge medicine service to be undertaken via Pharmoutcomes website or the pharmacy dedicated NHS mailbox.

Persons anywhere in England

Patients anywhere in England can access the discharge medicine service via the phone, email, chat, video link.

When the pharmacist identifies an intervention on the service he/she will communicate with the patient and other healthcare professionals.

All interventions will be documented on their PMR record.

All discharge medicine service patients will be communicated without face-to-face contact via phone, email, post, fax or webcam.

All medications will be delivered using our in-house delivery service or the City Sprint courier service and will maintain service delivery without face-to-face contact.

If medicines need to be returned, this will be done in accordance to disposal of unwanted medication. (see previous SOPs)

This discharge medicine service will ensure better communication of changes to a patient's medication when they leave hospital and to reduce incidences of avoidable harm caused by medicines."

6.101.2*"Procedure*

Check for new referrals (Stage 1)

Check for new referrals via the premises-specific NHS mail account at appropriate intervals throughout each day the pharmacy is open. It is suggested to do this first thing in the morning and then every hour after. Each referral must be completed within 72hrs of receipt.

A clinical review should undertaken by the community pharmacist following receipt of a patient referral.

The community pharmacy team may contact the referring NHS trust contact or the PCN pharmacy team to discuss any concerns (eg an

important medicine the patient usually takes is omitted on the discharge referral) and to seek clarification about the discharge referral.

Keep in mind high-risk patients which might include:

People taking more than five medications, where the risk of harmful effects and drug interactions is increased.

Those who have had new medicines prescribed while in hospital.

Those who have had medication change(s) while in hospital.

Those who have experienced myocardial infarction or a stroke due to likelihood of new medicines being prescribed.

Those who appear confused about their medicines on admission/when getting ready for discharge, and have already needed additional support from a healthcare professional.

Those who have help at home to take their medications.

Those patients who have a learning disability.

Medication Reconciliation and Review (stage 2)

Initiation: Upon receipt of a discharge prescription (Stage 2), review the patient's medication history and current medication orders.

Reconciliation: Compare the discharge medications with the patient's pre-admission medication list. Identify and resolve discrepancies (e.g., omissions, duplications, interactions).

Consultation: Collaborate with the prescribing medical team to address any issues identified during reconciliation.

Stage 3: Pharmacist checks patient understanding of their medicines regimen.

The pharmacist or pharmacy technician will hold a discussion through non face to face interface.

They will adopt a shared decision making approach with the patient to check their understanding of their post discharge medication regimen.

The pharmacist or pharmacy technician will identify any adherence, clinical issues and outstanding questions or needs the patient may have regarding their medicines.

If there are medicines the patient is no longer using, we will offer to dispose of them, to avoid potential confusion in the future."

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

Websites and health promotion zones

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

6.104 The Committee noted the following in the Applicant's SOPs:

6.104.1"*Wade Pharma Ltd will have a website which facilitates the following:*

1. Patient accesses website via a secure log-in procedure;

2. Patient provides details of prescription,

3. Patient will be contacted by the pharmacy and medical history assessed.

4. Patient posts prescription to pharmacy and/or prescription received via EPS.

5. Item is dispensed and details added to PMR.

6. The medication is delivered nationwide via a tracked delivery service.

There will be no charge to the patient for delivery of medication dispensed against NHS prescriptions. Any costs incurred for delivery will be met by the pharmacy.

The website has been built by a company called The Pharmacy Centre who are web developers that have experience within the pharmacy web development market. Each patient will have their own personal login account once registered which will include their own personalised password for added security. Upon patient consent the pharmacy will then nominate them for EPS. This will then enable us to deliver a service safely and effectively to anyone in England without face to face contact."

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

Summary

6.106 On the information before it, the Committee could be satisfied that there are procedures likely to secure the safe and effective provision of pharmaceutical

services as required by Regulation 25(2)(b). However it could not be satisfied that essential services would be provided without interruption.

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

6.107.1 confirm the Commissioner's decision;

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

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

6.108 Even though the Committee had reached the same decision as the Commissioner, it had done so for different reasons largely based on revised SOPs. In those circumstances, the Committee determined that the decision of the Commissioner must be quashed.

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

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

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

7 Decision

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

7.2 The Committee:

7.2.1 quashes the decision of the Commissioner; and

7.2.2 redetermines the application as follows -

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

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

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

7.2.2.4 the Committee was satisfied that pharmaceutical services were likely to be secured in a safe and effective manner; and

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

7.2.3 The application is refused.

Case Manager
Primary Care Appeals