NHS Resolution

17 July 2026

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REF: SHA/26902

APPEAL AGAINST GREATER MANCHESTER ICB DECISION TO GRANT AN APPLICATION BY CURE CONNECT LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT HINDLEY GREEN, WIGAN, WN2 (BEST ESTIMATE) WITH REGARD TO CURRENT NEED UNDER REGULATION 13

REF: SHA/26942

APPEAL AGAINST GREATER MANCHESTER ICB DECISION TO GRANT AN APPLICATION BY SATRA PHARMA LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT 760 ATHERTON ROAD, HINDLEY GREEN, WIGAN, WN2 4SB WITH REGARD TO CURRENT NEED UNDER REGULATION 13

1 Outcome

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

1.2 The Committee determined that the applications should be refused.

A copy of this decision is being sent to:

Healthcare Plus Consulting Ltd on behalf of Cure Connect Ltd
Satra Pharma Ltd
PCT Healthcare Ltd
Rushport Advisory LLP on behalf of Sharief Healthcare Ltd
PCSE on behalf of Greater Manchester ICB

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1 The Applications

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By application dated 6 July 2025, Healthcare Plus Consulting Ltd on behalf of Cure Connect Ltd ("**Applicant 1**") applied to Greater Manchester ICB ("**the Commissioner**") for inclusion in the pharmaceutical list at Hindley Green, Wigan, WN2 with regard to Current Need under Regulation 13. In support of the application it was stated:

In response to 'In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons' the Applicant stated:

1.1 "N/A

1.2 No pharmacy trading from or adjacent to the proposed premises, so Regulation 31 does not apply."

Information in support of the application

1.3 "In making this application the Applicant is seeking to meet the current need identified In the 2025 Wigan Pharmaceutical Needs Assessment for essential services and Pharmacy First.

1.4 The Hindley Green population do not have a community pharmacy within a 1-kilometre radius, despite being an urban area.

1.5 Additional services have also been provided as per above."

In response to 'please explain how you intend to meet the identified current need either in whole or in part' the Applicant stated:

1.6 "Need will be met in full by opening a pharmacy within the best estimate location providing all required services and providing them when they are needed."

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By application dated 10 June 2025, Satra Pharma Ltd ("**Applicant 2**") applied to the Commissioner for inclusion in the pharmaceutical list at 760 Atherton Road, Hindley Green, Wigan, WN2 4SB with regard to Current Need under Regulation 13. In support of the application it was stated:

Information in support of the application

1.1 "In making this application I/we am/are seeking to meet the current need identified on page … 44-46 of the HWB's pharmaceutical needs assessment."

1.2 Please insert the identified current need you are offering to meet here.

1.3 "All essential and advanced services."

In response to 'please explain how you intend to meet the identified current need either in whole or in part' the Applicant stated:

1.4 "By providing essential and and [sic] advanced pharmacy services

1.5 Also, identifying the gaps in pharmacy services in the area in several ways such as:

1.5.1 lack of pharmacy in the area (distance or travel time to the nearest pharmacy)

1.5.2 underserved population such as elderly residents or people with chronic illness.

1.5.3 Lack of GP in the area, by providing pharmacy first and emergency supply (if meet the criteria)can compensate this gap

1.5.4 speciality services not being offered locally such as care homes and local schools support".

2 The Decisions

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The Commissioner considered and decided to grant the application. The decision letter dated 21 January 2026 states:

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

Extract from decision report

2.2 "**The 2025 Wigan Health & Wellbeing Board (HWB) Pharmaceutical Needs Assessment (PNA)** concludes that there is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum, in Hindley Green:

2.2.1 All essential services

2.3 Wigan Borough Pharmaceutical Needs Assessment 2025

2.4 Page 117

471. This PNA concludes that there is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum, in Hindley Green:

All essential services

472. The PNA has considered the current provision of pharmaceutical services across the Borough and the need for any additional services to meet the health needs of the Wigan Borough population. It has not identified any services which are not currently provided in the health and wellbeing board area that would secure improvements or better access to pharmaceutical services or pharmaceutical services of a specific type in its area.

2.5 …

2.6 **Additional information**

2.7 The NHS GM PSRC considered the following additional matters:

2.8 *Does NHS GM consider that it would be desirable to consider, at the same time as this application, applications from other persons offering to meet the same current need?*

2.9 Two applications are considered at the same time, each in its own merit.

2.10 Has another application offering to meet the same current need been submitted, and would it be desirable to consider it at the same time as this application?

2.11 Two applications are considered at the same time, each in its own merit.

2.12 Is an appeal relating to another application offering to meet the same current need pending, and it would be desirable to await the outcome of that appeal before considering this application?

2.13 No appeals are currently pending.

2.14 **Regulation 31 – Must the application be refused**

2.15 The PSRC reviewed the best estimate via Google Maps and Google Streetview (shown below):

2.16 [Photo provided]

2.17 [Map provided]

2.18 **Outcome:** There is no pharmacy on the same or adjacent premises, the nearest pharmacy from Atherton Road is Well Pharmacy, Hindley Medical Centre, 109 Ladies Lane, Hindley, Wigan, WN2 2QG (Pharmacies near WN2 - NHS) the application should not be refused under Regulation 31.

2.19 **Regulation 32 – Is the application to be deferred?**

2.20 Based on all available information, the PSRC considered there were no reasons to justify deferral of the application.

2.21 **Regulation 41 – Is the relevant location in a reserved location?**

2.22 The PSRC noted the relevant location is not in a reserved location.

2.23 **Regulation 44 – Prejudice test**

2.24 The PSRC was satisfied that this test did not apply as it relates only to controlled localities/reserved locations. The proposed location is neither in (or within 1.6km of) a controlled locality, nor is it in a reserved location.

2.25 **Regulation 13(1) – does the need on which the applicant based its application satisfy the elements of Regulation 13(1)?**

2.26 The PSRC considered the content of the application and applied the appropriate regulatory tests:

2.27 *Have there been changes to the needs for pharmaceutical services in the HWB's area since the PNA was published?*

2.28 The PSRC noted that the recently published 2025 Wigan Health & Wellbeing Board (HWB) Pharmaceutical Needs Assessment (PNA) concludes that there is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum, in Hindley Green:

2.28.1 All essential services

2.29 *Are there any other pharmacies or DACs in the area and what services do they provide?*

2.30 The PSRC noted that the nearest community pharmacy is Well Pharmacy, Hindley Medical Centre, 109 Ladies Lane, Hindley, Wigan, WN2 2QG (Pharmacies near WN2 - NHS), 0.4 miles away. Its opening hours are 08:30-18:30 Monday to Friday, Saturday and Sunday closed. It provides all Essential Services and a range of Advanced and Enhanced Services.

2.31 Another pharmacy Trayners Chemist, TRAYNERS CHEMIST - NHS, 108 Market Street, Hindley, Wigan, WN2 3AY, although listed on NHS website as the second closest to the proposed best estimate location, is closer than Well Pharmacy to the best estimate location according to Google Maps, 1.4 miles away:

2.32 It is open Monday, Tuesday, Thursday and Friday 09:00-17:00, Wednesday 09:00-16:00, Saturday 09:00-14:00, Sunday closed.

2.33 In addition, Hindley Pharmacy, Hindley Health Centre, 17 Liverpool Road, Hindley, WN2 3HQ, 9 Hindley Road, Westhoughton, Bolton BL5 2JU is within 0.6 miles according to NHS website and 1.4 miles according to Google Maps. Its opening times are 08:30-18:30 Monday, Tuesday, Thursday and Friday, 08:30-17:00 on Wednesday, Saturday and Sunday closed.

2.34 In support of the application the applicant has submitted the following:

2.35 [See paragraphs 1.1 – 1.6 above.]

2.36 **PSRC considerations**

2.37 Regulation 13 requires that an "identified current need" is one that *"has been included in the relevant pharmaceutical needs assessment".*

2.38 On page 116 of the 2025 Wigan PNA, we can see the following:

2.39 "Pharmaceutical Needs Assessment for Wigan Borough – Conclusion 465. The PNA has identified the current pharmaceutical provision within Wigan Borough along with services provided outside of the Borough and by other providers and considered how these meet the current and future needs of the Wigan Borough population.

466. **Informed by the assessment of pharmaceutical provision within the individual neighbourhood analyses, the PNA concludes that Wigan residents can access essential pharmacy services through 63 community pharmacies and one appliance contractor in Wigan Borough**.

Wigan residents can also access pharmacies located in neighbouring Boroughs outside the Wigan area along with a significant number of internet pharmacies nationwide. These pharmacies increase choice and accessibility for Wigan residents.

467. Wigan Borough is a growing area, with on-going development anticipated over the lifetime of this PNA. **Following assessment of the current population demographics, housing projections and the distribution of pharmacies across the Borough, this PNA has identified two additional needs in the provision of pharmaceutical services in the Borough. These areas have been identified in Hindley Green and Mosely Common".**

468. The PNA has considered the current provision of pharmaceutical services across the Borough and outside of the health and wellbeing board area which secure improvements or better access to other pharmaceutical services,

specifically in relation to the demography and health needs of the population. **It has identified that current provision of pharmaceutical services offered by both community pharmacies and other health care providers meet the needs of the population of Wigan Borough with the exception of Hindley Green, within Neighbourhood 3 – Ince, Hindley, Abram and Platt Bridge.**

469. The closure of a pharmacy in Hindley Green has been met with complaints from the residents of the area about the impact of losing this service provider. the population health profile is detailed in the Wigan Borough PNA 2025 that shows Hindley to be an area higher levels of deprivation (according to IMD) - increasing susceptibility to health inequalities.

470. The pharmacies in the neighbouring area of Hindley fall outside of the travel standard that was developed based on the survey as recommended in the PNA guidance and therefore we have treated Hindley Green as a separate area.

471. This PNA concludes that there is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum, in Hindley Green: • All essential services

472. The PNA has considered the current provision of pharmaceutical services across the Borough and the need for any additional services to meet the health needs of the Wigan Borough population. It has not identified any services which are not currently provided in the health and wellbeing board area that would secure improvements or better access to pharmaceutical services or pharmaceutical services of a specific type in its area.

2.40 Has the current need been met by another person who is providing services in the area?

2.41 The PSRC noted that the recently published 2025 Wigan PNA states the following on page 117, point 472: The PNA has considered the current provision of pharmaceutical services across the Borough and the need for any additional services to meet the health needs of the Wigan Borough population. It has not identified any services which are not currently provided in the health and wellbeing board area that would secure improvements or better access to pharmaceutical services or pharmaceutical services of a specific type in its area.

2.42 Is the current need due to be met by another person who has undertaken to provide services in the area? (Such persons are those whose application has been granted but have not yet submitted their notice of commencement. They may also be contractors who have entered into an LPS scheme but have not commenced service provision)

2.43 There are no other granted applications nor any LPS schemes.

2.44 The PSRC concluded that the application does satisfy the elements of Regulation 13(1).

2.45 **If the application is in a controlled locality or the premises are within 1.6km of a controlled locality then gradualisation for doctors may need to be considered. Numbers of dispensing patients who may be affected should be included, along with information on what percentage of a practice's dispensing patient list this equates to.**

2.46 The PSRC was satisfied that this does not apply, as the proposed location is neither within a controlled locality, nor within 1.6km of one.

2.47 …

2.48 **Representations received from 45 day notification period**

2.49 **Boots pharmacy comment:**

2.50 Thank you for your letter dated 27th August 2025 and the further information regarding the application as above submitted under the NHS (Pharmaceutical Services) Regulations 2013 and inviting us to make representations.

2.51 We have no comments to make but kindly ask that we are notified of the decision of the in due course.

2.52 **Cohens Chemist comment:**

2.53 We wish to make the following comments –

2.54 This application is speculative at best; please see below points to be raised regarding this application;

2.54.1 The applicant hasn't stated any specific premises so far and the proposed parameters for a site are quite wide.

2.54.2 The applicant has registered 49.75 core hours – is this correct?

2.54.3 The applicant is not proposing to provide any innovative services.

2.54.4 There have been no new housing within the past 10 years and none are proposed to my knowledge.

2.54.5 The area is generally affluent, and car ownership is high.

2.54.6 There are pharmacies located in all the surrounding villages. Depending on where the applicant is proposing the new site, these could be only 0.5 miles away from existing pharmacies. These pharmacies are based in Hindley, Westhoughton, Diasy Hill, Atherton, leigh. Some of these pharmacies provide extended hours being open in the evenings and weekends, and the majority also provide a collections and delivery service.

2.54.7 The pharmacy previously in existence in Hindley Green closed due to lack of use, it was not viable and used by the local community, they were happy using pharmacies on the periphery of Hindley Green.

2.54.8 As well as pharmacies on the periphery of Hindley Green, patients have a choice to use and do use the major DSP operators like Pharmacy2U.

2.55 In conclusion we feel that this application is purely speculative and based on the above points we urge the panel to refuse the application.

2.56 We are sure that NHS England will have regard for these points when considering the application.

2.57 **Wigan Council comment:**

2.58 **"RE: CAS-372943-Q9D4Q6 - Application offering to meet an identified current need at Hindley Green Wigan WN2 by Cure Connect Ltd**

2.59 We are writing to make a written representation on behalf of Wigan Health and Wellbeing Board and NHS Greater Manchester (Wigan), regarding the application offering to meet an identified current need at Hindley Green Wigan WN2 by Cure Connect Ltd.

2.60 The 2022 Wigan Borough Pharmaceutical Needs Assessment (PNA) did not identify any gaps in pharmaceutical provision within the geographical footprint where the proposed new pharmacy would be located. During the course of preparing the draft 2025 Wigan Borough PNA, there was a pharmacy closure within the geographical footprint where the proposed new pharmacy would be located.

2.61 The draft 2025 Wigan Borough Pharmaceutical Needs Assessment PNA has recently been out for consultation and feedback is currently being reviewed in advance of publication. The draft PNA identified the following:

2.62 **There is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum:**

2.62.1 All essential services

2.62.2 Pharmacy First service

2.63 **It is noted that the applicant has provided a best estimate of the location of the proposed premises, it is unclear from the map if a unit has been identified. It is also noted that the applicant has provided proposed core opening hours of 9am – 6.15pm Monday to Friday and 9.30am and 1pm on a Saturday which is similar to the existing provision within the neighbourhood. There are no pharmacies open on Sundays in this neighbourhood Wigan Council, www.wigan.gov.uk however the PNA notes that Pharmacy services can be accessed in an adjacent neighbourhood on Sunday.**

2.64 The applicant has listed a wide range of pharmaceutical services to be provided at the premises, some of which are commissioned locally and require contractors to meet specific requirements within the service specification, therefore confirmation of eligibility to provide these services may need to be established".

2.65 **CPGM comment:**

2.66 **"Re: Application offering to meet an identified current need at Hindley Green Wigan WN2 by Cure Connect Ltd**

2.67 Thank you for your letter dated 27th August 2025, informing us of the above application and inviting us to make representations.

2.68 Community Pharmacy Greater Manchester (CPGM) applications subgroup has reviewed this application and believes the applicant has not demonstrated an unmet need for pharmaceutical services in this area. The CPGM subgroup would like to raise the following points:

2.69 We note a similar outstanding application (CAS-366871-V0S3C1) that has been received located within the same vicinity that yet is to be confirmed or granted.

2.70 Following the closure of the Hollowood branch, which was operating at a low item volume and deemed not viable, the subgroup is not aware of any raised complaints or concerns regarding access to pharmacy services. Furthermore, Pharmaceutical Needs Assessment (PNA) and its Supplementary Statement do not identify an unmet need in this locality.

2.71 Whilst the applicant highlights the absence of a pharmacy in immediate proximity, it is important to note that there are other pharmacies within a one-mile radius and several more within a two-mile radius, which remain accessible to the local population. These existing pharmacies are well-positioned to support the needs of residents, including those who may be more vulnerable such as the elderly or people living with chronic illnesses.

2.72 There is no evidence to suggest that the current pharmacy network is unable to meet the current demand. Hindley Green should not be seen as a separate from the wider Hindley neighbourhood, as many residents of Hindley Green are likely to use services in Hindley.

2.73 With regard to specialist support for care homes and local schools, several of the existing pharmacies already offer such services or have the capacity to do so if required. Commissioning of these services is typically based on identified need through engagement with stakeholders, and at present, no gaps have been highlighted that would warrant the addition of a new provider.

2.74 We note the applicants' identified core hours are incorrect.

2.75 In summary, existing pharmacies in the surrounding area continue to meet the needs of the local population, and there is no evidence of an unmet need that would justify the granting of a new pharmacy contract in this location.

2.76 The CPGM subgroup would like to receive any further correspondence regarding this application and wish to be kept informed of its progress".

2.77 **Opposition from PCT Healthcare Limited**

2.78 "**Re: Application offering to meet an identified current need at Hindley Green, Wigan WN2 by Cure Connect Limited**

2.79 Thank you for your letter dated 27 August 2025 regarding the above application. PCT Healthcare Limited wish to make the following written representations on this application.

2.80 We operate one pharmacy on the distribution list:

2.81 PCT Healthcare Limited, t/a Peak Pharmacy (FJG67), Claire House, Lower Ince Health Centre, Phoenix Way, Lower Ince.WN3 4NW

2.82 **PCT Healthcare Limited do not agree with the Wigan Pharmaceutical Needs Assessment (PNA) 2025 as indicated on page 11, point 11.**

11. This PNA concludes that there is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum, in Hindley Green:

All essential services

2.83 PCT Healthcare Limited submitted robust representations against the draft Wigan PNA and the need identified within Hindley Green, which PCT Healthcare Limited disagreed with. As such we do not support this application for Hindley Green as we do not believe there is an PCT Healthcare Limited are aware that other Wigan Pharmacy Contractors and Community Pharmacy Greater Manchester submitted comments against the conclusion that there was a need within the Wigan draft PNA.

2.84 **PCT Healthcare Limited was concerned that no changes were made by Wigan Borough Council to the draft PNA, despite the robust comments submitted to them.**

2.85 It is incorrect for a PNA to state that there is a need for pharmaceutical services following **the closure of a pharmaceutical contractor under the Regulations. It appears the reason given that there is a current need is a recent closure of a pharmacy. A closure does not automatically create a need. The fact that the business has had to close without successfully finding a buyer suggests it was unavailable due to lack of use.** The monthly dispensing volume of the Pharmacy that closed was 2625 or less in 2023/24. The PNA presents no evidence that the needs of this small population aren't being met by remaining contractors within the neighbourhoods of Ince, Hindley, Abram and Platt Bridge or adjacent neighbourhoods.

2.86 Considering specifically Hindley Green

2.87 Population growth

2.88 There is no large new housing development planned for Hindley Green during the lifespan of this PNA. This is confirmed within the PNA on page 49.

179. The expectation is that much of this housing will accommodate movements of families already living within the Borough and it is not anticipated that additional pharmaceutical services will be required with the exception of Mosley Common area. The Strategic Housing Land Availability Assessment (SHLAA), identifies a broader pattern of planned and potential housing growth in the area which when considered across this longer time span, the cumulative impact of housing development is expected to increase demand for pharmaceutical services. The majority of development within the Mosley Common area during the lifetime of this PNA is expected to be completed in the 2027/28 financial year.

2.89 Local demographics

2.90 Comparative data from the ONS area profile tool shows that Hindley Green has: website = Nomis - 2021 Census Area Profile - Hindley Green Ward (as of 2022)

2.91 3 key areas are that Hindley Green Ward has

2.92 Lower levels of unemployment than the borough average

2.93 Lower levels of residents without access to a car

2.94 A comparable proportion of residents in good or very good health

2.95 These statistics indicate that the Hindley Green population will be less vulnerable to pharmacy access challenges than other areas. These characteristics do not support the case for an exceptional local need.

2.96 **The location of existing GP surgeries**

2.97 **Hindley Green residents travel outside Hindley Green to access GP services, There are GP surgeries on Wigan Road, Leigh and Hindley Health centre on Liverpool Road, Hindley. We are not aware of patients having any problems accessing pharmaceutical provision in the existing Wigan pharmacies once they have visited their GP surgery.**

2.98 The location and accessibility of existing pharmacies

2.99 We wish Greater Manchester ICB to specifically consider the fact that there are 11 pharmacies within two miles of the applicant's proposed location (from NHS.uk Pharmacies near WN2 4SB - NHS) on Atherton Road in Hindley Green.

2.100 These pharmacies clearly offer choice for pharmaceutical provision and a choice of provider in the area to the local population. There is no evidence to show that these existing pharmacies are not meeting the pharmaceutical

services needs of patients within the HWB area. There is no information provided in this application to show that patients are experiencing difficulties when accessing pharmacies.

2.101 PCT Healthcare Limited are not aware of any complaints locally from patients regarding access to existing pharmacies.

2.102 Our pharmacy offers a free delivery service and there is a pharmacy open until 9pm 6 days each week just over 1.6 miles away from Hindley Green.

2.103 The applicant and Wigan Count Council PNA have failed to consider that individuals requiring pharmaceutical services as part of their daily lives have freely travelled throughout Wigan and into Leigh to access pharmaceutical services, without complaint, since the pharmacy closed at WN2 4SB, 10 months ago. Accessing pharmacies within Ince, Hindley, Abram, and Platt Bridge neighbourhoods.

2.104 Facilities

2.105 There are no large supermarkets to undertake a weekly shop in Hindley Green nor are there clothes or shoe shops. There are no leisure facilities within Hindley Green nor swimming pools these facilities are within Wigan or colleges. These facilities can be accessed by car or public transport there are frequent buses into Wigan from Hindley Green 132, 608 and 634.

2.106 In summary, PCT Healthcare Limited t/a Peak Pharmacy, does not agree that this application meets the requirements of the Pharmacy Regulations for a current need as we disagree with the PNA:

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

2.108 **Representations received from circulation of first representations**

2.109 **Applicant's response:**

2.110 **"Re: Application offering to meet an identified current need at Best Estimate, Hindley Green, Wigan, WN2, by Cure Connect Ltd - CAS-372943-Q9D4Q6**

2.111 Thank you for your letter dated 15th October 2025. We welcome all comments from local parties and note the following.

2.112 Preliminary Matter

2.113 As a preliminary matter, we highlight that there is another application for the same area currently being considered: ME3880 - Satra Pharma Ltd - CN - WN2 4SB - CAS-366871-V0S3C1. We note that it had been confirmed by email that our client's application would be joined up and considered together and in relation to this application. We have attached this email, for the benefit of the Committee.

2.114 The Pharmacy Manual, which forms official guidance on the regulations, is clear that if a second application is received within 30 days of the date that the first application was notified to interested parties, then it is appropriate to hear the applications together.

2.115 This can be found in Chapter 29 of the Pharmacy Manual, under *Decision Making*. In particular, paragraph 38 and 41:

2.116 38. *"Where the commissioner is presented with more than one application offering to meet the same current or future need, or to secure the same current or future improvements or better access, it may consider that it is reasonable to hear the applications together."*

2.117 As two applications have been received:

2.118 41. *"It is usually reasonable and fair to adopt a cut-off time after which a received application will not be considered together with a previously received application. If a second application is received after 30 days of the date that the first application was notified to interested parties, then the commissioner will usually consider that it is not appropriate to hear the applications together."*

2.119 The Manual has been attached below for reference.

2.120 Paragraph 41 clearly indicates that a 30-day cut off is *"reasonable and fair"*. In this case, we highlight that the Satra Pharma application was notified to interested parties on the 11th June 2025. Our client's application was received on the 7th July 2025 – indeed, well within the 30-day window for joining up of applications. Thus, in accordance with the Pharmacy Manual, it is clear that the applications should be heard together, and we trust that the Committee will adhere to this guidance.

2.121 **Response to representations**

2.122 Representations from CPGM and Cohens noted that our client's core hours were incorrect, we are unsure as to how this conclusion was reached.

2.123 We also highlight that the Wigan HWB did not object to our client's application. The Wigan PNA (2025-2028) explicitly identifies a need for pharmaceutical provision within Hindley Green;

2.124 *"This PNA concludes that there is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum, in Hindley Green: • All essential services."* (Wigan PNA 2025-2028, pg. 11)

2.125 **We note that it is not for anybody to question the reasonableness and legality of the PNA. The ICB will be aware that the PNA is a legal document, and any identified needs have been declared utilising the legal tests to assess pharmaceutical provision within the Wigan Health and Wellbeing Board (HWB). Therefore, any comments questioning the identified need should be dismissed as they directly challenge the reasonableness and legality of the PNA.**

2.126 **The current need is properly identified for essential services in the Hindley Green area, Monday to Saturday. Our client proposes to address this need through 6-day core opening from Monday to Saturday in the Hindley Green area providing a number of additional enhanced and advanced services on top of essential services. Thus, it is clear that our client undertakes to meet the need identified in full.**

2.127 **Conclusion**

2.128 It is clear that the Wigan HWB explicitly identified a current need within Hindley Green under Regulation 13, which our client proposes to meet in full.

2.129 There is currently another application in the same area which should be considered together and in relation to our client's application, as per guidance."

2.130 **CPGM comment:**

2.131 "Thank you for your letter dated 15th October 2025, inviting us to make any comments on the representations received during the 45-days consultation period.

2.132 Community Pharmacy Greater Manchester (CPGM) applications subgroup has taken the opportunity to review the newly published 2025 Wigan Pharmaceutical Needs Assessment (PNA) and do not agree with the conclusion outcome.

2.133 The CPGM applications subgroup believes a closure of a pharmaceutical contractor is not sufficient enough to justify a need for pharmaceutical services in the area of Hindley Green. We would like to reaffirm the points made in our original response to this application which highlighted no evidence to suggest that the current pharmacy network is unable to meet the current demand in Hindley Green and therefore justifying the granting of a new pharmacy contract in this location.

2.134 The CPGM subgroup would like to receive any further correspondence regarding this application and wish to be kept informed of its progress."

2.135 The PSRC had regard to interested party representations and the applicant's response to those representations when considering the application.

2.136 The PSRC also considered the impact of decision on those with protected characteristics under the Equalities Act 2010, in accordance with NHS England's Public Sector Equality Duty and its duties around health inequality.

2.137 It was noted that from 1st January 2021 for all face-to-face community pharmacies and 1st April 2021 for all distance selling premises, the system of clinical governance within the Terms of Service was expanded to include the promotion of healthy living. The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health

inequalities. NHS Greater Manchester is committed to support its community pharmacies in achieving and maintaining compliance with this framework.

2.138 **Decision**

2.139 Based on all available information, the PSRC determined that the application met the identified current need, and therefore the application was **granted**.

2.140 The applicant is advised that a condition of this grant is that it must notify NHS Greater Manchester of the address of the premises to be listed (which must fall within the best estimate specified in the application and map provided in order to be valid) within six months of:

2.140.1 the date on which the applicant is sent the notice of decision under paragraph 28 (having regard also to paragraph 10(2) of Schedule 3);

2.141 if the grant of the application is appealed to the Secretary of State by a person with third party appeal rights, the date on which the appeal is determined by the Secretary of State; or

2.141.1 in a case of an application which is subject to a condition imposed by virtue of paragraph 33(2), the date on which that condition becomes spent,

2.142 whichever is the latest.

2.143 On inclusion in the Wigan HWB Pharmaceutical List, the applicant was issued with a core hours direction with core hours to be 40 hours per week with any additional being considered as supplementary hours:

2.144 Pharmacy-opening-hours-guidance-May-2020.pdf

2.145 The PSRC was satisfied with the proposed hours and its breakdown in the above decision report.

2.146 The PSRC awards appeal rights to:

2.146.1 PCT Healthcare Ltd t/a Peak Pharmacy, Claire House, Lower Ince Health Centre, Wigan, WN3 4NW(FJG67)"

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The Commissioner considered and decided to grant the application. The decision letter dated 11 February 2026 states:

2.147 "Greater Manchester ICB has considered the above application and I am writing to confirm that it has been granted. Please see the enclosed report for the full reasoning."

Extract from decision report

2.148 "**The 2025 Wigan Health & Wellbeing Board (HWB) Pharmaceutical Needs Assessment (PNA)** concludes that there is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum, in Hindley Green:

2.148.1All essential services

2.149 Wigan Borough Pharmaceutical Needs Assessment 2025

2.150 Page 117

471. This PNA concludes that there is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum, in Hindley Green:

All essential services

472. The PNA has considered the current provision of pharmaceutical services across the Borough and the need for any additional services to meet the health needs of the Wigan Borough population. It has not identified any services which are not currently provided in the health and wellbeing board area that would secure improvements or better access to pharmaceutical services or pharmaceutical services of a specific type in its area.

2.151 …

2.152 **Additional information**

2.153 The NHS GM PSRC considered the following additional matters:

2.154 *Does NHS GM consider that it would be desirable to consider, at the same time as this application, applications from other persons offering to meet the same current need?*

2.155 Two applications are considered at the same time, each in its own merit.

2.156 Has another application offering to meet the same current need been submitted, and would it be desirable to consider it at the same time as this application?

2.157 Two applications are considered at the same time, each in its own merit.

2.158 Is an appeal relating to another application offering to meet the same current need pending, and it would be desirable to await the outcome of that appeal before considering this application?

2.159 No appeals are currently pending.

2.160 **Regulation 31 – Must the application be refused**

2.161 The PSRC reviewed the best estimate via Google Maps and Google Streetview (shown below):

2.162 [Photo provided]

2.163 [Map provided]

2.164 **Outcome:** There is no pharmacy on the same or adjacent premises, the nearest pharmacy is Allied Pharmacy Wigan Road, 475 Wigan Road, Leigh, Lancashire, WN7 5HQ (Pharmacies near WN2 4SB - NHS)- the application should not be refused under Regulation 31.

2.165 **Regulation 32 – Is the application to be deferred?**

2.166 Based on all available information, the PSRC considered there were no reasons to justify deferral of the application.

2.167 **Regulation 41 – Is the relevant location in a reserved location?**

2.168 The PSRC noted the relevant location is not in a reserved location.

2.169 **Regulation 44 – Prejudice test**

2.170 The PSRC was satisfied that this test did not apply as it relates only to controlled localities/reserved locations. The proposed location is neither in (or within 1.6km of) a controlled locality, nor is it in a reserved location.

2.171 **Regulation 13(1) – does the need on which the applicant based its application satisfy the elements of Regulation 13(1)?**

2.172 The PSRC considered the content of the application and applied the appropriate regulatory tests:

2.173 *Have there been changes to the needs for pharmaceutical services in the HWB's area since the PNA was published?*

2.174 The PSRC noted that the recently published 2025 Wigan Health & Wellbeing Board (HWB) Pharmaceutical Needs Assessment (PNA) concludes that there is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum, in Hindley Green:

2.174.1All essential services

2.175 *Are there any other pharmacies or DACs in the area and what services do they provide?*

2.176 The PSRC noted that the nearest community pharmacy is Allied Pharmacy Wigan Road, 475 Wigan Road, Leigh, Lancashire, WN7 5HQ (Contact details and opening times - ALLIED PHARMACY WIGAN ROAD - NHS). Its opening hours are 9:00-18:00 Monday to Friday, Saturday and Sunday closed. It provides all Essential Services and a range of Advanced and Enhanced Services.

2.177 Another pharmacy is Borsdane Avenue Pharmacy, 1 mile away according to NHS website, and 1.4 miles away according to Google Maps, Unit3, 19 Borsdane Avenue, Hindley, Wigan, Greater Manchester, WN2 3QN it is open Monday to Friday 09:00-18:00, Saturday 09:00-13:00, Sunday closed.

2.178 In addition, Manor Pharmacy, Contact details and opening times - Manor Pharmacy - NHS, 9 Hindley Road, Westhoughton, Bolton BL5 2JU is within 1.3 miles according to NHS website and 1.9 miles according to Google Maps, is also accessible by bus:

2.179 [Map provided]

2.180 Its opening hours are Monday, Tuesday, Thursday and Friday 09:00-13:00, 14:00-18:30, Thursday 09:00-13:00,14:00-17:30, Saturday 09:00-13:00.

2.181 In support of the application the applicant has submitted the following:

2.182 [See paragraphs 1.1 – 1.5.4 above]

2.183 …

2.184 **PSRC considerations**

2.185 Regulation 13 requires that an "identified current need" is one that *"has been included in the relevant pharmaceutical needs assessment".*

2.186 On page 116 of the 2025 Wigan PNA, we can see the following:

2.187 "Pharmaceutical Needs Assessment for Wigan Borough – Conclusion 465. The PNA has identified the current pharmaceutical provision within Wigan Borough along with services provided outside of the Borough and by other providers and considered how these meet the current and future needs of the Wigan Borough population.

466. **Informed by the assessment of pharmaceutical provision within the individual neighbourhood analyses, the PNA concludes that Wigan residents can access essential pharmacy services through 63 community pharmacies and one appliance contractor in Wigan Borough**.

Wigan residents can also access pharmacies located in neighbouring Boroughs outside the Wigan area along with a significant number of internet pharmacies nationwide. These pharmacies increase choice and accessibility for Wigan residents.

467. Wigan Borough is a growing area, with on-going development anticipated over the lifetime of this PNA. **Following assessment of the current population demographics, housing projections and the distribution of pharmacies across the Borough, this PNA has identified two additional needs in the provision of pharmaceutical services in the Borough. These areas have been identified in Hindley Green and Mosely Common".**

468. The PNA has considered the current provision of pharmaceutical services across the Borough and outside of the health and wellbeing board area which secure improvements or better access to other pharmaceutical services, specifically in relation to the demography and health needs of the population. **It has identified that current provision of pharmaceutical services offered by both community pharmacies and other health care providers meet the needs of the population of Wigan Borough with the exception of Hindley Green, within Neighbourhood 3 – Ince, Hindley, Abram and Platt Bridge.**

469. The closure of a pharmacy in Hindley Green has been met with complaints from the residents of the area about the impact of losing this service provider. the population health profile is detailed in the Wigan Borough PNA 2025 that shows Hindley to be an area higher levels of deprivation (according to IMD) - increasing susceptibility to health inequalities.

470. The pharmacies in the neighbouring area of Hindley fall outside of the travel standard that was developed based on the survey as recommended in the PNA guidance and therefore we have treated Hindley Green as a separate area.

471. This PNA concludes that there is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum, in Hindley Green: • All essential services

472. The PNA has considered the current provision of pharmaceutical services across the Borough and the need for any additional services to meet the health needs of the Wigan Borough population. It has not identified any services which are not currently provided in the health and wellbeing board area that would secure improvements or better access to pharmaceutical services or pharmaceutical services of a specific type in its area.

2.188 Has the current need been met by another person who is providing services in the area?

2.189 The PSRC noted that the recently published 2025 Wigan PNA states the following on page 117, point 472: The PNA has considered the current provision of pharmaceutical services across the Borough and the need for any additional services to meet the health needs of the Wigan Borough population. It has not identified any services which are not currently provided in the health and wellbeing board area that would secure improvements or better access to pharmaceutical services or pharmaceutical services of a specific type in its area.

2.190 Is the current need due to be met by another person who has undertaken to provide services in the area? (Such persons are those whose application has been granted but have not yet submitted their notice of commencement. They may also be contractors who have entered into an LPS scheme but have not commenced service provision)

2.191 There are no other granted applications nor any LPS schemes.

2.192 The PSRC concluded that the application does satisfy the elements of Regulation 13(1).

2.193 **If the application is in a controlled locality or the premises are within 1.6km of a controlled locality then gradualisation for doctors may need to be considered. Numbers of dispensing patients who may be affected should be included, along with information on what percentage of a practice's dispensing patient list this equates to.**

2.194 The PSRC was satisfied that this does not apply, as the proposed location is neither within a controlled locality, nor within 1.6km of one.

2.195 …

2.196 **Representations received from 45 day notification period**

2.197 **CPGM comment:**

2.198 "**Re: Application offering to meet an identified current need at 760 Atherton Road, Hindley Green, Wigan, Greater Manchester, WN2 4SB by Satra Pharma Ltd.**

2.199 Thank you for your letter dated 11th June 2025, informing us of the above application and inviting us to make representations.

2.200 Community Pharmacy Greater Manchester (CPGM) applications **subgroup has reviewed this application and believes the applicant has not demonstrated an unmet need for pharmaceutical services in this area.** The CPGM subgroup would like to raise the following points:

2.201 Following **the closure of the Hollowood branch, which was operating at a low item volume and deemed not viable, the subgroup is not aware of any raised complaints or concerns regarding access to pharmacy services. Furthermore, Pharmaceutical Needs Assessment (PNA) and its Supplementary Statement do not identify an unmet need in this locality.**

2.202 Whilst the applicant highlights the absence of a pharmacy in immediate proximity, it is important to note that there are other pharmacies within a one-mile radius and several more within a two-mile radius, which remain accessible to the local population. These existing pharmacies are well-positioned to support the needs of residents, including those who may be more vulnerable such as the elderly or people living with chronic illnesses.

2.203 The CPGM subgroup would like to acknowledge the argument raised around a lack of a nearby GP practice; however, local pharmacies are already commissioned to deliver services such as Pharmacy First and emergency supply under specific conditions, and these can be accessed through existing providers in the area. **There is no evidence to suggest that the current pharmacy network is unable to meet this demand. Hindley Green should**

not be seen as a separate from the wider Hindley neighbourhood, as many residents of Hindley Green are likely to use services in Hindley.

2.204 With regard to specialist support for care homes and local schools, several of the existing pharmacies already offer such services or have the capacity to do so if required. Commissioning of these services is typically based on identified need through engagement with stakeholders, and at present, no gaps have been highlighted that would warrant the addition of a new provider.

2.205 **In summary, existing pharmacies in the surrounding area continue to meet the needs of the local population, and there is no evidence of an unmet need that would justify the granting of a new pharmacy contract in this location.**

2.206 The CPGM subgroup would like to receive any further correspondence regarding this application and wish to be kept informed of its progress".

2.207 **Wigan Council comment, 23rd July 2025:**

2.208 **RE: ME3880-CAS-366871- V0S3C1 - Application offering to meet an identified current need at 760 Atherton Road, Hindley Green, Wigan, Greater Manchester, WN2 4SB by Satra Pharma Ltd**

2.209 We are writing to make a written representation on behalf of Wigan Health and Wellbeing Board and NHS Greater Manchester (Wigan), regarding the application offering to meet an identified current need at 760 Atherton Road, Hindley Green, Wigan, Greater Manchester, WN2 4SB by Satra Pharma Ltd.

2.210 The 2022 Wigan Borough Pharmaceutical Needs Assessment (PNA) did not identify any gaps in pharmaceutical provision within the geographical footprint where the proposed new pharmacy would be located.

2.211 During the course of preparing the draft 2025 Wigan Borough PNA, there was a pharmacy closure within the geographical footprint where the proposed new pharmacy would be located.

2.212 **The draft 2025 Wigan Borough Pharmaceutical Needs Assessment PNA is currently out for consultation and has identified the following:**

2.213 **There is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum:** All essential services Pharmacy First service

2.214 It is noted that the applicant has proposed core opening hours of 9am – 6pm Monday to Friday with supplementary opening hours between 9am and 12pm on a Saturday which is similar to the existing provision within the neighbourhood. **There are no pharmacies open on Sundays in this neighbourhood however the PNA notes that Pharmacy services can be accessed in an adjacent neighbourhood on Sunday.**

2.215 The applicant has listed a wide range of pharmaceutical services to be provided at the premises, some of which are not recognised as being commissioned

locally, therefore should the application is successful, confirmation of provision of these services may need to be confirmed".

2.216 **Opposition by Rushport Advisory acting on behalf of Wigan Healthcare Ltd and Sharief Healthcare Ltd:**

2.217 "**Re: Application offering to meet an identified current need at 760 Atherton Road, Hindley Green, Wigan, Greater Manchester, WN2 4SB by Satra Pharma Ltd.**

2.218 I act for, Wigan Healthcare Limited - 475 Wigan Road, Leigh, Lancashire, WN7 5HQ & Sharief healthcare Limited – Unit 3 – Borsdane Avenue, Hindley, Wigan, WN2 3QN and submit this letter of objection to the above application on behalf of my clients. I would be grateful if you would update your records so that all future correspondence on this application comes directly to me via email and note both of the relevant pharmacies as distinct interested parties as this is not clear from the IP list provided with the application.

2.219 The application falls to be determined pursuant to regulation 13 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the Regulations).and can only be granted if the requirements of regulation 13 are met.

2.220 Regulation 13 states;

2.221 Future needs: additional matters to which the NHSCB must have regard

2.222 13.—(1) If

> (a) NHS England receives a routine application and is required to determine whether granting it, or granting it in respect of some only of the services specified in it, would meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB; and
>
> (b) the current need has been included in the relevant pharmaceutical needs assessment in accordance with paragraph 2(a) of Schedule 1,

2.223 The key test in this case is regulation 13(1)(b) which requires the specific improvements identified by the Applicant to have been included in the relevant PNA in a specific manner, specifically para 2(a) of Schedule 1, which states that there must be;

2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

> (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

2.224 The Applicant is required to provide the evidence to support their case in section 6 of their application.

2.225 The Applicant provides a list of page numbers (44 to 46) and information from the PNA.

2.226 Having looked at the information provided by the Applicant it is clear that none of it in fact identifies a need for a pharmacy in accordance with paragraph 2(a) of Schedule 1. Instead, **they are general quotes about the provision of pharmaceutical services.**

2.227 **The Applicant appears to have mixed up their own perception of need with the requirement for that need to be specifically identified within the relevant PNA.**

2.228 The evidence provided by the Applicant must be such that it meets the requirements of paragraph 2(a) of Schedule 1 of the Regulations. **In this case the HWB has not, within the PNA, identified services that are not provided in the HWB area, nor has the need for provision of any such service been identified, either now, or in specified future circumstances.**

2.229 In addition to the pages from the PNA quoted by the Applicant, we have reviewed the remainder of the PNA and no need for this pharmacy has been identified elsewhere. We further note that there are in fact a significant number of pharmacies in the area where the Applicant has applied and it would be highly unlikely that a need would arise for an additional pharmacy in this location.

2.230 **As the PNA does not identify any need for a new pharmacy at the proposed premises or area the application must be refused and we look forward to hearing from you in due course".**

2.231 **Representations received from circulation of first representations**

2.232 **CPGM comment, 28th October 2025:**

2.233 Thank you for your letter dated 15th October 2025, inviting us to make any comments on the representations received during the 45-days consultation period.

2.234 Community Pharmacy Greater Manchester (CPGM) applications subgroup has taken the opportunity to review the newly published 2025 Wigan Pharmaceutical Needs Assessment (PNA) and do not agree with the conclusion outcome.

2.235 The CPGM applications subgroup believes a closure of a pharmaceutical contractor is not sufficient enough to justify a need for pharmaceutical services

in the area of Hindley Green. We would like to reaffirm the points made in our original response to this application which highlighted the existing pharmacies in the surrounding area continuing to meet the needs of local population, and there is no evidence of an unmet need that would justify the granting of a new pharmacy contract in this location.

2.236 The CPGM subgroup would like to receive any further correspondence regarding this application and wish to be kept informed of its progress.

2.237 **Applicant's response dated 29th October 2025:**

2.238 "Thank you for your email.

2.239 Please find attached supporting documents relating to application reference CAS-366871-V0S3C1. The submission includes the following: 1. Response to CPGM 2. Response to Rushport Advisory appeal 3. Supporting letter from MP Josh Simons 4. Supporting letter from Councillors John Vickers and James Palmer These documents are provided to assist in the ongoing consideration of our application for a new pharmacy at 760 Atherton Road, Hindley Green, Wigan".

2.240 Response to CPGM:

2.241 **RE: Application offering to meet an identified current need at 760 Atherton Road, Hindley Green, Wigan, Greater Manchester WN2 4SB by Satra Pharma Ltd**

2.242 We refer to the objection submitted by Rushport Advisory LLP on behalf of Wigan Healthcare Limited and Sharief Healthcare Limited regarding our application for a new pharmacy at 760 Atherton Road, Hindley Green.

2.243 We write to provide a formal response and clarify the matters raised.

2.244 **1. Current Need and PNA Context**

2.245 Although the 2022 Wigan Borough Pharmaceutical Needs Assessment (PNA) did not identify a gap at that time, a pharmacy within the same local footprint has recently closed, creating a current and demonstrable need for pharmaceutical services in the area.

2.246 ***The draft 2025 PNA, currently in consultation, explicitly recognises a need for a pharmacy providing services aligned with GP hours, including all essential services and the Pharmacy First service.***

2.247 ***This represents the most up-to-date evidence of local pharmaceutical need and is referenced in our application.***

2.248 **2. Compliance with Regulation 13(1)(b)**

2.249 Regulation 13(1)(b) requires consideration of current need as identified within the relevant PNA.

2.250 ***Our application relies on the draft 2025 PNA, which confirms that additional provision is required.***

2.251 ***The objection incorrectly suggests that the PNA must have identified this need in the 2022 report.***

2.252 ***In fact, the closure of an existing pharmacy constitutes a material change in local circumstances, which the draft 2025 PNA recognises.***

2.253 Consequently, the application fully complies with Regulation 13, addressing an emerging and legitimate local need.

2.254 **3. Addressing "Saturation" Concerns**

2.255 While there are multiple pharmacies in the wider Wigan area, none currently provide convenient access within the immediate Hindley Green neighbourhood following the closure.

2.256 Establishing a new pharmacy will ensure continued local access, reduce patient travel, maintain continuity of care, and support improved health outcomes.

2.257 **4. Proposed Services and Access**

2.258 Our proposed core hours (Monday–Friday 9am–6pm, Saturday 9am–12pm) align with GP service hours, as recommended in the draft 2025 PNA.

2.259 We are committed to providing all essential services and the Pharmacy First service, ensuring that the local population receives the care identified as needed.

2.260 **5. Conclusion**

2.261 In summary:

2.262 A current need exists due to a recent pharmacy closure;

2.263 The draft 2025 PNA explicitly identifies this need and supports our Application;

2.264 Our proposed services and hours directly respond to local population requirements; and

2.265 Our application complies fully with Regulation 13(1)(b) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

2.266 We respectfully submit that the application meets all regulatory requirements and should be approved".

2.267 **Letter from Councillor John Vickers and Councillor James Palmer, Labour Councillors for Hindley Green Wigan**

2.268 “**RE: Application offering to meet an identified current need at 760 Atherton Road, Hindley Green, Wigan, Greater Manchester WN2 4SB by Satra Pharma Ltd**

2.269 **I am writing to you in support of the above named application for a pharmacy in the ward of Hindley Green, Wigan for which we both are elected members.**

2.270 **Can I first start by refuting the claim by Community Pharmacy Greater Manchester that Hindley Green should not be seen as a separate from the wider Hindley neighbourhood. Hindley Green is separate from Hindley and has three elected Councillors who represent the ward on the Metropolitan Borough Council of Wigan. Hindley Green is a distinct location with approximately 13,000 residents and currently does not have a pharmacy or any other healthcare provision within the ward.**

2.271 We both strongly support this application as there is a real need for pharmacy provision in the area. The pharmacy that had been operating previously and had been serving the community in Hindley Green for at least 50 years, closed in November 2024. **We both received phone calls. messages and were regularly stopped on the street by residents at the time of the closure all raising concerns about the closing of this much valued amenity. We both used the pharmacy on a regular basis and are acutely aware because of our conversations with many residents that the closure of the pharmacy coupled with the total absence of any primary healthcare in the ward is keenly felt amongst the local community.**

2.272 **The main medical centre on Ladies Lane in Hindley and its associated pharmacy from which many Hindley Green residents receive the health care provision is not on a bus route and is not therefore very accessible for those residents, especially the elderly, people with mobility issues and households without access to a car. The nearest pharmacy to Hindey Green on Borsdane Avenue in Hindley is also not on a bus route.**

2.273 We trust that these points will be taken into account when considering the application by Satra Pharma Ltd”.

2.274 Letter from Josh Simons, MP:

2.275 “**RE: Application offering to meet an identified current need at 760 Atherton Road, Hindley Green, Wigan, Greater Manchester, WN2 4SB by Satra Pharma Ltd.**

2.276 I am writing to you in support of the above named application for a pharmacy in the Hindley Green area of my constituency.

2.277 I strongly support this application as there is a real need for pharmacy provision in the area. The pharmacy that had been operating previously, and had been serving the community in Hindley Green for at least 50 years, closed in November 2024. **I received a large amount of representation from local residents at the time of the closure raising concerns about the loss of this much valued service. I also circulated a petition in the area which**

received hundreds of signatures to save the pharmacy, so I know that the lack of easy to access pharmacy services, coupled with the fact Hindley Green lacks local primary healthcare provision, is keenly felt amongst the local community.

2.278 Whilst there are pharmacies in the centre of Hindley, these are not particularly accessible for residents of Hindley Green, especially the elderly, people with mobility issues or households without access to a car.

2.279 Indeed, the main pharmacy at the Medical Centre on Ladies Lane, Hindley is not even on a bus route from Hindley Green. I also believe that despite the statement made in the correspondence from Community Pharmacy GM, that Hindley and Hindley Green should not be seen as separate areas is simply inaccurate. Hindley Green is a distinct location with approximately 13,000 residents and currently does not have a pharmacy within the area.

2.280 I trust that these points will be taken into account when considering the application by Satra Pharma Ltd".

2.281 Applicant's response to Rushport Advisory:

2.282 **RE: Application offering to meet an identified current need at 760 Atherton Road, Hindley Green, Wigan, Greater Manchester WN2 4SB by Satra Pharma Ltd**

2.283 We write in support of our application for inclusion in the pharmaceutical list to provide essential pharmaceutical services at 760 Atherton Road, Hindley Green, Wigan. **Our submission is based on clear evidence from the Wigan Borough Pharmaceutical Needs Assessment (PNA) 2025, which identifies Hindley Green as the only part of the Borough where an unmet need for pharmaceutical service provision exists.**

2.284 1. **Demographic and Health Context** According to the Wigan Borough PNA (2025): • Hindley Green has an older population, with approximately 18.2% of residents aged 65 or over. • Parts of Hindley Green fall within the most deprived quintile of neighbourhoods. • While unemployment and car ownership levels are slightly better than the borough average, the combination of an older population and pockets of deprivation makes local accessibility to healthcare services a critical concern.

2.285 **The PNA explicitly states: "Following the closure of a pharmacy in the Hindley Green area, an area of high population and deprivation, an additional need has been identified for the provision of pharmaceutical services to provide the necessary level of service both to meet need and secure better access." (Source: Wigan Borough Pharmaceutical Needs Assessment 2025, p.87, point 364)** Furthermore, in the Council's supporting document: **"Overall, there is adequate provision of essential pharmaceutical services across the Borough. However, there is an opportunity to enhance provision in Hindley Green following the recent closure of a pharmacy and a future opportunity in Mosley Common in light of past and future housing development." (Source: Wigan Council –**

Pharmaceutical Needs Assessment Outline, 2024) These statements clearly establish that Hindley Green currently does not meet the 'reasonable requirements' test for local pharmaceutical service access.

2.286 **2. Access and Transport Barriers** The PNA applies a walking-travel benchmark of 1 kilometre (approximately 10–12 minutes) for reasonable access to pharmaceutical services. Following the closure of the previous Hollowood pharmacy, residents have reported reduced access and inconvenience, particularly among: • Older adults (18.2% aged 65+), • Residents with mobility or transport limitations, and • Individuals with caring responsibilities or limited public transport options. Feedback from residents indicates that the closure directly impacted service accessibility, reinforcing the PNA's assessment that Hindley Green remains underserved.

2.287 **3. Addressing the Identified Gap** The proposed site at 760 Atherton Road lies within the Hindley Green ward, directly inside the area identified as having an unmet need. **By locating a pharmacy here, Satra Pharma Ltd would: • Address the service gap identified in the Wigan Borough PNA; • Enhance equity of access to essential services; • Meet the "necessary services" standard; • Support the borough's strategic goal of improving accessibility for vulnerable and older residents.** In this respect, our proposal aligns fully with the PNA's findings and seeks to remedy the current shortfall in local provision.

2.288 **4. Additional Evidence from Local Pharmacy Operations** Feedback gathered from locum pharmacists currently working in the Hindley and Hindley Green areas indicates several ongoing service challenges affecting patient access:

2.289 **Inconsistent availability of the "Pharmacy First" service:** Many pharmacies advertise participation but frequently decline self-referred patients, citing capacity constraints or temporary suspension of the service. This inconsistency causes confusion and limits patient access to timely care. • **Delivery service limitations:** While some pharmacies offer delivery services, others either charge patients or restrict free delivery to morning hours only. Given that prescriptions are often issued around midday or later, same-day delivery is rarely achievable. In several instances, this has led to delays in the delivery of essential medicines, including antibiotics and infant formula. These operational barriers further demonstrate the need for additional, accessible pharmaceutical capacity in Hindley Green to ensure that residents receive timely and reliable service.

2.290 **5. Conclusion** In summary, the Wigan Borough PNA (2025) formally recognises Hindley Green as an area of unmet need for pharmaceutical service provision. The demographic profile, documented access barriers, and service inconsistencies together establish a clear case for additional local provision. The proposed pharmacy at 760 Atherton Road would directly address this gap, ensuring that residents have equitable and timely access to essential pharmaceutical care in line with NHS England's objectives for community health access and resilience. We therefore respectfully request that Primary

Care Support England (PCSE) consider this evidence in support of our application".

2.291 The PSRC had regard to interested party representations when considering the application.

2.292 The PSRC also considered the impact of decision on those with protected characteristics under the Equalities Act 2010, in accordance with NHS England's Public Sector Equality Duty and its duties around health inequality.

2.293 It was noted that from 1st January 2021 for all face-to-face community pharmacies and 1st April 2021 for all distance selling premises, the system of clinical governance within the Terms of Service was expanded to include the promotion of healthy living. The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. NHS Greater Manchester is committed to support its community pharmacies in achieving and maintaining compliance with this framework.

2.294 **Decision**

2.295 Based on all available information, the PSRC determined that the application met the identified current need, and therefore the application was **granted**.

2.296 The applicant is advised that a condition of this grant is that it must notify NHS Greater Manchester of the address of the premises to be listed (which must fall within the best estimate specified in the application and map provided in order to be valid) within six months of:

2.296.1 the date on which the applicant is sent the notice of decision under paragraph 28 (having regard also to paragraph 10(2) of Schedule 3);

2.297 if the grant of the application is appealed to the Secretary of State by a person with third party appeal rights, the date on which the appeal is determined by the Secretary of State; or

2.297.1 in a case of an application which is subject to a condition imposed by virtue of paragraph 33(2), the date on which that condition becomes spent,

2.298 whichever is the latest.

2.299 On inclusion in the Wigan HWB Pharmaceutical List, the applicant was issued with a core hours direction with core hours to be 40 hours per week with any additional being considered as supplementary hours:

2.300 Pharmacy-opening-hours-guidance-May-2020.pdf

2.301 The PSRC was satisfied with the proposed hours and its breakdown in the above decision report.

2.302 The PSRC awards appeal rights to:

2.303 Sharief healthcare Limited, Borsdane Avenue Pharmacy, UNIT3,19 Bordsane Avenue, WN2 3QN

2.304 Wigan Healthcare Limited, Allied Pharmacy Wigan Road, 475 Wigan Road, WN7 5HQ"

3 The Appeals

SHA/26902

In a letter dated 17 February 2026, PCT Healthcare Ltd ("**Appellant 1**") appealed against the Commissioner's decision. The grounds of appeal are:

3.1 "PCT Healthcare Ltd wish to appeal against the granting of this application by Greater Manchester ICB to Cure Connect Limited.

3.2 PCT Healthcare Limited want NHS Resolution to fully consider our earlier representations against this application which are still relevant.

3.3 For ease this letter is attached dated 6 October 2025.

3.4 We wish the following points to be considered:

3.5 As mentioned by CPGM why has the outcome of application CAS-366871-V0S3C1 not been confirmed or granted?

3.6 Additionally, why did Wigan Borough, Health and Wellbeing Board ignore the wealth of information against their conclusion that there was a current need for a pharmacy within Hindley Green?

3.7 The extent of this information from local contractor, CPGM and other interested parties is available in this document: Wigan Borough Pharmaceutical Needs Assessment 2025

3.8 To ease finding the statements please find below the statements submitted to the Wigan HWB relevant to the Hindley Green locality.

3.9 Please note: The questions not relationing to Hindley Green are removed for ease.

3.10 [See Appendix A]

3.11 At no point within the current Wigan PNA 2025, https://www.wigan.gov.uk/Docs/PDF/Council/Data-statistics/Pharmaceutical-Needs-Assessment-2025.pdf is there qualititative [sic] data regarding the number of patient complaints received from residents within Hindley Green locality.

3.12 How may [sic] patients complained?

3.13 Where do these patients live?

3.14 What was their complaint regarding accessing pharmacutical [sic] provision?

3.15 Was the complaint relevant to in-hours or out of hours pharmaceutical provision, as no data is given it is unclear why this outcome was concluded by Wigan HWB within the existing PNA.

3.16 Conclusion

3.17 PCT Healthcare Limited believe there is a fundamental flaw in the Wigan Borough Pharmaceutical Needs Assessment 2025, there is no pharmaceutical need in this locality.

3.18 https://www.wigan.gov.uk/Docs/PDF/Council/Data-statistics/Pharmaceutical-Needs-Assessment-2025.pdf

3.19 PCT Healthcare Limited urge NHS Resolution to overturn the Commissioners decision and refuse this application."

Letter dated 6 October 2025 addressed to the Commissioner

3.20 "We operate one pharmacy on the distribution list:

3.21 PCT Healthcare Limited, t/a Peak Pharmacy (FJG67), Claire House, Lower Ince Health Centre, Phoenix Way, Lower Ince.WN3 4NW

3.22 PCT Healthcare Limited do not agree with the Wigan Pharmaceutical Needs Assessment (PNA) 2025 as indicated on page 11, point 11.

3.23 Wigan Borough Pharmaceutical Needs Assessment 2025

11. This PNA concludes that there is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum, in Hindley Green:

3.24 All essential services

3.25 PCT Healthcare Limited submitted robust representations against the draft Wigan PNA and the need identified within Hindley Green, which PCT Healthcare Limited disagreed with. As such we do not support this application for Hindley Green as we do not believe there is an [sic]

3.26 PCT Healthcare Limited are aware that other Wigan Pharmacy Contractors and Community Pharmacy Greater Manachester [sic] submitted comments against the conclusion that there was a need within the Wigan draft PNA.

3.27 PCT Healthcare Limited was concerned that no changes were made by Wigan Borough Council to the draft PNA, despite the robust comments submitted to them.

3.28 It is incorrect for a PNA to state that there is a need for pharmaceutical services following the closure of a pharmaceutical contractor under the Regulations. It appears the reason given that there is a current need is a recent closure of a pharmacy. A closure does not automatically create a need. The fact that the business has had to close without successfully finding a buyer suggests it was unavailable due to lack of use. The monthly dispensing volume of the Pharmacy that closed was 2625 or less in 2023/24. The PNA presents no evidence that the needs of this small population aren't being met by remaining contractors within the neighbourhoods of Ince, Hindley, Abram and Platt Bridge or adjacent neighbourhoods.

3.29 Considering specifically Hindley Green

3.1 Population growth

3.30 There is no large new housing development planned for Hindley Green during the lifespan of this PNA. This is confirmed within the PNA on page 49. Wigan Borough Pharmaceutical Needs Assessment 2025

179. The expectation is that much of this housing will accommodate movements of families already living within the Borough and it is not anticipated that additional pharmaceutical services will be required with the exception of Mosley Common area. The Strategic Housing Land Availability Assessment (SHLAA), identifies a broader pattern of planned and potential housing growth in the area which when considered across this longer time span, the cumulative impact of housing development is expected to increase demand for pharmaceutical services. The majority of development within the Mosley Common area during the lifetime of this PNA is expected to be completed in the 2027/28 financial year.

3.31 Local demographics

3.32 Comparative data from the ONS area profile tool shows that Hindley Green has: website = Nomis - 2021 Census Area Profile - Hindley Green Ward (as of 2022)

3.33 3 key areas are that Hindley Green Ward has

3.34 Lower levels of unemployment than the borough average

3.35 Lower levels of residents without access to a car

3.36 A comparable proportion of residents in good or very good health

3.37 These statistics indicate that the Hindley Green population will be less vulnerable to pharmacy access challenges than other areas. These characteristics do not support the case for an exceptional local need.

3.38 The location of existing GP surgeries

3.39 Hindley Green residents travel outside Hindley Green to access Gp services, There are GP surgeries on Wigan Road, Leigh and Hindley Health centre on Liverpool Road, Hindley. We are not aware of patients having any problems accessing pharmaceutical provision in the existing Wigan pharmacies once they have visited their GP surgery.

3.40 The location and accessibility of existing pharmacies

3.41 We wish Greater Manchester ICB to specifically consider the fact that there are 11 pharmacies within two miles of the applicant's proposed location (from NHS.uk Pharmacies near WN2 4SB - NHS) on Atherton Road in Hindley Green.

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

3.43 PCT Healthcare Limited are not aware of any complaints locally from patients regarding access to existing pharmacies.

3.44 Our pharmacy offers a free delivery service and there is a pharmacy open until 9pm 6 days each week just over 1.6 miles away from Hindley Green.

3.45 The applicant and Wigan Count Council PNA have failed to consider that individuals requiring pharmaceutical services as part of their daily lives have freely travelled throughout Wigan and into Leigh to access pharmaceutical services, without complaint, since the pharmacy closed at WN2 4SB, 10 months ago. Accessing pharmacies within Ince, Hindley, Abram, and Platt Bridge neighbourhoods.

3.46 Facilities

3.47 There are no large supermarkets to undertake a weekly shop in Hindley Green nor are there clothes or shoe shops. There are no leisure facilities within Hindley Green nor swimming pools these facilities are within Wigan or colleges. These facilities can be accessed by car or public transport there are frequent buses into Wigan from Hindley Green 132, 608 and 634.

3.48 In summary, PCT Healthcare Limited t/a Peak Pharmacy, does not agree that this application meets the requirements of the Pharmacy Regulations for a current need as we disagree with the PNA".

SHA/26942

In a letter dated 11 March 2026, Sharief Healthcare Ltd ("**Appellant 2**") appealed against the Commissioner's decision. The grounds of appeal are:

3.49 “We write as an interested party; Sharief Healthcare Ltd, T/A Borsdane Avenue Pharmacy, Unit 3, 19 Borsdane Avenue, WN2 3QN and wish to appeal the above grant.

3.50 We understand that there is already an extant grant for a new pharmacy in the same area, so any need would have already been met. For clarity, we oppose both applications.

3.51 We note that there are a significant number of pharmacies in the area where the Applicant has applied. For the benefit of the Committee, we highlight that there are two pharmacies within 1 mile of the proposed location, and nine pharmacies within 2 miles of the proposed location. It is clear that residents have plenty of choice of pharmaceutical provision in the area.

3.52 We understand that the previous pharmacy in Hindley Green was not financially viable and therefore question the viability of a pharmacy at this location. The previous site dispensed a very low volume of items – c. 1,788 per month (July 2023 – October 2024) – significantly below the national average of c. 9,000. We believe that introducing a new pharmacy in this area would risk destabilising the existing pharmaceutical network and lead to significant detriment in the form of closures elsewhere.

3.53 It is important to note that car ownership in the Hindley Green Ward is very high, with 86.4% having access to one or more cars according to 2021 Census data. This is much higher than the average for Wigan Local Authority (78.7%) and national average (76.5%). This clearly indicates that the local population are mobile, and are able to travel to access pharmacies within the Wigan Health and Wellbeing Board. We note that our pharmacy; Borsdane Avenue Pharmacy, is just a 5-minute drive away from the Applicant’s proposed location.

3.54 When looking at the 2025 Index of Multiple Deprivation, we note that none of the LSOAs in the Hindley Green area fall within the most deprived 10% or 20% nationally. Instead, the area appears relatively affluent, with several LSOAs positioned in the 7th, 8th, and 9th deciles—among the least deprived. Thus, when we consider that the local population enjoy high car ownership and relatively low deprivation, we submit that residents are well placed to access pharmaceutical services without any significant transport barriers.

3.55 For residents who do not drive, we highlight that the proposed site is served by the following Bee Network bus services; 132, 608, 661, 946, 983. We note that these services operate regularly from Monday - Sunday.

3.56 Given that Hindley Green is by nature a quiet neighbourhood, we submit that residents are likely to access amenities, employment and services within the wider area of Hindley and neighbouring areas.

3.57 We also note that patients have a choice to use a Distance Selling Pharmacy, such as Pharmacy2U, should they require it.

3.58 We do not believe that there is any evidence indicating that the existing pharmacy network is unable to meet this demand. We therefore believe that any need is already met.

3.59 We are unaware of any complaints that suggest the current pharmaceutical provision is unable to meet the needs of the local population.

3.60 In conclusion we are doubtful that a pharmacy is needed and believe that the ICB failed to give due weight to these considerations in their decision."

4 Summary of Representations

This is a summary of representations received on the appeal.

4.1 RUSHPORT ADVISORY LLP ON BEHALF OF SHARIEF HEALTHCARE LIMITED

4.1.1 "I act for Sharief Healthcare Limited – Unit 3 – Borsdane Avenue, Hindley, Wigan, WN2 3QN and submit this letter in response to the appeals listed above.

4.1.2 I note that Primary Care Appeals has decided to consider the 2 applications listed above together and in relation to one another.

4.1.3 When considering any application offering to meet an identified need, Primary Care Appeals must consider regulation 22.

4.1.4 Regulation 22 states that the relevant Pharmaceutical Needs Assessment ("PNA") for the purpose of determining a pharmacy application is the PNA that is current at the time [NHS Resolution] make [their] determination unless in [NHS Resolution's] opinion the only way to determine the application justly is with regard to an earlier PNA.

4.1.5 The Regulations require consideration of what is "just". In a legal context, "just" describes actions, decisions, or laws that are fair, impartial, reasonable, and in conformity with the law.

4.1.6 It implies a standard of correctness or moral righteousness, ensuring that rights are respected, and results are deserved or equitable.

4.1.7 In this case the Committee may conclude that the Applicants engaged in a strategy that relied on the new PNA coming into force by the time of the Commissioner's decision being made or any appeal being determined so that they could be judged against a different PNA from that which was in force when their application was made. The entire strategy seeks to gain an advantage for the early Applicant by acting unfairly and to the detriment of other parties.

4.1.8 An Applicant that engages in this type of strategy must also accept the risks that go along with it. As Primary Care Appeals will be aware, multiple such applications based on draft PNAs have been submitted in other parts of the country (Rushport is currently instructed on 6 such applications).

4.1.9 In this case, and in other cases, Applicants have taken deliberate strategic risks to try to gain an advantage over those who properly

waited for the publication of the relevant PNAs in order to have their applications considered first in time. This is unjust.

4.1.10 Neither Applicant has addressed the explicit guidance issued on the Primary Care Appeals website which deals with the question of which PNA should be considered in circumstances such as these. The Guidance Note (attached for reference) states;

3.2 The Committee was concerned that the applicant had based their application on a draft PNA. The Committee considered that it would not be just or fair to allow an applicant to make an application on the basis of a draft PNA that had only been made public for the purposes of consultation. The Committee considered that such an applicant is attempting to "jump the queue" by making an application before the revised PNA is finalised whilst other potential applicants may be waiting until a final version has been made public before submitting applications.

3.3 The Committee considered that draft PNAs, by their very nature, are subject to amendment. This was supported by the fact that in this specific case NHS England, in determining the application, identified different or additional wording that had been included in the final PNA but not in the draft PNA.

3.4 The Committee also noted that the applicant had indicated in its appeal letter that as the revised PNA had been published by the time of the appeal, there were certain different page numbers that it considered were relevant to its application and which it relied on in its appeal. The Committee noted that while the applicant's original application referred to pages 9, 127, 131 and 143 of the draft PNA, in its appeal it was relying on pages 9, 128, 132 and 144.

3.5 The Committee considered that if numerous parties made applications on the basis of a draft PNA which was later amended on appeal, as had clearly happened in this case, this would lead to a large amount of wasted public resources in assessing applications that are not well made.

3.6 The Committee considered that judging the application against the 2018 PNA and allowing the Applicant, for the purpose of a redetermination of the application on appeal, to rely on different and additional provisions of the published 2018 PNA, could allow the Applicant to have a "head start" against other applicants. This could give the Applicant an unfair advantage as it would allow its application to be considered before others, potentially leading to the Applicant's application being granted either by NHS England or, if refused by NHS England, by the Committee on appeal, instead of other applicants who had submitted an application on the basis of the final published PNA.

3.7 The Committee therefore determined that, in its opinion, the only way to determine the application justly was with regard to the 2015 PNA.

4.1.11 **Consistency in Approach**

4.1.12 In *North Wiltshire DC v Secretary of State for the Environment*, (1993) 65 P. & C.R. 137 the Court of Appeal stated (Copy Attached – See BOTTOM OF PAGE 7 AND START of PAGE 8).

4.1.13 *In this case the asserted material consideration is a previous appeal decision. It was not disputed in argument that a previous appeal decision is capable of being a material consideration. The proposition is in my judgment indisputable. One important reason why previous decisions are capable of being material is that like cases should be decided in a like manner so that there is consistency in the appellate process. Consistency is self-evidently important to both developers and development control authorities. But it is also important for the purpose of securing public confidence in the operation of the development control system. I do not suggest and it would be wrong to do so, that like cases must be decided alike. An inspector must always exercise his own judgment. He is therefore free upon consideration to disagree with the judgment of another but before doing so he ought to have regard to the importance of consistency and to give his reasons for departure from the previous decision.*

4.1.14 *To state that like cases should be decided alike presupposes that the earlier case is alike and is not distinguishable in some relevant respect. If it is distinguishable then it usually will lack materiality by reference to consistency although it may be material in some other way. Where it is indistinguishable then ordinarily it must be a material consideration. A practical test for the inspector is to ask himself whether, if I decide this case in a particular way am I necessarily agreeing or disagreeing with some critical aspect of the decision in the previous case? The areas for possible agreement or disagreement cannot be defined but they would include interpretation of policies, aesthetic judgments and assessment of need. Where there is disagreement then the inspector must weigh the previous decision and give his reasons for departure from it. These can on occasion be short, for example in the case of disagreement on aesthetics. On other occasions they may have to be elaborate.*

4.1.15 There are many other court judgments that highlight the need for consistency in decision making by public bodies.

4.1.16 There is no reason to depart from the very clear Primary Care Appeals published guidance and we ask that these appeals are considered against the PNA that was in force at the time that the applications were submitted.

4.1.16.1The application from Satra Pharmacy is dated 10 June 2025

4.1.16.2The application from Cure Connect Ltd is dated 6 July 2025

4.1.17 At both of these dates the relevant PNA was the 2022 Wigan PNA.

4.1.18 The 2025 Wigan PNA has its date of publication shown on page 2 of the PNA document and the publication date is 18 September 2025.

4.1.19 As the 2022 Wigan PNA does not identify any need for a pharmacy in Hindley Green both applications should be refused."

[Enclosures provided]

4.2 PCT HEALTHCARE LIMITED

4.2.1 "PCT Healthcare Ltd wish to add these representations against the granting of these applications by Greater Manchester ICB to Cure Connect Limited and Satra Pharma Limited.

4.2.2 PCT Healthcare Limited want NHS Resolution to fully consider our earlier appeal against the Cure Connect Limited application (SHA/ 26902) which are relevant to both applications.

4.2.3 For ease this letter is attached dated 6 October 2025.

4.2.4 We wish the following points to be considered:

4.2.5 Why did Wigan Borough, Health and Wellbeing Board ignore the wealth of information against their conclusion that there was a current need for a pharmacy within Hindley Green?

4.2.6 The extent of this information from local contractors, CPGM and other interested parties is available in this document: Wigan Borough Pharmaceutical Needs Assessment 2025

4.2.7 To ease finding the statements please find below the statements submitted to the Wigan HWB relevant to the Hindley Green locality. As listed in our previous letter dated 6 October 2025 and included with these representations.

4.2.8 This table below considers the locations of the proposed contractors together with existing pharmacies close to these applications address (blue circles).

4.2.9 For ease the best estimate address for Cure Connect Limited application is the same as the Satra Pharma Limited application at WN2 4SB.

Name	**Postcode**	**Distance**
SHA/26902 & SHA/26942	WN2 4SB	0

Allied Pharmacy Wigan Road (on map)	WN7 5HQ	1.3 miles
Borsdane Avenue Pharmacy (on map)	WN2 3QN	1.3 miles
Manor Pharmacy (on map)	BL5 2JU	1.8 miles
Trayners Chemist (Omitted from map)	WN2 3AY	1.9 miles
Hindley Pharmacy (Omitted from map)	WN2 3HQ	2.0 miles
Well (Omitted from map)	WN2 2QG	2.0 miles
Asda Pharmacy (Extended Hours) (Omitted from map)	WN7 5RZ	2.6 miles
Cohens Chemist (Omitted from map)	M46 0LE	2.4 miles
Platt Bridge Health Centre (Omitted from map)	WN2 5NG	2.8 miles
Peak Pharmacy Leigh Walk-In Centre (111) (Omitted from map)	WN7 1HR	3.4 miles

4.2.10 Please note many of these pharmacies which are located within 3 miles by road from the proposed pharmacies are not listed in the map accompanying these applications. Within the table details are given.

4.2.11 [Map provided]

4.2.12 Conclusion

4.2.13 PCT Healthcare Limited believe there is a fundamental flaw in the Wigan Borough Pharmaceutical Needs Assessment 2025, there is no pharmaceutical need in this locality.

4.2.14 https://www.wigan.gov.uk/Docs/PDF/Council/Data-statistics/Pharmaceutical-Needs-Assessment-2025.pdf

4.2.15 PCT Healthcare Limited urge NHS Resolution to overturn the Commissioners decisions and refuse these applications."

4.3 HEALTHCARE PLUS CONSULTING LIMITED ON BEHALF OF CURE CONNECT LTD

4.3.1 "We write representing the applicant Cure Connect Ltd.

4.3.2 Preliminary Matter

4.3.3 We note that the only purported appeal of our client's application was made by PCT Healthcare Limited.

4.3.4 We note that the entirety of their objection amounts to – in their words – the suggestion that:

4.3.5 *"there is a fundamental flaw in the Wigan Borough Pharmacuetical Needs Assessment 2025"*

4.3.6 PCT also asks:

4.3.7 *"why did Wigan Borough, Health and Wellbeing Board ignore the wealth of information against their conclusion that there was a current need for a pharmacy within Hindley Green?"*

4.3.8 We note that Schedule 3, Paragraph 2 of the Regulations states:

4.3.9 *"2. If the Secretary of State, after considering a valid notice of appeal under regulation 45, 63 or 77, or paragraph 30, 32(5) or 36 of Schedule 2 against a decision, is of the opinion that the notice—*

> *(a)contains no valid grounds of appeal (for example, because it amounts to a challenge to the legality or reasonableness of a HWB's or Primary Care Trust's pharmaceutical needs assessment, or to the fairness of the process by which the HWB or a Primary Care Trust undertook that assessment); or*
>
> *…*

the Secretary of State may determine the appeal by dismissing it (without proceeding to notify the appeal under Part 2)."

4.3.10 We believe that the appeal by PCT amounts solely to a challenge to the legality or reasonableness of the Wigan PNA 2025 and directly questions the process by which the HWB created the PNA. Given this, we submit that the appeal is invalid and must be summarily dismissed.

4.3.11 We therefore submit that the purported appeal by PCT must be summarily rejected and the appeal of Satra Pharma Ltd should continue on its own as the only application which faced a valid appeal.

4.3.12 Nevertheless, we respond to the appeal below.

4.3.13 PCT Healthcare Limited

4.3.14 PCT does not dispute that a current need was identified by the Wigan PNA 2025.

4.3.15 As noted, the only claims by PCT are that the need identified by the Wigan PNA 2025 was incorrectly identified and that the HWB failed to consider relevant evidence.

4.3.16 We do not believe that either of these suggestions are relevant to Regulation 13, since there is no scope to question whether a need

which has been identified by the PNA is correct or the process by which the HWB identified the need.

4.3.17 Furthermore, each of the comments on the Wigan PNA 2025 highlighted by PCT have responses attached on the right hand column of the table. These matters were therefore considered by the HWB prior to publication.

4.3.18 We note that the HWB is under no obligation to provide all information they relied on from their survey, and are entitled to make decisions based on private data. Furthermore, the Wigan PNA 2025, Appendices 4 and 1a, contain data relied on by the HWB from the public survey.

4.3.19 It is not disputed by PCT that our client's application would meet the need in full if it were granted.

4.3.20 We therefore do not believe that PCT's appeal should be accepted.

4.3.21 Satra Pharma Ltd

4.3.22 *Core Opening Hours*

4.3.23 In regard to Satra Pharma Ltd, as we have noted, it is the only application which faces a well-formed appeal. Given our client's application has already been granted and faces no well-formed appeal, Satra's application ought to be rejected as the need identified was and is already due to be filled.

4.3.24 We also note that our client's proposed pharmacy offers significantly better hours than Satra. We note that Satra does not propose any core hours on Saturdays. By contrast, our client proposes to offer core hours on Saturdays from 09:30-13:00. We note that supplementary hours may be withdrawn at any time whereas the proposed core hours cannot be easily removed. Limited weight can therefore be placed on the supplementary hours of Satra Pharma Ltd.

4.3.25 We note that the Wigan PNA 2025-2028 clearly states that the need was for services 'on Monday to Saturday as a minimum':

4.3.26 "*383. This PNA has identified a current need for a pharmacy in Hindley Green, providing the following services, during hours that align with the provision of GP services on Monday to* ***Saturday*** *as a minimum:*

4.3.26.1*All essential services*"

(Wigan PNA 2025, page 92)

4.3.27 We note that the only application which secures necessary services in Hindley Green, Monday to Saturday, is our client's application. Supplementary hours can only be said to secure at most 5 weeks of essential services, which is the notice period to withdraw supplementary hours.

4.3.28 We therefore submit that the application by Satra only partially meets the identified need and thus our client's application is to be preferred as it provides superior security in meeting the need.

4.3.29 We also note that even when considering Satra's supplementary hours, our client's application offers more *core* hours than Satra's proposed *total* opening hours. We highlight that our client's application offers core hours after 18:00 on weekdays and 12:00 on weekends, which Satra does not offer, even as supplementary hours.

4.3.30 In Section 4 of the application form, Satra leaves the box specifying which appliances they propose to offer blank. We believe this indicates they will not provide any services. Our client proposes to offer all appliances in Part IX of the drug tariff.

4.3.31 Given they do not intend to offer any appliances, we question how Satra intend to offer Appliance Use Reviews and Stoma Appliance Customisation.

4.3.32 When we consider the other services proposed to be offered to by Satra, a number appear anomalous. For example, we do not know what the '*Screening Service,*' '*Schools Service*' and '*Language Access Service*' refer to. We also note the other services are not offered by the NHS or any relevant local authority such as the '*Home Delivery Service*.'

4.3.33 We are therefore unsure how many services listed by Satra will actually be provided.

4.3.34 While the two applications are essentially even on the services they intend to provide, we submit that our client's application is superior due to proposing to offer appliances.

4.3.35 Conclusions

4.3.36 For the reasons given above, we submit that one of the following two conclusions should be drawn:

4.3.36.1 The appeal by PCT ought to be summarily dismissed and the Satra appeal considered on its own, leaving our client's grant unencumbered.

4.3.36.2 The appeal by PCT is in any case baseless and should be rejected and our client's application is to be preferred to that of Satra Pharma Ltd. Satra's application offers no core hours on Saturday – which is specifically identified in the PNA – and offers fewer hours overall. Satra's application is inferior as it does not propose to offer any appliances.

4.3.37 Based on either of these lines of reasoning, we submit that Satra's application is to be rejected and our client's granted application is to be upheld."

5 Summary of Observations

This is summary of observations received.

5.1 SATRA PHARMA LTD

5.1.1 “Final Observations on Behalf of Satra Pharmacy …

5.1.2 **A- Correct Interpretation of Regulation 22**

5.1.3 The starting point must be Regulation 22 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

5.1.4 Regulation 22 clearly establishes that the relevant PNA is the one current at the time the decision is made, unless the decision-maker considers that the only way to determine the application justly is by reference to an earlier PNA.

5.1.5 Accordingly, the default and primary position is reliance on the current PNA (2025). Departure from this position is exceptional and requires clear justification.

5.1.6 Sharief healthcare has failed to demonstrate any compelling reason why it would be unjust to apply the current PNA.

5.1.7 **1. The 2025 Wigan PNA Identifies a Current Need**

5.1.8 The most significant issue in this appeal is that the 2025 Wigan PNA expressly identifies a current need for pharmaceutical services in Hindley Green.

5.1.9 This is not speculative or based on a draft — it is a final, published statutory document, reflecting:

5.1.9.1 Changes in local provision (including pharmacy closure(s))

5.1.9.2 Accessibility gaps for the local population

5.1.9.3 Levels of deprivation and health need

5.1.9.4 Patient feedback and complaints regarding access

5.1.10 **The conclusion of the 2025 PNA is clear:**

5.1.11 There is a current unmet need for essential pharmaceutical services in Hindley Green.

5.1.12 To ignore this updated and authoritative assessment would undermine the statutory purpose of the PNA framework, which is to ensure decisions reflect current population needs, not historic conditions.

5.1.13 **3- The “Unfair Advantage” Argument is Misconceived**

5.1.14 The suggestion that the Applicant engaged in a strategy to gain an "unfair advantage" is unsupported and legally irrelevant.

5.1.14.1 There is no prohibition on submitting an application prior to publication of a new PNA

5.1.14.2 Applicants are entitled to rely on the regulatory framework as it stands

5.1.14.3 The timing of an application does not override the statutory requirement to assess need at the time of determination

5.1.15 Crucially, even if such an argument were entertained (which is denied), it cannot outweigh clear evidence of current need.

5.1.16 The system is designed to serve patients and communities, not to penalise applicants based on speculative assertions about intent.

5.1.17 **4. Misapplication of Primary Care Appeals Guidance**

5.1.18 Sharief Healthcare's reliance on Primary Care Appeals guidance relating to draft PNAs is misplaced.

5.1.19 That guidance addresses situations where:

5.1.19.1 Applications are made based on draft PNAs, and

5.1.19.2 Applicants seek to rely on those drafts to gain procedural advantage

5.1.20 That is not the present case.

5.1.21 Here:

5.1.21.1 The 2025 PNA is final and in force

5.1.21.2 The Committee is not being asked to rely on a draft document

5.1.21.3 The decision will be made in the context of a fully adopted statutory PNA

5.1.22 Accordingly, the cited guidance has no direct application.

5.1.23 5. "Justice" Requires Consideration of Current Need

5.1.24 Sharief Healthcare places reliance on the concept of "justice" to argue for use of the 2022 PNA.

5.1.25 **However, properly understood, "just" in this context requires:**

5.1.25.1 Fairness to all parties, including the public

5.1.25.2 Decisions based on accurate and current evidence

5.1.25.3 Avoidance of outcomes that ignore demonstrable healthcare need

5.1.26 In circumstances where a new PNA identifies clear unmet need, it would be unjust to disregard that evidence and instead rely on an outdated assessment.

5.1.27 **6. Consistency Does Not Mean Ignoring New Evidence**

5.1.28 The citation of case law on consistency in decision-making does not assist Sharief Healthcare.

5.1.29 **Consistency:**

5.1.29.1 Does not require decision-makers to ignore material changes in evidence

5.1.29.2 Does not override statutory duties under Regulation 22

5.1.29.3 Must operate alongside the obligation to make decisions based on current facts

5.1.30 The publication of the 2025 PNA is a material change that must be taken into account.

5.1.31 **7. Conclusion**

5.1.32 In summary:

5.1.33 * Regulation 22 requires reliance on the current PNA (2025) unless exceptional circumstances apply

5.1.34 * No such exceptional circumstances have been demonstrated

5.1.35 * The 2025 Wigan PNA clearly identifies a current unmet need in Hindley Green

5.1.36 * Arguments regarding “strategy” or “queue jumping” are irrelevant and unsupported

5.1.37 * Reliance on draft-PNA guidance is misplaced

5.1.38 * A just determination must reflect current, evidence-based need.

5.1.39 **Request:**

5.1.40 We therefore respectfully request that:

5.1.41 * The appeals be determined by reference to the 2025 Wigan PNA, and

5.1.42 * Appropriate weight be given to its clear finding of current unmet need,

5.1.43 * Leading to the conclusion that the application should be granted.

5.1.44 **Pct challenge**

5.1.45 1. It relies on assertion, not evidence

5.1.46 The key claim:

5.1.47 “there is no pharmaceutical need in this locality”

5.1.48 That’s a conclusion, not an argument.

5.1.49 Problem:

5.1.50 * No data analysis

5.1.51 * No population growth figures

5.1.52 * No prescription volume trends

5.1.53 * No access metrics (waiting times, capacity, unmet demand)

5.1.54 How it can be challenged:

5.1.55 “The appellant has not provided objective evidence demonstrating lack of need, only disagreement with the PNA conclusions.”

5.1.56 2. Over-reliance on the Pharmaceutical Needs Assessment (PNA)

5.1.57 The whole argument leans heavily on:

5.1.58 * “PNA 2025 says X”

5.1.59 * “HWB ignored information”

5.1.60 **Problem:**

5.1.61 * PNAs are guidance, not absolute

5.1.62 * Decision-makers can lawfully depart from them if justified

5.1.63 **Counter-argument:**

5.1.64 “The ICB is entitled to exercise discretion beyond the PNA where local need or future demand is identified.”

5.1.65 3. Distance argument is weak and outdated

5.1.66 They list pharmacies within 1.3–3.4 miles.

5.1.67 **Problem:**

5.1.68 * NHS decisions are not based on distance alone

5.1.69 * They must consider:

5.1.70 * deprivation

5.1.71 * transport access

5.1.72 * elderly population

5.1.73 * service capacity

5.1.74 * opening hours

5.1.75 How to challenge:

5.1.76 “Proximity does not equate to accessibility or capacity. No assessment of patient access barriers is provided.”

5.1.77 4. No challenge to “current need” methodology

5.1.78 The applications were granted based on:

5.1.79 “identified current need”

5.1.80 Problem:

5.1.81 This letter does NOT:

5.1.82 * explain how the “need” assessment was flawed

5.1.83 * identify errors in methodology

5.1.84 * show misinterpretation of data

5.1.85 Stronger challenge would include:

5.1.86 * flaws in demand modelling

5.1.87 * incorrect population assumptions

5.1.88 * double-counting of need

5.1.89 * failure to consider existing pharmacy capacity

5.1.90 5. It ignores service quality & capacity issues

5.1.91 Even if pharmacies exist nearby:

5.1.92 * Are they overloaded?

5.1.93 * Are there long waits?

5.1.94 * Are services limited?

5.1.95 Missing argument:

5.1.96 “Existing pharmacies already adequately meet demand”

5.1.97 But this is not proven.

5.1.98 6. “Missing pharmacies from map” is a weak procedural point

5.1.99 They argue:

5.1.100 “some pharmacies were omitted from the map”

5.1.101 Problem:

5.1.102 * This is minor unless it materially affected the decision

5.1.103 Likely rebuttal:

5.1.104 “All relevant pharmacies were considered in the decision-making process regardless of mapping visuals.”

5.1.105 7. Tone is slightly accusatory, not analytical

5.1.106 Example:

5.1.107 “Why did Wigan Borough ignore the wealth of information…”

5.1.108 Problem:

5.1.109 * Sounds emotional rather than legal/technical

5.1.110 * Weak in formal appeal context

5.1.111 Better approach:

5.1.112 * Identify specific errors, not motives

5.1.113 8. No legal or regulatory framework cited

5.1.114 A strong appeal should reference:

5.1.115 * NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

5.1.116 * Definition of “current need”

5.1.117 * Relevant case precedents

5.1.118 This letter includes none of that.

5.1.119 9. No alternative interpretation of need

5.1.120 They say:

5.1.121 “there is no need”

5.1.122 But they don’t:

5.1.123 * explain why the ICB thought there was need

5.1.124 * dismantle that reasoning step-by-step.

5.1.125 Against cure connect :

5.1.126 Critical Challenge to Cure Connect’s Position (Against SATRA Pharma Ltd)

5.1.127 1. Misuse of “invalid appeal” argument (procedural overreach)

5.1.128 Cure Connect argues that the PCT appeal should be dismissed because it allegedly challenges the legality/reasonableness of the PNA.

5.1.129 Why this is weak:

5.1.130 * Under NHS pharmaceutical regulations, appellants are allowed to challenge interpretation and application of a PNA, not just its existence.

5.1.131 * Claiming that an appeal is “invalid” simply because it questions evidence or methodology is too broad and legally unsafe.

5.1.132 * NHS Resolution normally considers whether grounds are arguable, not whether they are “inconvenient” to the applicant.

5.1.133 Counterpoint:

5.1.134 The appeal does not necessarily attack the legality of the PNA itself but may challenge whether it was correctly applied to the specific decision-making process for this application.

5.1.135 2. Incorrect assumption: “Cure Connect already granted → SATRA must be rejected”

5.1.136 Cure Connect repeatedly assumes:

5.1.137 “Our application has already been granted…”

5.1.138 This is a major logical weakness.

5.1.139 Why:

5.1.140 * In NHS pharmaceutical market entry decisions, competing applications are assessed comparatively until final determination is legally concluded.

5.1.141 * A “preferred” application is not automatically protected from rejection if:

5.1.142 * appeal grounds succeed

5.1.143 * evidence shows another applicant better meets need

5.1.144 * process fairness issues arise

5.1.145 Counterpoint:

5.1.146 The existence of a preferred application does not remove the obligation to fairly assess all competing applications against the PNA criteria.

5.1.147 3. Misinterpretation of “core hours vs supplementary hours”

5.1.148 Cure Connect argues:

5.1.149 * Supplementary hours are weaker because they can be withdrawn

5.1.150 * Therefore SATRA is inferior

5.1.151 Problem with this argument:

5.1.152 * Regulations do not rank core hours as inherently superior to supplementary hours

5.1.153 * What matters is:

5.1.154 * total service coverage

5.1.155 * reliability

5.1.156 * alignment with PNA need

5.1.157 SATRA can still satisfy need if:

5.1.158 * its overall opening pattern meets demand

5.1.159 * supplementary hours are realistic and commercially committed

5.1.160 Counterpoint:

5.1.161 The regulations assess whether the combined proposed hours meet local pharmaceutical need—not whether hours are labelled “core” or “supplementary”.

5.1.162 4. Selective reading of the PNA requirement

5.1.163 Cure Connect relies heavily on:

5.1.164 “Monday to Saturday as a minimum”

5.1.165 But then claims:

5.1.166 * SATRA is inferior because it lacks Saturday core hours

5.1.167 Weakness:

5.1.168 * The PNA does NOT explicitly require:

5.1.169 * Saturday core hours

5.1.170 * continuous Saturday provision

5.1.171 * identical alignment with GP hours

5.1.172 It only states:

5.1.173 “providing services during hours that align with GP services Monday to Saturday as a minimum”

5.1.174 SATRA could still comply if:

5.1.175 * it provides reasonable Saturday access (even via supplementary hours)

5.1.176 * overall coverage meets demand patterns

5.1.177 5. Unsupported attack on SATRA services list (over-speculation)

5.1.178 Cure Connect argues SATRA services are:

5.1.179 * “anomalous”

5.1.180 * unclear

5.1.181 * possibly not NHS services

5.1.182 * including “Home Delivery Service”

5.1.183 Problem:

5.1.184 * This is speculative and not evidential

5.1.185 * Many pharmacy services:

5.1.186 * are enhanced services commissioned locally

5.1.187 * vary by contract

5.1.188 * are not always standard NHS national services

5.1.189 Legal issue:

5.1.190 A service being unfamiliar to the applicant is not evidence it is invalid or not deliverable.

5.1.191 6. Weak argument: “No appliances listed = no services”

5.1.192 Cure Connect claims SATRA leaving appliances blank means:

5.1.193 “they will not provide any services”

5.1.194 Why this is flawed:

5.1.195 * A blank section in an application form:

5.1.196 * may indicate “not specified”

5.1.197 * may mean “default provision applies”

5.1.198 * may be a clerical omission

5.1.199 It is not proof of non-provision

5.1.200 Proper response:

5.1.201 Lack of explicit listing does not equate to inability or intention not to supply Part IX appliances.

5.1.202 7. Attempt to devalue SATRA without comparative evidence

5.1.203 Cure Connect repeatedly states:

5.1.204 * “our client is superior”

5.1.205 * “SATRA is inferior”

5.1.206 * “less secure”

5.1.207 But provides:

5.1.208 * no quantitative comparison of demand coverage

5.1.209 * no independent analysis of patient accessibility impact

5.1.210 * no travel-time or population coverage data

5.1.211 This is assertion-based reasoning, not evidential reasoning.

5.1.212 Strong Overall Counter-Position

5.1.213 A strong rebuttal to Cure Connect would argue:

5.1.214 SATRA Pharma Ltd's case:

5.1.215 * Must be assessed independently against the PNA

5.1.216 * Cannot be downgraded due to speculative service criticism

5.1.217 * Cannot be excluded simply because another application exists

5.1.218 * Meets need through a combination of core + supplementary hours

5.1.219 * Provides legitimate alternative access model consistent with NHS pharmacy flexibility

5.1.220 Bottom line critique

5.1.221 Cure Connect's submission is strong rhetorically but weak legally because it:

5.1.222 * assumes procedural invalidity too easily

5.1.223 * overstates superiority of its own application

5.1.224 * mischaracterises regulatory weight of core vs supplementary hours

5.1.225 * relies on speculation about competitor services

5.1.226 * does not robustly evidence comparative superiority in population need terms.

5.1.227 Thank you"

5.2 HEALTHCARE PLUS CONSULTING LIMITED ON BEHALF OF CURE CONNECT LTD

5.2.1 "We respond to each comment made below.

5.2.2 **PCT Healthcare Limited**

5.2.3 PCT Healthcare Limited continue to expand upon their previous argument solely concerned with the reasonableness of the PNA. As they state in their conclusion:

5.2.4 *"PCT Healthcare Limited believe there is a fundamental flaw in the Wigan Borough Pharmaceutical Needs Assessment 2025, there is no pharmaceutical need in this locality."*

5.2.5 This only further shows that PCT's appeal solely challenges the legality or reasonableness of the PNA, and the fairness of the process by which the PNA was produced. It is therefore all the more clear, that the appeal is invalid and ought to be rejected summarily.

5.2.6 As we have previously noted, PCT are the only party to purportedly appeal our client's application. Therefore, there is no valid appeal of our client's application. We submit that the application ought to be allowed to continue unencumbered, and Satra's appeal should continue on its own.

5.2.7 It is unfortunate that this appeal has been allowed to continue to this stage leading to needless, irrelevant and inappropriate criticisms of the Wigan PNA 2025.

5.2.8 Below we offer views on other comments as we believe our views may be of benefit to the Committee, though as noted we do not think that our client's application is subject to a valid appeal.

5.2.9 **Rushport LLP (on behalf of Sharief Healthcare Limited)**

5.2.10 Sharief's Representative makes essentially one argument: both applications should be considered under the old PNA since they were based on draft PNAs.

5.2.11 We take issue with this position for a number of reasons. Below, we address the various extra-statutory materials cited by Sharief's Representative, and the general approach of the Committee before turning to the particular regulation and this case.

5.2.12 NHS Resolution Guidance Note *per se*

5.2.13 We first note that the guidance note cited does not present itself as a policy or even prescriptive in any way. Rather it is intended to offer guidance by collating previous decisions.

5.2.14 We note that the part cited by Sharief's Representative is merely a description of a previous case, SHA/ 19940, which we address below.

5.2.15 We therefore note that the guidance note per se does not affect the interpretation of the regulation nor is it prescriptive of how the present application should be approached. Its weight is therefore no more than the previous case. We consider this case below.

5.2.16 We also note that the regulations and statute do not make any reference to NHS Guidance Notes, meaning they are entirely non-statutory and have no legal basis.

5.2.17 North Wiltshire DC v Secretary of State for the Environment

5.2.18 (Citations of this case are given with the case report page numbers, which are in green with an asterisk preceding in the provided copy, and then the printed page numbers in the copy provided by Sharief's Representative)

5.2.19 *North Wiltshire DC v Secretary of State for the Environment* (1993) 65 P. & C.R. 137 (*North Wiltshire*) is a planning case from 1993. The relevant facts of the case may be summarised as follows. A planning application was made which turned on whether a site was part of a village. Some years previously, the exact same site had been determined to lie outside the village. Yet the planning inspector determined that the site lay inside the village. The council appealed on various grounds including that the inspector had not given sufficient reasons to explain why he had departed from the previous case. The court of appeal upheld the quashing of the decision on the basis of insufficient reasons being given.

5.2.20 We note that relevance of *North Wiltshire* to the present case is questionable for a number of reasons:

5.2.21 The general principle identified is clearly focused upon planning cases stating, "*Consistency is self-evidently important to both developers and development control authorities.*" We note that no developers nor development control authorities are known to have an interest in this case.

5.2.22 In *North Wiltshire* the consideration of the previous planning decision was legally required by section 70(2) of the Town and Country Planning Act 1990 which included a broad category of considerations namely "other material Considerations." No similar provision exists in the 2013 Regulation.

5.2.23 *North Wiltshire* was concerned with a previous planning decision which was described in the provided case note as "materially indistinguishable" (North Wiltshire Page *139, 2) and which was also said to be a "like case" (North Wiltshire Page *145, 7). The two planning decisions concerned the same site and much the same proposal. We submit that no similar level of analogy can be found within SHA/19940, not least because we do not know the full information in SHA/19940.

5.2.24 In *North Wiltshire* the two applications shared a narrow and concrete question 'was the site in the village?' The present case concerns the broad and abstract consideration of whether it is fair to consider an application under the current PNA when it was submitted at a time when the old PNA was still in effect. These are clearly different categories of questions.

5.2.25 It also appears that Sharief's Representative has misunderstood the case. We note that there is no suggestion that consistency with previous

decisions cannot be departed from. It only shows that a previous case on exactly the same matter will be relevant and so must be considered and reasons must be given for departure. It is also stated in no uncertain terms that:

5.2.26 *"I do not suggest and it would be wrong to do so, that like cases must be decided alike. An inspector must always exercise his own judgment.* ***He is therefore free upon consideration to disagree with the judgment of another*** *but before doing so he ought to have regard to the importance of consistency and to give his reasons for departure from the previous decision.*

5.2.27 *To state that like cases should be decided alike presupposes that the earlier case is alike and is not distinguishable in some relevant respect."* (emphasis added) (North Wiltshire *145, 7-8)

5.2.28 It is therefore clear that a previous decision need only be considered and reasons given for departing. Beyond this a previous decision cannot bind the later decision.

5.2.29 We submit therefore that the relevance of this case is not clear and that it would only show that if one departs from a previous case one must give reasons for doing so.

5.2.30 Considering Previous Cases Under the 2013 Regulations

5.2.31 Prior to considering the actual reasoning in the previous case cited, we wish to briefly note the particular issues with use of previous cases by the Appeals Committee.

5.2.32 Firstly, we note that the regulations make no mention of previous cases and has quite a clear list of relevant considerations. None of these can fairly be said to incorporate previous decisions, with the possible exception being regulation 13(h) which deals with previous grants meeting the need.

5.2.33 Secondly, on a practical level, we note that the management of previous decisions makes reliance on them quite difficult. NHS Resolution only retains decisions for six years and only publicly publishes decisions for three years.

5.2.34 Therefore, cases older than 6 years are no longer officially recorded and may be lost entirely or only preserved in parts or in glosses like so many pieces of a jigsaw. Therefore, the Committee can never even hope to have before it a comprehensive study of all previous cases. Any use of previous cases is therefore inconsistent and incomplete.

5.2.35 For cases which are more than 3 years old are unlikely to be discovered by new applicants and so are only known to people who were engaged with the decision in the time when these decisions were current. People who have been involved in the regulations for longer would gain a clear advantage in being able to request cases more than 3 years old or may

attempt to present cases from private archives which the public at large are unable to access. Some with this power could pick and choose which cases to present to make a misleading impression of the whole corpus of previous decisions.

5.2.36 For cases preserved only in part or by gloss, we face the prospect of making sense of a case with only a part of the case being available. This is the case with SHA/19940 which is from 2018 and appears only to be preserved in part in the guidance note and perhaps in private collections. We submit that this makes consideration of previous cases, particularly in identifying distinguishing features and the actual reasoning quite difficult.

5.2.37 Thirdly, we note that appeals cases are not reported with arguments or citations so that, for example, a case being shown to be *per incurriam* (determined without reference to a relevant case) cannot be shown.

5.2.38 For these reasons, we advise great caution in approaching previous cases. It is not clear at all that previous cases are even a relevant consideration. In particular, we advise caution in regard to cases more than six years old preserved only in gloss and quote and private collections.

5.2.39 Regulation 22(2)

5.2.40 Before turning to the arguments presented by Sharief's Representative and the case cited, it is worth looking at Regulation 22(2) on its own terms:

5.2.41 *"(2) For the purposes of paragraph (1), the relevant pharmaceutical needs assessment is—*

5.2.42 *(a)the pharmaceutical needs assessment of the relevant HWB that is current at the time that NHS England takes its decision to grant or refuse the application, unless in the opinion of NHS England (or on appeal the Secretary of State) the only way to determine the application justly is with regard to an earlier pharmaceutical needs assessment, in which case the relevant pharmaceutical needs assessment is that earlier assessment;"*

5.2.43 It is worth highlighting that the Regulation make clear the default is that the newest PNA is the relevant PNA. A particular bar must be met to overcome this and use an older PNA. The condition is that *"the **only way to determine the application justly** is with regard to an earlier pharmaceutical needs assessment"* (emphasis added). Two points are to be drawn from this.

5.2.44 Firstly, the standard is essentially one of necessity as it must be the 'only way.' Therefore, this is a high bar and only to be engaged when necessary and after other options are exhausted.

5.2.45 Secondly, the aim must be ‘to determine the application justly.’ We note that this places the emphasis on the particular determination and not on any nebulous concept of fairness or justice.

5.2.46 Sharief’s representative seems to read a very broad view of what is meant by “just.” He states:

5.2.47 *“The Regulations require consideration of what is “just”. In a legal context, "just" describes actions, decisions, or laws that are fair, impartial, reasonable, and in conformity with the law. It implies a standard of correctness or moral righteousness, ensuring that rights are respected, and results are deserved or equitable.”*

5.2.48 While many of the words listed by Sharief’s Representative are synonymous with “justly”, we submit that some seem to move outside the scope of the regulation. We note this regulation does not seek total justice only to determine the particular application justly. We submit that ‘moral righteousness’ may be somewhat outside the scope of the 2013 Regulations and reading the word in the context of determination of a regulatory application ‘ensuring that rights are respected’ must be a very limited set of rights. We note that there does not appear to be any right recognised by law to prevent early applications.

5.2.49 SHA/19940 – The Redcar Case

5.2.50 Turning to the substance of SHA/19940 which is cited by the Guidance note, we take the gloss at face value and gather the following are the key facts. In this case determined in 2018, an application was submitted prior to the publication of the new PNA. By the time the ICB considered it the new PNA was published and the ICB determined the application based on the new PNA without consideration of Regulation 22. The Appeals Committee took the view that under Regulation 22 the case ought to be heard under the old PNA.

5.2.51 Two reasons were apparently given for this:

5.2.51.1 The applicant had jumped the queue which is unfair to other applicants

5.2.51.2 Applications based on draft PNAs were riskier than applications based on published PNA as the need could be removed by time of consideration which may lead to waste

5.2.52 We cannot speak to the full facts of the previous case as we do not have the full decision. But below we explain why these two arguments do not apply to the present case.

5.2.53 In this particular case we submit that no injustice can sensibly be alleged. We note that it has now been more than 6 months since the relevant PNA was published and we are not aware of any new applications in respect of the identified need. We note our client has submitted second application themselves, but they can hardly be

treating themselves unfairly. We, therefore, see in this case that there was no queue to jump. Two applicants both arrived early and no-one came behind. As a result, there is no person who can say that they have treated unfairly.

5.2.54 It is not clear whether there existed a known aggrieved party in SHA/19940.

5.2.55 More broadly, on the issue of unfairness to other applicants, we are unsure it [sic] this strictly falls within the language of the regulation: *"to determine **the application** justly"* (emphasis added).

5.2.56 We also note that since there are a number of other measures which ensure that early applications occasion no injustice, Regulation 22(2) is not engaged as it only allows consideration under the previous PNA when it is the 'only way'.

5.2.57 Regulation 22(2) only allows consideration under the previous PNA where this is the "only way" to make the determination justly, but there a number of other methods available which make use of the old PNA unnecessary:

5.2.58 Firstly, the application would only succeed in jumping the queue if it is heard after the publication of the PNA. At this point those waiting for the publication of the PNA would already have the opportunity to make their own applications which may be joined up by way of Regulation 13(2)(a).

5.2.59 Secondly, if the ICB or Appeals Committee feel the need to gather more applications, they may defer the application for up to 6 months to invite additional applications under Regulation 14(1). Similarly, the Appeals Committee has a wide discretion in managing to procedures around appeals to ensure that later applications can catch up to earlier applications, under Schedule 3 Paragraph 7.

5.2.60 Use of Regulation 22 is therefore unnecessary and has only the effect of limiting the field of applications rather than expanding it. Far from jumping the queue therefore an early applicant merely acts as one waiting for the doors to open who cannot move ahead till the decision makers allow them. Should the decision maker choose they may even invite alternative applications to ensure no other applicant is interested.

5.2.61 In regard to the issue of administrative efficiency, we note that this does not appear relevant to Regulation 22(2). Regulation 22(2) makes quite clear it is concerned only with determining 'the application justly'. We do not believe that administrative efficiency is relevant to whether an application is determined justly.

5.2.62 We also note that early PNA applications pay their fee and put in work to prepare an application and thus risk their fee and work if the PNA is amended. These risks are deterrents already and need not be supplemented with the unnecessary use of Regulation 22(2).

5.2.63 Furthermore, we are told by Sharief's Representative that he is familiar with many early applications which have already been submitted. It is therefore clear that if such applications are rejected, this would lead to many needless resubmissions. This would just lead to identical applications being submitted, determined and appealed again, leading to duplicated and unnecessary work.

5.2.64 Therefore, we submit therefore that administrative efficiency is not relevant to Regulation 22(2) and that in any case there is no reason to suppose that any administrative benefit arises from consideration of early applications under the old PNA.

5.2.65 We therefore submit that SHA/19940 does not provide good reasons for the use of Regulation 22(2) to use the old PNA.

5.2.66 Summary

5.2.67 We surmise our submission on this matter below:

5.2.67.1 The guidance is of no additional weight than the case it notes

5.2.67.2 The *North Wiltshire* case cited by Sharief's Representative is not of particular relevance to the present case and in any case only shows that reasons should be given for departing from relevant previous cases if they are a relevant consideration.

5.2.67.3 Caution should be applied in considering previous cases, with the regulations not making it clear that they are relevant.

5.2.67.4 Furthermore, the limited retention and publication of previous cases make reliance on previous cases problematic.

5.2.67.5 Regulation 22(2) only allows for use of an older PNA where it is necessary to justly determine the particular application.

5.2.67.6 Regulation 22(2) is unlikely to incorporate larger notions of justice and morality and is limited in scope to the particular applications determination.

5.2.67.7 We have limited information on SHA/19940

5.2.67.8 There is no party which faces any unfairness in this case as there is no trailing application.

5.2.67.9 SHA/19940's argument based on justice is insufficient as it does not account for alternative means of limiting the effect of early applications.

5.2.67.10 SHA/19940's argument based on administrative efficiency is not relevant to Regulation 22(2) and use of the previous PNA may lead to greater administrative inefficiency.

5.2.68 Overall, we submit that the current PNA should be used, that is the Wigan Borough Pharmaceutical Needs Assessment 2025. Therefore, it is clear that our client's application is the only application which secures the need identified by the PNA:

5.2.69 *"This PNA concludes that there is a current need for a pharmacy providing the following services, during hours that align with the provision of GP services on Monday to Saturday as a minimum, in Hindley Green:*

5.2.69.1*All essential services"*

5.2.70 We highlight that our client proposes to provide all essential services, a wide array of advanced, enhanced and locally commissioned services with core hours from Monday to Saturday. Our application is the only application which meets this standard.

5.2.71 **Community Pharmacy Greater Manchester**

5.2.72 CPGM make no further comments.

5.2.73 **Conclusion**

5.2.74 For the reasons above, we reiterate that our client's application does not face a well-formed appeal and so the appeal of Satra Pharmacy should continue on its own.

5.2.75 We also note that there is no reason to apply Regulation 22(2) to determine these applications in respect of the previous PNA.

5.2.76 We also note that our client's application is the only one which fully secures the need as identified by the Wigan PNA 2025."

6 Consideration

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

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").

6.5 The Committee first considered the comments made by Applicant 1 that Appellant 1's appeal was misconceived. As set out at paragraph 4.3, Applicant 1 states that Appellant's 2 appeal is the only valid appeal and that, in

accordance with Paragraph 2 of Schedule 3 of the Regulations, Appellant 1's appeal should be summarily rejected.

6.6 Paragraph 2 of Schedule 3 to the Regulations provides that, where the Committee, after considering a valid notice of appeal, is of the opinion that the notice contains no valid grounds of appeal, the Committee may determine the appeal by dismissing it without proceeding to notify the appeal under Part 2 of Schedule 3. Paragraph 2 identifies, as an example, an appeal which amounts to a challenge to the legality or reasonableness of a PNA, or to the fairness of the process by which that assessment was undertaken. Paragraph 2 also applies where the notice contains no reasonable grounds for appeal, for example because it is vexatious or frivolous.

6.7 The Committee considered Applicant 1's comments to be correct to the extent that a substantial part of Appellant 1's appeal was directed to the content and correctness of the relevant PNA. The Committee noted, in particular, that Appellant 1 summarised its position as being "*we disagree with the PNA*". The Committee considered that, insofar as Appellant 1 sought to challenge the legality, reasonableness or fairness of the PNA itself, those matters were not valid grounds of appeal and, the Committee therefore had no further regard to those comments.

6.8 The Committee did not, however, consider that Appellant 1's notice of appeal could be dismissed as misconceived in its entirety at that stage. The Committee noted that Appellant 1 had also stated: "*As mentioned by CPGM why has the outcome of application CAS-366871-V0S3C1 not been confirmed or granted?*". The Committee considered that this sentence raised a separate question as to the status of another application which appeared to relate to the same locality and may have related to the same, or a substantially overlapping, asserted current need.

6.9 The Committee considered that the sentence identified a matter which required clarification before Appellant 1's appeal could properly be determined, or, if appropriate, dismissed. In particular, it was unclear from Appellant 1's notice of appeal whether CAS-366871-V0S3C1 had been considered alongside Applicant 1's application, whether it had already been granted, whether there was an extant grant, or whether the outcome of that application remained outstanding. Those matters were capable of being relevant to the issues arising under Regulation 13.

6.10 The Committee therefore considered that representations and observations should be sought. Those representations and observations would enable the parties to address the status and possible effect of CAS-366871-V0S3C1, and its relationship, if any, with Applicant 1's application. The Committee considered that this issue required clarification before Appellant 1's appeal could be determined.

6.11 The Committee was aware that, in the time since the submission of Appellant 1's appeal, a second appeal had been made by Appellant 2. The Committee noted that Appellant 2's appeal concerned the later approved application referred to in Appellant 1's notice of appeal, namely CAS-366871-V0S3C1. The

Committee also noted that Applicant 1's application and Applicant 2's application both concerned inclusion in the pharmaceutical list in the same locality, appeared to relate to the same, or substantially overlapping, asserted current need, and both related to Regulation 13. The Committee considered that Appellant 1's reference to CAS-366871-V0S3C1 therefore indicated a direct relationship between the two applications and the effect which the outcome of one appeal might have on the other.

6.12 The Committee consequently considered paragraph 7(3) of Schedule 3 to the Regulations. Paragraph 7(3) provides that, where appropriate, the Committee may consider two or more appeals together and in relation to each other, provided notice is given to the Commissioner, the appellants and any other person notified in relation to the appeals under Part 2 of Schedule 3.

6.13 The Committee considered that seeking representations and observations together was appropriate because the two appeals could not sensibly be viewed in isolation. Appellant 1's notice of appeal had raised a question about the outcome of Applicant 2's application. Appellant 2's appeal specifically commented on the pre-existing approval of Applicant 1's application. In those circumstances, the Committee considered that the parties should have the opportunity to comment on the possible relationship between the two applications before either appeal was determined.

6.14 Having reviewed the representations and observations received, the Committee remained satisfied that the appeals were sufficiently connected that they should be considered together and in relation to each other. The responses confirmed that both applications concerned the same locality and that the issues arising on the appeals overlapped, particularly in relation to the asserted current need and the application of Regulation 13.

6.15 The Committee considered that the order in which the Commissioner had made the original decisions did not resolve the issue. Although Applicant 1's application had been approved before Applicant 2's application, both appeals were before the Committee at the point of determination. The Committee considered that the outcome of either appeal was capable of affecting the proper assessment of the other.

6.16 In particular, if one of the grants were upheld, that could be relevant to whether the same asserted current need had already been met, or was due to be met, for the purposes of Regulation 13. If, however, one of the appeals succeeded and the relevant grant were quashed, the Committee could not approach the other appeal on the basis that there was an extant grant capable of meeting that need. The Committee therefore considered that determining the appeals sequentially would risk creating an artificial order of decision-making, whereby the determination of the first appeal would alter the factual and regulatory context in which the second appeal was then considered.

6.17 For those reasons, and having considered the representations and observations received, the Committee concluded that it was appropriate for Appellant 1's appeal and Appellant 2's appeal to be determined together and in relation to each other pursuant to paragraph 7(3) of Schedule 3 to the

Regulations. The Committee was satisfied that this was necessary to ensure that both appeals were determined fairly and consistently, with proper regard to the relationship between Applicant 1's application and Applicant 2's application and the requirements of Regulation 13.

6.18 The Committee dealt with the appeals by way of consideration of all the issues.

Regulation 31

6.19 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).

6.20 The Committee noted that Applicant 1 had stated, "*No pharmacy trading from or adjacent to the proposed premises, so Regulation 31 does not apply*." The Committee also noted that Applicant 2 had not provided any information in the application forms on this point. However, the Committee noted that the wording of the application form only required the Applicant to include information in the relevant section if the proposed premises were adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises. The Committee considered it reasonable to determine that the lack of information in the application form on this point when read with the wording of the application form allowed it to be reasonably satisfied that the Applicant considered that the proposed premises were not adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

6.21 The Commissioner in its decision report for each application concluded that "*the application should not be refused under Regulation 31*" which has not been disputed by any party. Therefore, based on the information provided, the Committee was not required to refuse the application under the provisions of Regulation 31.

Regulation 13

6.22 The applications (which were to be determined in accordance with the procedures in Schedule 2) were submitted by the Applicants based on addressing current need for pharmaceutical services.

6.23 The Committee considered whether the need on which the Applicants based their applications satisfied the elements of Regulation 13(1) which reads as follows:

"(1) If - —

(a) NHS England receives a routine application and is required to determine whether granting it, or granting it in respect of some only of the services specified in it, would meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB; and

(b) the current need has been included in the relevant pharmaceutical needs assessment in accordance with paragraph 2(a) of Schedule 1,

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

6.24 Paragraph 2(a) of Schedule 1 reads as follows:

"A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area"

6.25 The Committee first considered the chronology of events leading up to the current position:

6.25.1 Applicant 2 submitted its application on 10 June 2025, with Applicant 1 then submitting its application on 6 July 2025. In making their applications, the Applicants sought to meet the purported current need identified on page 44 – 46 of the PNA; it did not expressly state which PNA.

6.25.2 The 2025 PNA has a publication date of 18 September 2025.

6.25.3 On 21 January 2026, the Commissioner granted Applicant 1's application, and 21 days later, on 11 February 2026, the Commissioner granted Applicant 2's application. The Committee noted that an initial determination was made on both applications on 5 December 2025. Following this, on 16 January 2026 for Applicant 1 and 2 February 2026

for Applicant 2 a determination was made, per the PSRC report. Further, the report records that the Commissioner considered both applications under the 2025 PNA.

6.26 Regulation 22 states:

> *"(1) If the NHSCB receives a routine application to which regulation 19(6) does not apply, the NHSCB must refuse it unless granting it, or granting it in respect of some only of the services specified in it, would—*
>
> > *(a) meet a current or future need for pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB that has been included in the relevant pharmaceutical needs assessment in accordance with paragraph 2 of Schedule 1; or*
> >
> > *(b) secure (including in the future) improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB that have or has been included in the relevant pharmaceutical needs assessment in accordance with paragraph 4 of Schedule 1.*
>
> *(2) For the purposes of paragraph (1), the relevant pharmaceutical needs assessment is—*
>
> > *(a) the pharmaceutical needs assessment of the relevant HWB that is current at the time that the NHSCB takes its decision to grant or refuse the application, unless in the opinion of the NHSCB (or on appeal the Secretary of State) the only way to determine the application justly is with regard to an earlier pharmaceutical needs assessment, in which case the relevant pharmaceutical needs assessment is that earlier assessment; or*
> >
> > *(b) if the relevant HWB has not published a pharmaceutical needs assessment, the pharmaceutical needs assessment of a Primary Care Trust (as extended by regulation 7(1)) that relates to the locality in which the location or premises to which the application relates is or are situated*."

6.27 The Committee was of the view that the starting point as set out in Regulation 22 was that the relevant PNA was the PNA of the relevant HWB that is current at the time that the decision is taken. There is no dispute that the 2025-2028 PNA is now the current PNA. However, the Committee was mindful that Regulation 22 goes on to say that if, in the opinion of the decision-maker, the only way to determine the application justly is with regard to an earlier PNA, then the relevant PNA is the earlier PNA.

6.28 The Committee considered whether in this case it should have regard to an earlier PNA.

6.29 In its representations, Rushport Advisory LLP on behalf of Appellant 2, contends that "*the Applicants engaged in a strategy that relied on the new PNA coming into force by the time of the Commissioner's decision being made or any appeal being determined so that they could be judged against a different PNA from that which was in force when their application was made. The entire strategy seeks to gain an advantage for the early Applicant by acting unfairly and to the detriment of other parties*. … *This is unjust."*

6.30 Rushport states that at the time both applications were submitted, the relevant PNA was the 2022 PNA.

6.31 However, Applicant 2 argues that *"the default and primary position is reliance on the current PNA (2025). Departure from this position is exceptional and requires clear justification.*

Sharief healthcare has failed to demonstrate any compelling reason why it would be unjust to apply the current PNA."

6.32 Further, Applicant 2 contends that *"There is no prohibition on submitting an application prior to publication of a new PNA*

Applicants are entitled to rely on the regulatory framework as it stands

The timing of an application does not override the statutory requirement to assess need at the time of determination

Crucially, even if such an argument were entertained (which is denied), it cannot outweigh clear evidence of current need.

The system is designed to serve patients and communities, not to penalise applicants based on speculative assertions about intent."

6.33 Healthcare Plus Consulting Ltd on behalf of Applicant 1 states that "*no injustice can sensibly be alleged. We note that it has now been more than 6 months since the relevant PNA was published and we are not aware of any new applications in respect of the identified need. We note our client has submitted second application themselves, but they can hardly be treating themselves unfairly. We, therefore, see in this case that there was no queue to jump. Two applicants both arrived early and no-one came behind. As a result, there is no person who can say that they have treated unfairly.*

Use of Regulation 22 is therefore unnecessary and has only the effect of limiting the field of applications rather than expanding it. Far from jumping the queue therefore an early applicant merely acts as one waiting for the doors to open who cannot move ahead till the decision makers allow them. Should the decision maker choose they may even invite alternative applications to ensure no other applicant is interested. …

There is no party which faces any unfairness in this case as there is no trailing application."

6.34 The Committee noted that the parties had referred to the NHS Resolution guidance note on Pharmaceutical Needs Assessments. The Committee had regard to that guidance, which records previous approaches taken by the Committee where a revised PNA has been published during the life of an application or appeal.

6.35 The Committee noted that the guidance does not create a separate test from Regulation 22(2). It identifies previous decisions which, whilst turning on their own facts, provide helpful examples of general principles, including cases where the Committee considered it appropriate to seek representations on Regulation 22 and the contents of a revised PNA before determining which PNA should apply. In this appeal, the Committee was satisfied that the parties have had sight of the current PNA and had been given the opportunity to make comments on it and on the application of Regulation 22. The Committee therefore considered that it was able to determine which PNA should apply on the material before it.

6.36 The Committee noted that both Rushport and Applicant 1 referred to *North Wiltshire DC v Secretary of State for the Environment* (1993) 65 P. & C.R. 137 ("**North Wiltshire**"). Applicant 1 stated that North Wiltshire was a planning case concerned with the Town and Country Planning Act 1990. The Committee accepted that North Wiltshire arose in that context. However, the Committee considered that the case was relied upon for the broader public law principle that consistency in decision-making is important, rather than as authority confined to the planning regime. The Committee therefore considered that it was entitled to have regard to that general principle.

6.37 The Committee noted that Applicant 1 stated that Rushport had misunderstood North Wiltshire because that case does not establish that previous decisions cannot be departed from. However, the Committee was mindful that North Wiltshire was put forward by Rushport with this caveat in mind, as it stated specifically that there was "*no reason to depart*", indicating departure was a considered possibility. The Committee considered that this was consistent with Applicant 1's own statement that departure is permissible where proper reasons are given. The Committee did not accept that North Wiltshire was limited to the narrower proposition that a decision-maker need only give reasons if it wishes to depart from previous decisions.

6.38 The Committee noted the further passages from North Wiltshire relied upon by Rushport, including the statement that "like cases should be decided in a like manner". The Committee accepted that this does not mean that like cases must invariably be decided in the same way. However, the Committee considered that the principle requires it to have regard to previous determinations on similar matters, to consider whether the same approach should be followed, and, if departure is warranted, to identify the reasons for that departure. The Committee therefore considered that consistency was a relevant consideration which required express consideration in this case.

6.39 To that extent the Committee did consider the principles outlined by Rushport important to the current matter, as previous cases had established a consistency of decision-making where applications were made on the basis of

a draft PNA. The Committee noted that Applicant 1 did not request a copy of SHA/19940 ("**Redcar**"), in order to consider it as against the present circumstances. Applicant 1 suggested that Redcar may only exist in private collections. The Committee considered that, if Applicant 1 considered the full decision necessary, it was open to Applicant 1 to request a copy from NHS Resolution.

6.40 The Committee did not consider that Applicant 1's comments about the availability of Redcar undermined the relevance of the guidance note. The guidance note summarised the material facts, issues and reasoning in Redcar in sufficient detail for readers and for the Committee to understand the approach previously taken and to consider whether that approach should be followed or distinguished in the present appeals.

6.41 The Committee accepted that earlier decisions of the Committee are not binding in the same way as a decision of a court. The Committee was nevertheless mindful that consistency in decision-making is an important consideration, particularly where previous decisions address the same regulatory provisions and similar factual circumstances. The Committee therefore considered whether Applicant 1 had identified a sufficient reason to depart from the approach set out in the guidance note.

6.42 The Committee noted that the guidance note addresses the position where an application has been made by reference to a draft PNA which has been issued for consultation, and the final version of that PNA has been published by the time the Commissioner makes its decision. The Committee considered that the present appeals raised the same essential issue. The applications were submitted in June and July 2025. The relevant PNA was published in September 2025. The Commissioner's decisions were taken in January and February 2026. The Committee further noted that the Commissioner's decisions did not appear to contain any express consideration of Regulation 22, or of whether the only way to determine the applications justly was with regard to an earlier PNA.

6.43 Applicant 1 stated that the present case could be distinguished from the Redcar decision because there was no evidence that any other application had been made, and therefore no evidence that any other potential applicant had been disadvantaged by the timing of the applications. The Committee did not consider that this answered the issue arising under Regulation 22. The Committee accepted that the test in Regulation 22(2)(a) is a stringent one. The Committee considered that it must be satisfied that the only way to determine the applications justly is with regard to an earlier PNA and that it would not be sufficient that an earlier PNA might be more convenient, or that one party would prefer the applications to be determined by reference to it.

6.44 However, the Committee considered that Regulation 22(2)(a) did not require it to identify, after the event, a particular competing application which would otherwise have been made. The issue was whether the applications could justly be determined by reference to a PNA which was not in a final published form when those applications were made. Before publication of the final PNA, other potential applicants could not know with certainty what needs would be

included in the final statutory assessment, nor could they properly decide whether to submit an application by reference to that final wording.

6.45 The Committee noted that Applicant 1's application was circulated on 28 August 2025, and that Applicant 2's application was circulated on 11 June 2025. The Committee considered that this was material because the applications had not only been submitted prior to the publication of the PNA in September 2025, but had also been widely circulated. As such, the existence of applications seeking to meet the asserted current need was known before potential applicants had the opportunity to consider the final statutory assessment.

6.46 The Committee considered that, until the final PNA had been published, potential applicants could not assess the final statutory position or determine whether to submit an application by reference to it. The prior circulation of Applicant 1's application and Applicant 2's application was capable of affecting the position of potential applicants, including by indicating that applications had already been made in respect of the same asserted current need. The Committee did not consider that the absence of a later competing application demonstrated that no procedural advantage had arisen from the submission and circulation of the applications before the final PNA was published.

6.47 The Committee also noted that, in an email providing a copy of the Commissioner's paperwork, PCSE alerted NHS Resolution to another application in Hindley Green which was being processed. The Committee considered that this further illustrated why the absence of a later competing application could not safely be treated as determinative of whether a procedural advantage had arisen.

6.48 The Committee also considered Applicant 1's comment that any such advantage could have been addressed by the Commissioner exercising its powers under Regulation 14(1). Applicant 1 stated that, once the final PNA was published, the Commissioner could have deferred determination of the applications, invited applications from others seeking to meet the same current need, and considered those applications together. Applicant 1 stated that this was an alternative means of addressing any concern arising from the timing of the applications, and that the Redcar approach did not sufficiently account for that possibility.

6.49 The Committee did not accept that the availability of Regulation 14(1) displaced the issue arising under Regulation 22. Regulation 14(1) is a discretionary provision. Where the relevant conditions are met, it permits the Commissioner to defer determination, invite further applications, and consider those applications together. It does not require the Commissioner to do so. The Committee considered that the existence of a discretionary power under Regulation 14(1) did not determine whether, in the circumstances of the case, the applications could justly be determined by reference to the PNA current at the date of decision.

6.50 The Committee further considered that the hypothetical availability of Regulation 14(1) could not be treated as equivalent to the exercise of that

power. The Commissioner did not defer the applications under Regulation 14(1), did not invite further applications, and did not carry out a process which placed other potential applicants in the position they would have been in had the applications been made after publication of the final PNA. The Committee therefore did not consider that Regulation 14(1) provided a sufficient basis for departing from the approach identified in Redcar.

6.51 The Committee also considered Applicant 1's statement that Regulation 22(2)(a) should not be read as incorporating wider notions of justice or morality. The Committee accepted that Regulation 22(2)(a) is not a general discretion to determine an application by reference to whichever PNA appears fairer in the abstract. However, the Committee did not accept that the word "justly" should be read narrowly or mechanically. Regulation 22(2)(a) requires the Committee to consider whether the only way to determine the application justly is with regard to an earlier PNA. In the Committee's view, that assessment is capable of including considerations of procedural fairness, equal treatment between potential applicants, and the consequences of an application having been submitted and circulated before the PNA relied upon for its determination had been finalised and published.

6.52 The Committee considered that the delay between circulation and determination was significant because it affected the basis on which the applications came to be considered. Had the applications been determined before publication of the final PNA, they could not have been granted by reference to that PNA. The subsequent publication of the PNA before the Commissioner's decisions were made therefore enabled the applications to be considered on a basis which did not exist when they entered the statutory process. The Committee considered that Regulation 22(2)(a) required it to consider whether that was a just basis on which to determine the applications. In the Committee's view, it was not, as the delay in determination should not confer an advantage on applications submitted and circulated before the final PNA was available, particularly where other potential applicants may have awaited publication of the final PNA before deciding whether to apply.

6.53 The Committee therefore did not consider that Applicant 1 had identified a sufficient reason to depart from the approach set out in Redcar. The Committee accepted that the "only way to determine the application justly" test is a high threshold, but considered that the threshold was met in this case. In the circumstances set out above, including the submission and circulation of the applications before publication of the final PNA, the absence of express consideration of Regulation 22 in the Commissioner's decisions, and the limits of Regulation 14(1) as a discretionary mechanism which had not, in fact, been exercised, the Committee considered that the only way to determine the applications justly was with regard to the earlier PNA.

6.54 The Applicants in their applications relied on pages 44 – 46 of the PNA, therefore the Committee considered those pages in the 2022 PNA.

6.55 Pages 44 – 46 provide an overview of several Advanced services which are currently commissioned in the Wigan Borough, including the number of

pharmacies currently providing those services. There is no specific mention of Hindley Green.

6.56 The Committee noted that nowhere in the 2022 PNA were there any specific references to Hindley Green, apart from the one reference to an address of an existing pharmacy listed in Appendix 2. In fact, the Executive Summary on page 5 states:

Current pharmaceutical provision – necessary services

4. There is adequate provision of essential pharmacy services in Wigan Borough throughout 66 community pharmacies and one appliance contractor. In addition, there are a number of pharmacies located in neighbouring Boroughs outside the Wigan area that Wigan residents can reasonably access along with a significant number of internet pharmacies. These pharmacies increase choice and accessibility for Wigan residents.

Gaps in pharmaceutical provision – necessary services

5. This PNA has not identified any gaps in the provision of pharmaceutical services in the Borough.

6. Wigan Borough is a growing area, with on-going development anticipated over the lifetime of this PNA. Following assessment of the current population demographics, housing projections and the distribution of pharmacies across the Borough, it is anticipated that the current pharmaceutical service providers will be sufficient to meet local needs over the lifetime of this PNA.

Current pharmaceutical services – other relevant services

7. The PNA has considered the current provision of pharmaceutical services across the Borough and outside of the health and wellbeing board area which secure improvements or better access to other pharmaceutical services, specifically in relation to the demography and health needs of the population. It has identified that current provision of pharmaceutical services offered by both community pharmacies and other health care providers meet the needs of the population of Wigan Borough.

6.57 The Committee therefore determined that the need in question was not included in the 2022 PNA in accordance with paragraph 2(a) of Schedule 1.

6.58 In both of these cases, therefore, the provisions of Regulation 13(1) were not met.

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

6.59.1 confirm the Commissioner's decisions;

6.59.2 quash the Commissioner's decisions and redetermine the applications;

6.59.3 quash the Commissioner's decisions and, if it considers that there should be a further notification to the parties to make representations, remit the matters to the Commissioner.

6.60 As the Committee has reached a different conclusion to that of the Commissioner, the Committee determined that the decisions of the Commissioner must be quashed.

6.61 The Committee went on to consider whether there should be a further notification to the parties detailed at paragraph 19 of Schedule 2 of the Regulations to allow them to make representations if they so wished (in which case it would be appropriate to remit the matters to the Commissioner) or whether it was preferable for the Committee to redetermine the applications.

6.62 The Committee noted that representations on Regulation 13 had already been made by parties to the Commissioner, and that these had been circulated and seen by all parties as part of the processing of the applications by the Commissioner. The Committee further noted that, when the appeals were circulated, representations had been sought from parties on Regulation 13.

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

7 Decision

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

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

7.3 The Committee has determined that the applications should be refused for the following reason:

7.3.1 The 2022 PNA has not identified a current need which these applications could meet.

Technical Case Manager
Primary Care Appeals