NHS Resolution

2 July 2026

REF: SHA/26914

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APPEAL AGAINST NHS WEST YORKSHIRE ICB DECISION TO GRANT AN APPLICATION BY ADHERA LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT UNIT 8, THE COURTYARDS, VICTORIA RD, LEEDS, LS14 2LB UNDER REGULATION 25

1 Outcome

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

1.2 The Committee determined that the application should be granted.

A copy of this decision is being sent to:

Healthcare Plus Consulting Ltd on behalf of Adhera Ltd
Brabners on behalf of Pharmacy2U
PCSE on behalf of West Yorkshire ICB

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1 The Application

By application dated 17 June 2025, Adhera Ltd ("the Applicant") applied to West Yorkshire ICB ("the Commissioner") for inclusion in the pharmaceutical list at Unit 8, The Courtyards, Victoria Road, Leeds, LS14 2LB under Regulation 25. In support of the application it was stated:

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

1.2 "Drug Tariff Part IX* (*except items that require measuring or fitting)"

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

1.4 "N/A"

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

1.6 "N/A"

Pharmacy procedures

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

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

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

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

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

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

1.11 "**Supporting Information**

1.12 This application seeks to open a Distance Selling Premises (DSP) under Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The Regulations require the Committee to be satisfied that Essential Services will be provided across England on an uninterrupted basis, in a safe and effective manner and without face-to-face contact. We have provided information throughout this document to demonstrate how the pharmacy procedures used within the premises will satisfy the requirements under Regulation 25, paragraph 2(b):

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

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

1.15 **NHS Essential Services for persons anywhere in England**

1.16 We will ensure that all patients across England can request NHS Essential Services via remote means throughout the proposed opening hours without direct face-to-face contact. This will be clearly stated on the website. It will also be stated in the Practice leaflet, subject to contractual changes.

1.17 All NHS Essential Services will be provided during the pharmacy's opening hours, without interruption and without face-to-face interaction between the patient (or their representative) and the pharmacy staff. Premises The premises will be registered with the GPhC before entering the pharmaceutical list, ensuring compliance with GPhC requirements for pharmacy premises.

1.18 **Responsible Pharmacist**

1.19 A Responsible Pharmacist (RP) will be on the premises during the pharmacy's opening hours ensuring compliance with GPhC requirements.

1.20 **Essential Services – Systems and Procedures**

1.21 All Essential Services delivered by the pharmacy will be in accordance with the following:

1.21.1 NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (2013)

1.21.2 GPhC – Professional Standards and Guidance on Distance Selling Pharmacies

1.21.3 Standard Operating Procedures

1.21.4 Risk assessments

1.22 **Dispensing Medicines**

1.23 The pharmacy can receive prescriptions from patients anywhere in England, via post or electronically, free of charge. Prescriptions will not be accepted if delivered to the unit by the patient themselves, or any third party acting on behalf of a patient

1.24 Dispensed prescriptions will be delivered by staff driver or courier. Appropriate procedures exist for cold-chain items and controlled drugs.

1.25 **Repeat Dispensing**

1.26 Repeat prescriptions, after the first time, will only be given if it's confirmed remotely that:

1.26.1 The patient is taking the drug or appliance correctly and is likely to continue doing so,

1.26.2 The patient is not experiencing side effects that would require reviewing the patients treatment,

1.26.3 The patient has not had any changes to health that would suggest a review is needed,

1.26.4 The medicine regimen has not changed

1.27 They will also be advised not to order unwanted medication.

1.28 Patients with stable, long-term health conditions who require regular medication will receive remote advice about the benefits of repeat dispensing, encouraging them to discuss repeat dispensing with their GP surgery.

1.29 **Discharge Medicine Service**

1.30 DMS referrals will be regularly checked. Advice, assistance and support will be provided to all referred patients. Throughout the DMS, the pharmacist will use clinical judgement to consider recommendations or actions. Consultations will be carried out privately to ensure confidentiality when providing this service remotely.

1.31 **Disposal of Unwanted Medicines**

1.32 Patients can return unused medication to the pharmacy using a courier service or staff driver, which will be provided and funded by the pharmacy Packaging materials will be sent to patients, and instructions to obtain a free courier label will be available and clearly displayed on the pharmacy website. The return of medicines is to be handled exclusively through remote means; patients will not be able to physically bring them to the pharmacy. Once returned, the unwanted medicines will be sorted and placed in disposal units for collection by a specialist waste management company. Appropriate procedures exist for the disposal of controlled drugs.

1.33 Patients will be remotely advised not to order prescriptions that they do not need.

1.34 **Urgent Supply without a Prescription**

1.35 We understand that Urgent Supply/Emergency Supply is less likely to occur given the distance selling nature of the pharmacy. However, we ensure that all staff will be appropriately trained and informed of the procedures to follow should this event occur. We shall have appropriate mechanisms for the receipt verification and processing of requests for urgent supply. The pharmacy will prioritise urgent medication deliveries at no extra cost to the patient.

1.36 **Attempts to use the pharmacy face to face**

1.37 In the event that a patient requests to access Essential Services at the premises, they will be informed that these services cannot be provided onsite by the pharmacy. They will be subsequently directed to our website or provided with additional instructions on how to contact us for information regarding access to NHS Essential Services or given the details of alternative care providers.

1.38 **Suitable Containers for Posted Items**

1.39 The packaging choice will depend on the nature of the items being delivered, and the appropriate level of protection will be used to ensure the items can withstand the delivery process.

1.40 **Refusal to provide drugs or appliances ordered**

1.41 The pharmacy retains the right to decline dispensing a drug or appliance under a Patient Treatment Plan (PTP) in accordance with all laws, regulations and professional guidelines in effect at that time. Additionally, the pharmacy is required to refuse supply if the responsible pharmacist determines that the order does not properly align with the PTP. All refusals must be documented in the patient and/or pharmacy records.

1.42 **Verification of Prescription Exemption Declarations and NHS Charges**

1.43 Evidence for exemptions or remissions from NHS charges will be sought and verified prior to dispensing of any prescription. Evidence will be assessed; if not certain, the 'Evidence not Seen' box will be marked or appropriate information will be entered into the EPS. The PMR will hold verified patient data and be updated with the verification date and next check. NHS charges will be

collected electronically via remote means. No cash or card transactions will be allowed on the premises.

1.44 **Promotion of Healthy Lifestyles**

1.45 All patients, and particularly patients identified as at risk, shall be provided with advice with the aim of increasing their knowledge and understanding of the health issues which are relevant to their personal circumstances.

1.46 General information about healthy living will also be available on the website for public access. Individuals can also access healthy living information via other remote means.

1.47 **Public Health Campaigns**

1.48 The pharmacy website will feature a dedicated section on healthy lifestyles, public health campaigns, FAQs and self-care. The pharmacy will engage in national health campaigns to promote public health messages.

1.49 **Signposting**

1.50 Patients will be signposted to appropriate health, social care, or support services as required. Should a patient require support that the pharmacy cannot provide, we will provide them with contact details of the appropriate provider and can refer them.

1.51 **Support for Self-Care**

1.52 If the pharmacist assesses that a person using the pharmacy would benefit from advice or support managing their condition, or the condition of someone in their care, then the appropriate advice will be provided via remote means of communication. People seeking advice on self-care will be provided advice by remote means.

1.53 **Appliances requiring fitting and measuring**

1.54 As specified in the application form, appliances requiring fitting and measuring will not be provided. Patients seeking such appliances will be referred to an appropriate provider or provided the details of appropriate providers.

1.55 **Website**

1.56 The pharmacy will have a website for use by the public for the purpose of accessing pharmaceutical services from the premises, on which there is an interactive page, clearly promoted to any user of the website when they first access it, which provides public access to a reasonable range of up to date materials that promote healthy lifestyles by addressing a reasonable range of health issues."

2 Comments to the Commissioner

On reviewing the paperwork provided by PCSE, it was noted that the comments made by the Applicant in response to the representations on the application, had not been

circulated to parties initially. However, on 12 November 2025, PCSE decided to circulate the information to all interested parties as the Applicant had provided substantial 14 day comments and supporting SOPs.

In the interests of transparency and fairness, and given Brabners comment in its appeal below, that "*the ICB did not circulate the Applicant's SOPs which it claimed were submitted in support of the Application*" NHS Resolution sought to rely on the discretion afforded in paragraph 7 of Schedule 3 of the Regulations to vary the normal procedures and recirculate these comments to parties for them to make observations on them if they so wished.

2.1 The Applicant

2.2 "Re: Application for inclusion in a pharmaceutical list at Unit 8, The Courtyards, Victoria Road, Leeds, LS14 2LB in respect of distance selling premises by Adhera Limited - CAS-370561-F6Q4M4

2.3 Thank you for your letter dated 19th August 2025. We welcome comments from all local parties and respond accordingly below.

2.4 **Pharmacy2U**

2.5 We note that our client's proposed premises is neither in nor adjacent to any existing pharmacy. Regulation 31 is therefore complied with.

2.6 Pharmacy2U appears to have a DSP in the same area. We highlight that this pharmacy is not adjacent to the proposed site. Furthermore, given that Pharmcy2U is entirely unrelated to the present applicant, in any case the proposed service cannot be considered as a part of the existing service for the purposes of regulation 31(2)(b). Therefore, on all fronts this application is compliant with regulation 31.

2.7 Pharmacy2U's consultant raises questions over the inclusion of a consult room within the DSP. This shows a lack of understanding of DSP regulations and operations. We note that Schedule 4 Paragraph 28B of the 2013 regulations requires all DSPs to have a suitable consult room. A consult room is necessary to allow for confidential remote consultations with patients, for both giving advice, which is required as part of the essential services, and for the exercise of clinical judgement in dispensing.

2.8 We note that the application floorplan did not mark all entries as controlled access in error. We wish to confirm that in fact all entrances will have controlled access and attach an updated floorplan reflecting this.

2.9 [Floorplan provided, see Appendix A]

2.10 Pharmacy2U raises questions over the details we have provided regarding how our client will comply with the regulations. Though we believe the previously provided information was sufficient, we attach Standard Operating Procedures (SOPs) for the avoidance of doubt concerning our client's compliance with the regulations. These SOPs address the concerns raised by Pharmacy2U in full.

2.11 [SOPs provided, see Annex B]

2.12 **Community Pharmacy West Yorkshire**

2.13 We note that no specific deficiencies are identified by the LPC. We do not believe that the identified cases are analogous to the present application.

2.14 **Cohens Chemists**

2.15 Cohens make no specific criticisms of the present application.

2.16 We note that Cohens highlight that “These services must not be supplied from a traditional 'shop-front' premises”. We note that the proposed site is not a shop-front so such comments from Cohens are irrelevant. We reaffirm that no services will be provided on site or in the vicinity of the premises.

2.17 We reiterate that the premises will be GPhC registered before the pharmacy opens.

2.18 We also reiterate that there is no LPS, pharmacy or GP at or adjacent to the proposed site.

2.19 **Standard Operating Procedures**

2.20 Though not strictly required, in response to the concerns expressed, we wish to provide the ICB with our client’s proposed standard operating procedures to provide additional comfort that our client’s application is compliant with the regulations.

2.21 We wish to remind the committee that the SOPs must be read as a whole and that they are to be used by pharmacy staff and implemented alongside training. The SOPs are also an evolving document which must improve over time through regular review and amendment.

2.22 **Confidentiality**

2.23 **Freedom of Information**

2.24 We wish to inform NHS England that we believe that the release our client’s SOPs under Freedom of Information legislation would likely lead to prejudice to the commercial interests of our client and/or The Digital Health Assurance Company Ltd as they are commercially sensitive. Release of the SOPs could provide competitors with unfair access to procedures that have been bought by our client under confidentiality. It would also prevent The Digital Health Assurance Company Ltd from profiting from distribution of the SOPs which they have developed.

2.25 **Information to be given to notified parties**

2.26 We wish to notify NHS England that our client considers these SOPs to be confidential and does not consent to these SOPs being disclosed to notified parties as set out in schedule 2 paragraph 21(4) of the regulations.

2.27 We believe that it is fair and proper that the information be withheld from notified parties as, being pharmacies, they are particularly likely to damage our client’s

commercial interest by having access to our client's SOPs, as they are well placed to unfairly benefit from the developed procedures.

2.28 We find that this is particularly pertinent in relation to notified parties who currently operate DSPs as they are especially well placed to unfairly benefit from our client's confidential SOPs.

2.29 We respectfully request that the ICB informs us of any decision they reach in regard to what information is to be shared with notified parties."

2.30 The Applicant changed their position on confidentiality and consented to the SOPs being provided to all interested parties. The Applicant's letter and SOPs were circulated to interested parties on 12 November 2025 with further opportunity to make comment. On 5 January 2026 the representations were circulated.

2.31 The Applicant responded on 6 January 2026

2.32 "Thank you for your letter dated 5th January 2026. We welcome comments from all local parties and respond accordingly below.

2.33 We reattach previous comments as a no commenters have made further comments after having access to our client's SOPs. We note that though CPWY have submitted a new letter it appears to be identical to their previous letter.

2.34 We note that the previous position on confidentiality has changed in conversation with the ICB so this section should be disregarded. All interested parties have had access to our unredacted SOPs.

2.35 Given no party chose to make additional comments, we take this to mean that they identified no deficiencies in our SOPs.

2.36 We note that whereas Brabners, on behalf of Pharamcy2U, attempted a lengthy attack on our original supporting information, they have made no comments on our detailed SOPs.

2.37 We reiterate that the SOPs should be read in the context that they are to be used by trained staff under supervision of a responsible pharmacist and oversight of the superintendent. The SOPs are also an evolving document which will continue to be regularly improved."

3 The Decision

The Commissioner considered and decided to grant the application. The decision letter dated 20 January 2026 states:

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

3.1 "West Yorkshire ICB has considered the above application and I am writing to

3.2 confirm that it has been granted. Please see the enclosed report for the full reasoning.

3.3 The report details the conditions that will be placed upon your inclusion in the relevant pharmaceutical list should a valid notice of commencement be received. Enclosed is a form confirming acceptance of these conditions. It should be completed by an authorised person and returned to me with your notice of commencement.

3.4 Also enclosed is a template of the notice of commencement which you are required to submit to us. Please note that if this is submitted before the end of the 30 day appeal period and a valid notice of appeal is then received by the Secretary of State, the notice of commencement will cease to have effect. This means that if you have opened your new premises then you will be required to close with immediate effect.

3.5 Please note that you must submit the notice of commencement no fewer than 30 days before the date you intend to start service provision. If it is received fewer than 30 days in advance it is not a valid notice of commencement and will not be accepted by West Yorkshire ICB unless you successfully ask to give a shorter notice period. Should you wish to ask to give a shorter notice period please complete the enclosed application form."

Decision Report

3.6 "**Decision: GRANTED**

3.7 PSRC considered the application, by Adhera Ltd, for Inclusion in the Pharmaceutical List Under Part 3, Regulation 25 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

3.8 The committee considered the application and representations submitted and noted that there are 7 existing providers of Pharmaceutical Services within 1.6 miles of the proposed site, the closest being 0.4 miles away from the proposed site, according to NHS.UK.

3.9 It was noted that Adhera Ltd submitted Fitness to Practice [sic] information in line with Schedule 2, Part 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 which was approved 24/09/2025.

3.10 It was agreed that Regulation 31 does not apply as there is no pharmacy at the same or adjacent premises to the proposed site, nor is there any suggestion that any of the nearby pharmacies are in any way connected with this application.

3.11 Consideration was given to Regulation 25.

3.12 Regulation 25 (2) (a) – does not apply as no primary care provider with a patient list is present within the same premises as the proposed site.

3.13 Regulation 25(2)(b)(i) – is met as the applicant has detailed in the application and supporting information how services will be provided remotely, and without interruption throughout the given opening hours throughout England.

3.14 Regulation 25(2)(b)(ii) – is met as the applicant has demonstrated adequately how safe and effective services will be provided throughout the given opening hours. The applicant has provided adequate assurance within the Procedures and SOPs submitted to support their application.

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

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

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

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

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

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

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

3.20 Nothing in the applicant's practice leaflet, in the applicant's publicity material in respect of the proposed premises, in material published on behalf of the applicant publicising services provided at or from the proposed premises or in any communication (written or oral) from the applicant or the applicant's staff to any person seeking the provision of essential services from the applicant must represent, either expressly or impliedly, that:

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

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

3.21 The committee did have assurance that the applicant had met the above detailed conditions, as outlined in their application form, and supporting information.

3.22 The committee noted the representations received from Cohens Chemists, Community Pharmacy West Yorkshire (CPWY) and Pharmacy 2U Ltd.

3.23 Cohens Chemist requests that the panel considers all criteria relating to regulation 25 and the conditions set out in regulation 64 as part the Exemption for an Internet Pharmacy including

3.24 CPWY provided a standard response to be assured that regulations 25 (2)(a) and 25(2)(b) do not apply, that the contractor must provide pharmaceutical services throughout all their contracted hours and referred to previous appeals.

3.25 Pharmacy 2U Ltd made extensive representations asking the panel to be assured regarding Regulations 25(2)(b)(i), 25(2)(b)(ii) and 31.

3.26 All regulations were considered as detailed in the report to PSRC. It was recommended that the application be granted on the grounds that the applicant has demonstrated that they have fully complied with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and how they will comply with the specific conditions placed on distance selling premises as set out in Regulation 64.

3.27 **PSRC Decision**: Having considered all the information provided by the applicant, the Committee agreed that the application does meet all the relevant Regulations for a DSP. The PSRC granted this application.

3.28 **Right of Appeal:** No Right of Appeal”

4 The Appeal

In a letter dated 27 February 2026, Brabners LLP on behalf of Pharmacy2U appealed against the Commissioner’s decision. The grounds of appeal are:

4.1 “We are instructed on behalf of the Appellant to submit an appeal in respect of the following decisions by the West Yorkshire ICB (the "ICB"):

4.1.1 to grant the Application (the "Application Decision"); and

4.1.2 not to grant appeal rights in respect of the Application Decision (the "No Appeal Decision"),

4.2 which we consider have been incorrectly made.

4.3 **The Application**

4.4 The Application was made by the Applicant pursuant to Regulation 25 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the "Regulations").

4.5 The Application was submitted by the Applicant for consideration and determination on 17th June 2025, a copy of which is appended to this letter.

4.6 The Appellant was notified of the Application by the ICB market entry team on 4th July 2025, a copy of such notification is appended to this letter.

4.7 The Appellant submitted its written representations in opposition to the Application on 13th August 2025, a copy of which is appended to this letter.

4.8 The ICB circulated its decision to grant the Application on 30th January 2026 accompanied by its decision report, a copy of which is appended to this letter, and the final sentence of which states: "Right of Appeal: No Right of Appeal'.

4.9 **Applicable Legislation**

4.10 **Regulation 25 of the Regulations states: Distance selling premises applications –**

4.11 (1)Section 129(2A) of the 2006 Act1 (regulations as to pharmaceutical services) does not apply to an application to relocate to different premises (a) (b) by a person already included in a pharmaceutical list for inclusion in that list in respect of premises other than those already listed in relation to that person, in respect of pharmacy premises that are distance selling premises.

4.12 (2)NHS England must refuse an application to which paragraph (1) applies— (a) if the premises in respect of which the application is made are on the same site or in the same building as the premises of a provider of primary medical services with a patient list; and (b) unless NHS England is satisfied that the pharmacy procedures for the pharmacy premises are likely to secure — (0 the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services, and (ii) the safe and effective provision of pharmaceutical services without face to face contact at the pharmacy premises between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff

4.13 Schedule 2 paragraph 18 of the Regulations states:

4.14 Applications requiring notifications An application is a "notifiable application" for the purposes of this Schedule if— (a) it is a routine application; or (b) it is an excepted application pursuant to regulation 24, 25 or 26(2) or 26A, and NHS England has not decided to dispense with the notification pursuant to paragraphs 15 to 17.

4.15 Schedule 2 paragraph 30 of the Regulations states:

4.16 Third party rights of appeal to the Secretary of State where an application is granted

(1)A person with third party rights (as provided for in this paragraph) may appeal to the Secretary of State against a decision of NHS England to grant a notifiable application, or an application to which regulation 26(1), 27 or 28 applies, provided that the person notifies the Secretary of State with a valid

notice of appeal within 30 days of the date on which that person was notified of NHS England's decision under paragraph 28.

(2)For the purposes of this Schedule, a person (P1) is a person with third party rights if (a) P1 is a person to whom sub-paragraph (3) applies; or (b) P1 was entitled to receive notification of the decision to grant the application by virtue of paragraph 28(5).

(3)(b) P1 is a person to whom this sub-paragraph applies if— in the case of a notifiable application, P1 made representations in writing about the application under paragraph 19(4).

(4)If NHS England considers that a person notified under paragraph 28 is a person with third party appeal rights, it must notify that person of that fact when it notifies that person of the determination.

(5)….

(6)A person to whom sub-paragraph (3)(a) and (b) applies (P2) who is not notified by NHS England that they are person with third party appeal rights may appeal to the Secretary of State against the determination (D1) by NHS England that it is not satisfied as mentioned in sub-paragraph (3)(c), provided that P2— (a) notifies the Secretary of State within 30 days of the date on which that person was notified of NHS England's decision under paragraph 28 (D2) that P2 wishes to appeal against D1 and D2; and (b) includes within that notification concise and reasoned statements of P2's grounds of appeal against both D1 and D2, and if the appeal against D1 is successful, P2 is a person with third party appeal rights in relation to D2 for the purposes of this Schedule.

4.17 **The No Appeal Decision**

4.18 For the following reasons, we assert that the ICB has erred as a matter of law in not granting the Appellant appeal rights in respect of the ICB's decision to grant the Application.

4.19 The Application is an excepted application, which was made pursuant to regulation 25 of the Regulations. By application of Schedule 2 paragraph 18(b) of the Regulations, we submit that the Application is a notifiable one. We note that, pursuant to the limited discretion afforded to it by paragraph 18, NHS England did not decide to dispense with the notification pursuant to paragraphs 15 to 17.

4.20 As stated above, the Appellant was notified of the Application and subsequently made written representations in opposition to it. By application of Schedule 2 paragraph 30(3)(b) of the Regulations, we submit that the Appellant is therefore a party which made written representations under paragraph 19(4) in respect of a notifiable application and, as such, is to be granted appeal rights.

4.21 By application of Schedule 2 paragraph 30(4) of the Regulations, we submit that NHSE has erred in law by its failure to notify the Appellant of its appeal rights.

4.22 By application of Schedule 2 paragraph 30(6) of the Regulations, we submit that the Appellant is a person to whom sub-paragraph (3)(b) applies who has not been notified by NHS England that they are person with third party appeal rights. As such, we request that this letter of appeal constitutes the Appellant's appeal to the Secretary of State against the No Appeal Decision and the Application Decision.

4.23 Having set out above a concise and reasoned statement as to why we consider the Appellant should have been granted third party appeal rights in respect of the Application Decision and the legal basis for such statement, we set out below in respect of the Application Decision a concise and reasoned statement of the Appellant's grounds of appeal against such decision.

4.24 Application Decision

4.25 It is evident from the ICB's decision report that it claims to have satisfied itself that:

4.26 Regulation 25(2)(b)(ii) - is met as the applicant has demonstrated adequately how safe and effective services will be provided throughout the given opening hours. The applicant has provided adequate assurance within the Procedures and SOPs submitted to support their application; and

4.27 all regulations were considered as detailed in the report to PSRC. It was recommended that the application be granted on the grounds that the applicant has demonstrated that they have fully complied with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and how they will comply with the specific conditions placed on distance selling premises as set out in Regulation 64.

4.28 We submit that, given the comprehensive representations that the Appellant made in opposition to the Application, which refer to numerous standards of regulatory compliance to which it, as a well-established distance selling premises pharmacy, has previously been, and is currently, held accountable by NHS England, the ICB has, when coming to its decision, failed to fully consider those representations by reference to its own standards, practice and guidance. We request that NHS Resolution reviews those representations as part of this appeal and asks itself, further to such review, if the ICB, when documenting its reasoning for granting the Application in the decision report, has acted reasonably, rationally, lawfully and/or fairly when giving consideration to them and reaching its decision.

4.29 Further, we submit that, when making the Application Decision, the ICB has erred in procedural compliance by referring to SOPs in its decision report which have been submitted by the Applicant in support of the Application. As the Application is a notifiable one, we assert that the ICB is under a statutory duty to provide the pharmacy contractors which the ICB is required to notify upon receipt of the Application, with all relevant information in support of it. We assert that the ICB did not circulate the Applicant's SOPs which it claims were submitted in support of the Application and upon which the Application Decision was granted. As such, we assert that the Appellant, and the other notified

parties, were not provided with all the relevant information in support of the Application, but by reference to which the ICB made its decision.

4.30 Finally, we submit that the ICB has failed to act consistently by reference to standard practice and procedure when considering the Application and, by failing to do so, has reached a decision of granting the Application that no reasonable public decision-making body would otherwise make. The supporting information which was provided by the Applicant was undeniably sparse and lacking in detail. Since the advent of distance selling premises pharmacies, ICBs have sought numerous assurances from applicants in painstaking detail that will support the applicant's assertion that, if its application was granted, the pharmacy procedures for the pharmacy premises are likely to secure: (i) the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services, and (ii) the safe and effective provision of pharmaceutical services without face to face contact at the pharmacy premises between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff.

4.31 We assert that ICBs have never accepted vague, general and unsupported assertions by the Applicant in support of such a claim, but inexplicably, and we assert unlawfully, the ICB appears to have done so on this occasion. Such inconsistency of not acting in accordance with accepted standards of practice supports the assertion that the ICB has acted in a procedurally unfair manner when reaching the Application Decision.

4.32 **Request to overturn the ICB's decision**

4.33 For the reasons set out above, we respectfully request that NHS Resolution:

4.33.1 confirms that the ICB was wrong to make the No Appeal Decision and, as such, grants the Appellant appeal rights in respect of the Application Decision; and

4.33.2 to the extent that such appeal rights are granted, confirms that the ICB was wrong to make the Application Decision and overturns its decision to grant the Application."

4.34 Along with the appeal letter Brabners enclosed the following:

4.34.1 The application dated 17 June 2025. [See above paragraphs 1.1 to 1.56.]

4.34.2 Letter from ICB dated 4 July 2025 notifying interested parties of the application and inviting representations within 45 days.

4.34.3 The Appellant's written representations dated 13 August 2025. [See paragraphs 4.35 – 4.81 below]

4.34.4 The ICB's decision to grant the Application dated 30 January 2026. [See above paragraphs 3.1 to 3.28.]

4.35 Representations from Brabners on behalf of Pharmacy 2 U

4.36 **“Introduction**

4.37 We act for Pharmacy2U Limited, the proprietor of a pharmacy, which is located at Unit 4B, Victoria Industrial Park, Victoria Road, Leeds LS14 2LA ("our client").

4.38 Our client has been notified of the Applicant's submission of the Application and wishes to make the following written representations in opposition to it.

4.39 **Applicable legislation**

4.40 We note that the Application has been made pursuant to regulation 25(1) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ("the Regulations").

4.41 Regulation 25(1) of the Regulations was repealed on 22nd June 2025, and we note that the date on which the Applicant signed the Application was 17th June 2025. Notwithstanding the date on which the Applicant signed the Application, in order for the Application to be considered pursuant to applicable legislation that was in force prior to its revocation, as a primary point of consideration, NHS England needs to be satisfied that it received the Application before 23rd June 2025.

4.42 Regulation 25(2) states: *NHS England must refuse an application to which paragraph 25(1) applies—*

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

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

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

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

4.43 Regulation 64(3) is also relevant in NHS England's consideration of the Application in that it sets out a list of specific conditions to which a successful applicant (X) must adhere once an application for a distance selling premises pharmacy has been granted:

(a) X must not offer to provide pharmaceutical services, other than directed services, to persons who are present at (which includes in the vicinity of) the listed chemist premises;

(b) the means by which X provides pharmaceutical services, other than directed services, must be such that any person receiving those services does so otherwise than at the listed chemist premises;

(c) the listed chemist premises must not be on the same site or in the same building as the premises of a provider of primary medical services with a patient list;

(d) in the case of pharmacy premises, the pharmacy procedures for the premises must be such as to secure—

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

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

(e) nothing in X's practice leaflet, in X's publicity material in respect of the listed chemist premises, in material published on behalf of X publicising services provided at or from the listed chemist premises or in any communication (written or oral) from X or X's staff to any person seeking the provision of essential services from X must represent, either expressly or impliedly, that—

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

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

4.44 Therefore, NHS England must refuse the Application if the Applicant fails to produce sufficient evidence within the Application to demonstrate to the reasonable satisfaction of NHS England that its pharmacy procedures for the proposed pharmacy premises are likely to secure: (i) the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services; and (ii) the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff.

4.45 **Representations — summary of grounds for opposition**

4.46 For the reasons set out below, we submit that the Applicant has failed to produce satisfactory evidence in the Application to enable NHS England to reasonably conclude that the Applicant's pharmacy procedures for the proposed pharmacy premises are likely to secure the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or on someone else's behalf, and the Applicant or the Applicant's staff.

4.47 **Specific representations in respect of the Application and the further information which the Applicant has submitted in support of the Application ("Supporting Information")**

4.48 **Missing relevant information**. At paragraph 1.1, we note that the Applicant has omitted its correspondence address.

4.49 At paragraph 4, we note that the Applicant has indicated that it does not intend to provide any advanced or enhanced services (as it has also confirmed in its response at paragraph 7.3 of the Application), which means that the Applicant will not provide the following services:

4.49.1 Appliance use reviews;

4.49.2 Adult flu vaccination service;

4.49.3 Childhood flu vaccination service;

4.49.4 Hypertension case-finding;

4.49.5 Lateral flow device service;

4.49.6 New medicine service;

4.49.7 Pharmacy contraception service;

4.49.8 Pharmacy first service;

4.49.9 Smoking cessation service;

4.49.10 Stoma appliance customisation;

4.49.11 Covid-19 vaccination service; and

4.49.12 Respiratory syncytial virus (RSV) and pertussis vaccination service.

4.50 In light of the above and in anticipation of an impending legislative change which, when in force, will prevent distance selling premises pharmacies from undertaking advanced or enhanced pharmaceutical services on a face to face basis with the patient at the pharmacy premises, it is unclear why the Applicant has included a "Consult room" in its preliminary indicative floorplan of the proposed pharmacy premises.

4.51 With distance selling premises pharmacies being prevented, pursuant to Regulation 64(3), from providing essential pharmaceutical services to persons who are present at the pharmacy premises (and the means by which the pharmacy provides essential pharmaceutical services must be such that any person receiving those essential pharmaceutical services does so otherwise than at the pharmacy premises), and the Applicant asserting that it will not be providing any advanced or enhanced services, NHS England should satisfy itself as to the purpose for which the Applicant will be using such "Consult room" and that the Applicant will not be using it to provide essential services, whether in whole or in part, on a face to face between any person receiving those services, whether on their own or on someone else's behalf, and the Applicant or the Applicant's staff.

4.52 On such preliminary indicative floorplan of the proposed pharmacy premises, we note the presence of what the Applicant has described as three "controlled access entrances". All these entrances, however, are internal entrances, not external entrances to the proposed pharmacy premises. We note that neither of the two external entrances to this ground floor premises which are marked on the plan are denoted as being subject to controlled access entry. We submit that the Applicant has therefore failed to demonstrate on the floorplan that its external entrances will satisfactorily control patient access to the proposed pharmacy premises and prevent face to face contact between any person receiving essential NHS pharmaceutical services (whether in whole or in part), whether on their own or on someone else's behalf, and the Applicant or the Applicant's staff.

4.53 We note that the Applicant has answered N/A at paragraph 5, a section in which the Applicant is prompted to complete the section if the proposed premises are adjacent to, or in close proximity, another pharmacy or dispensing appliance contractor. We assert that our client's pharmacy is in fact in very near (being less than 50m away) proximity to the Applicant's proposed pharmacy premises. The Cambridge English Dictionary defines adjacent as "very near, next to, or touching".

4.54 Regulation 31(1) states*: (1) A routine or excepted application, other than a consolidation application, must be refused where paragraph (2) applies*.

4.55 Regulation 31(2) states*: 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") 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).

4.56 We request that NHS England, in its determination of the Application, satisfies itself whether, on the facts and by reference to the location of our client's existing pharmacy, the Application must be refused by application of Regulation 31.

4.57 At paragraph 7.1 of the Application, the Applicant is required, pursuant to Regulation 25(2)(b)(i) and (ii) to explain how the pharmacy procedures used within the proposed distance selling pharmacy premises will secure:

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

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

4.58 The Applicant asserts in the Supporting Information that, *"We have provided information throughout this document to demonstrate how the pharmacy procedures used within the premises will satisfy the requirements under Regulation 25, paragraph 2(b)*". For the reasons stated below, we disagree with this assertion. In order to meet the threshold of this legislative test, the Applicant is required to explain to NHS England in sufficient detail within the Application, how (i.e. the manner in which) its proposed pharmacy procedures will secure such outcomes, not merely to state that these are the intended outcomes of such proposed pharmacy procedures. The Applicant must do so in sufficient detail, and by demonstrating how its procedures will address the material requirements of the complete range of essential pharmaceutical services that are listed at Schedule 4 Part 2 (paragraphs 3 to 22 inclusive) of the Regulations in order to allow NHS England to reasonably satisfy itself that, based on the detailed explanations and supporting evidence provided by the Applicant, it can be confident that the aims of Regulation 25(2)(b)(i) and (ii) can be secured by the manner in which such pharmacy procedures have been explained and evidenced by the Applicant.

4.59 Having reviewed the Supporting Information provided by the Applicant, we consider that the Applicant has failed to provide sufficient detail, explanation or evidence in the Application in order to allow NHS England to reasonably satisfy itself that the aims of Regulation 25(2)(b)(i) and (ii) can be secured by the Applicant.

4.60 For example:

4.61 The Applicant asserts under the heading **NHS Essential Services for persons anywhere in England** that: "*We will ensure that all patients across England can request NHS Essential Services via remote means throughout the proposed opening hours without direct face-to-face contact. This will be clearly stated on the website. It will also be stated in the Practice leaflet, subject to contractual changes"*. It is unclear whether the Applicant is asserting that its practice leaflet statement on its commitment to ensuring the availability of its NHS essential services to persons anywhere in England via remote means throughout the proposed opening hours without direct face-to-face contact is conditional upon the occurrence of certain unspecified "contractual changes". NHS England should satisfy itself whether such conditionality is compliant with the requirements of the Regulations.

4.62 The Applicant asserts under the heading **Dispensing Medicines** that: "*Prescriptions will not be accepted if delivered to the unit by the patient themselves, or any third party acting on behalf of a patient*", but has neither explained the specific procedures and safeguards that it intends to put in place in order to prevent patients from delivering their prescriptions to the pharmacy premises in the first place nor the manner in which such requests will be refused.

4.63 The Applicant asserts under the heading **Dispensing Medicines** that: "*Dispensed prescriptions will be delivered by staff driver or courier. Appropriate procedures exist for cold chain items and controlled drugs*" but has failed to confirm that such dispensed prescriptions will be delivered to persons anywhere in England. The Applicant has also failed to provide an explanation in respect of what it has stated as "*appropriate procedures*" for "*cold-chain items and controlled drugs*". For example, it has failed to explain how its procedures would deal with unsuccessful deliveries of such items. Would such dispensed products be retained by the staff driver or courier in their delivery vehicles overnight on the understanding that it is likely to be impractical for the return of such dispensed medicines to the pharmacy? The Applicant has failed to explain how its procedures will ensure that cold-chain storage integrity (for thermolabile products, such as vaccines, insulin and other temperature-sensitive pharmaceutical products) and safe storage requirements (for controlled drugs) will at all times be maintained in such circumstances. The Applicant has also failed to explain how or if such deliveries for controlled drugs will be tracked and audited and how or if it will make appropriate CD register entries if such controlled drugs are provided to a courier for collection and delivery to the patient.

4.64 In respect of controlled drugs, the Applicant has failed to explain how its procedures will deal with a situation when it is not possible to deliver the prescribed controlled drugs to the patient within 28 days of its date of issue.

4.65 In respect of thermolabile products, the Applicant, by failing to elaborate on what it considers to be "appropriate procedures" has failed to explain the length of time for which its temperature assurance packaging solution will maintain cold-chain storage integrity nor given any apparent consideration to how its procedures will satisfactorily address the circumstances where successful delivery of the product cannot be made to the patient within such timescale or how the Applicant will then ensure that it supplies the prescription to the patient with reasonable promptness. The Applicant has also failed to explain how or if such deliveries for thermolabile products will be tracked and audited.

4.66 The Applicant has failed to explain how in respect of **Dispensing Medicines**, its pharmacy procedures will ensure the safe and effective provision of essential services without face to face contact between any person receiving the services and the Applicant or the Applicant's staff at the proposed pharmacy premises in the following circumstances:

4.66.1 when a received prescription is not legally or clinically correct, complete, or appropriate;

4.66.2 when a prescription cannot be fully dispensed, how or if it will notify the patient that it is unable to supply the prescription in full, how or if it will fulfil its duty to supply the prescription with reasonable promptness, and how or if its procedures would deal with a partially completed prescription when it is unable (for example due to stock unavailability) to deliver the balance to the patient; or

4.66.3 how or in what circumstances the patient's identity will be verified by the delivering staff driver or courier, and whether such patient verification will be logged and audited.

4.67 The Applicant asserts under the heading **Repeat Dispensing** that: "*Repeat prescriptions, after the first time, will only be given if it's confirmed remotely that: The patient is taking the drug or appliance correctly and is likely to continue doing so*" but has failed to explain how its pharmacy procedures will, in the absence of face to face service provision at the proposed pharmacy premises, establish how the patient is taking the drug or [using] the appliance correctly.

4.68 The Applicant asserts under the heading **Discharge Medicine Service** that: "*Consultations will be carried out privately to ensure confidentiality when providing this service remotely*" though it is not clear from whom, other than the Applicant's staff at the proposed pharmacy premises, the Applicant is trying to ensure that the patient's privacy is maintained.

4.69 The Applicant asserts under the heading **Disposal of Unwanted Medicines** that: "*Appropriate procedures exist for the disposal of controlled drugs*" but has not explained the specific procedures and safeguards that it intends to put in place in order to ensure the safe and lawful disposal of patient returned unwanted medicines, including specifically controlled drugs.

4.70 The Applicant asserts under the heading **Urgent Supply without a Prescription** that: "*We understand that Urgent Supply/Emergency Supply is less likely to occur given the distance selling nature of the pharmacy'*. We consider that such an assertion is unfounded and indicates a diminished commitment on the Applicant's behalf to undertaking this NHS essential pharmaceutical service requirement. The Applicant also asserts that: "*We shall have appropriate mechanisms for the receipt verification and processing of requests for urgent supply'* but has not explained what these "appropriate mechanisms" are or how they might be considered appropriate in the context of remote service provision.

4.71 The Applicant asserts under the **heading Attempts to use the pharmacy face to face** that: *"In the event that a patient requests to access Essential Services at the premises, they will be informed that these services cannot be provided onsite by the pharmacy*' but has not explained the specific procedures and safeguards that it intends to put in place in order to prevent or diminish the likelihood of such patient request being made at the pharmacy premises.

4.72 The Applicant asserts under the heading **Suitable Containers for Posted Items** that: "*The packaging choice will depend on the nature of the items being delivered, and the appropriate level of protection will be used to ensure the items can withstand the delivery process"* but has not explained what it means by an "appropriate level of protection". The Applicant has failed to explain for example if tamper-resistant or tamper-evident packaging will be used, how such packaging solutions will prevent leaks for liquid medicines and whether such packaging will be appropriately labelled to identify any specific risk of which the courier or staff delivery driver should be made aware when making such deliveries to the patient.

4.73 The Applicant asserts under the heading **Verification of Prescription Exemption Declarations and NHS Charges** that: "*Evidence for exemptions or remissions from NHS charges will be sought and verified prior to dispensing of any prescription*" but has not explained the specific procedures that it intends to put in place in order that it might obtain such evidence or collect such NHS charges (only that in respect of the latter that they will be collected electronically via remote means) other than on a face to face basis at the proposed pharmacy premises.

4.74 The Applicant asserts under the heading **Promotion of Healthy Lifestyles** that: *"All patients, and particularly patients identified as at risk, shall be provided with advice with the aim of increasing their knowledge and understanding of the health issues which are relevant to their personal circumstances*" but has not explained how it will identify patients who are at risk other than on a face to face basis at the proposed pharmacy premises in order to enable it to effectively provide this essential NHS pharmaceutical service. The Applicant also asserts that "*Individuals can also access healthy living information via other [other than the Website] remote means*" but has failed to elaborate on what these other means are.

4.75 The Applicant asserts under the heading **Public Health Campaigns** that: "*The pharmacy website will feature a dedicated section on healthy lifestyles, public health campaigns, FAQs and self-care. The pharmacy will engage in national health campaigns to promote public health messages"* but has not explained how it will otherwise meet the requirements of this essential NHS pharmaceutical service, which requires the Applicant to participate in up to 6 campaigns in each financial year to promote health messages to users of the Applicant's pharmacy and to make appropriate records when requested to do so by NHS England.

4.76 The Applicant asserts under the heading **Signposting** that: "*Patients will be signposted to appropriate health, social care, or support services as required. Should a patient require support that the pharmacy cannot provide, we will provide them with contact details of the appropriate provider and can refer them"* but has not explained how it will meet the requirements of this essential NHS pharmaceutical service other than on a face to face basis at the proposed pharmacy premises or the manner in which it will establish the location of where such further information can be obtained or how it will identify appropriate alternative providers.

4.77 The Applicant asserts under the heading **Support for Self-Care** that: *"If the pharmacist assesses that a person using the pharmacy would benefit from advice or support managing their condition, or the condition of someone in their care, then the appropriate advice will be provided via remote means of communication. People seeking advice on self-care will be provided advice by remote means"* but has not explained how it will meet the requirements of this essential NHS pharmaceutical service, specifically no mention is made of record keeping, auditing or how follow-up care will be facilitated.

4.78 The Applicant asserts under the heading **Appliances requiring fitting and measuring** that: "*As specified in the application form, appliances requiring fitting and measuring will not be provided. Patients seeking such appliances*

will be referred to an appropriate provider or provided the details of appropriate providers" but has not explained how it will meet the requirements of this essential NHS pharmaceutical service, specifically no mention is made of how it will identify and with reasonable promptness refer to an appropriate provider that is suitable for the locality of the patient for whom the fitting and measuring services are not being provided by the Applicant.

4.79 We also note that the Applicant has failed to provide any information in respect of how it intends to comply with the requirements of paragraph 17 **(Prescription linked intervention)** of Schedule 4 of the Regulations.

4.80 **Conclusion**

4.81 For the reasons stated above, we respectfully request that the Application is denied. If you require any further information in relation to this matter, please do not hesitate to contact Richard Hough at these offices."

5 Summary of Representations

This is a summary of representations received on the appeal.

5.1 Community Pharmacy West Yorkshire

5.1.1 "Thank you for your letter dated 12th March 2026 concerning the above application.

5.1.2 Community Pharmacy West Yorkshire members have no additional remarks to make and still feel that their comments made in their letter to Ugochi E Aduwa on 16/11/2025 are valid. These were as follows.

5.1.2.1 NHS England must be assured that Regulations 25(2)(a) and 25(2)(b) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 do not apply.

5.1.2.2 The applicant must give NHS England assurance that they will be able to provide pharmaceutical services throughout the contracted hours.

5.1.2.3 NHS England will be aware of the decision made by NHS Resolution with regard to the Pharmacy 2 U (P2U) application in Leicestershire (SHA/22233). CPWY are sure that NHS England will want to reflect on the areas where the P2U application was felt to be lacking and ensure that this application is not subject to the same or similar concerns.

5.1.2.4 NHS England makes reference to previous applications for Distance-Selling pharmacies that have been refused upon appeal including the West Yorkshire applications SHA/18299 - May 2016 and SHA/18727 - Sept 2017.

5.1.3 Members wish these comments to be taken into consideration by the Authority and wish to be notified of the decision."

5.2 Healthcare Plus Consulting on behalf of Adhera Ltd

5.2.1 “Thank you for your letter dated 12th March 2026. We respond to the substantive part of the appeal below.

5.2.2 We submit that all objections made by Brabners LLP on behalf of Pharmacy2U were addressed previously by comments submitted on the 30th August 2025. We believe our comments from 30th August 2025 have already circulated and invite the Committee to consider them. By way of summary we note:

5.2.3 Pharmacy2U’s consultant raises questions over the inclusion of a consultation room within the DSP. This shows a lack of understanding of DSP regulations and operations. We note that Schedule 4 Paragraph 28B of the 2013 regulations requires all DSPs to have a suitable area for private and confidential remote consultation. A consult room is necessary to allow for confidential remote consultations with patients.

5.2.4 We note that the application floorplan did not mark all entries as controlled access in error. We again confirm that in fact all entrances will be controlled access.

5.2.5 All other essential services are addressed in the SOPs we have attached.

5.2.6 We also note that it was our understanding that the application was redistributed to allow all parties to view our client’s SOPs and this was confirmed by the letter from NHS Resolution dated 12th March 2026.

5.2.7 For the benefit of all parties, we have attached our client’s updated SOPs for all parties to review and comment upon. Our client once again waives the right to claim commercial confidentiality and encourages interested parties to review our client’s SOPs.

5.2.8 The update is not significant, with most changes simply adding clarity to wording.

5.2.9 We note that our client’s SOPs have updated the policy on Responsible Pharmacist cover to ensure that there is always a standby pharmacist available to take over from the primary RP if the latter is unable to continue to act as RP. This is the only substantive change.

5.2.10 We reiterate that our client will have a complete set of business continuity plans prior to GPhC registration. These will be subject to GPhC approval.

5.2.11 We do not believe that the description of our client’s supporting information and detailed SOPs as ‘vague, general and unsupported assertions’ is accurate.”

5.2.12 [SOPs provided, see Annex B]

6 Summary of Observations

This is summary of observations received.

6.1 Healthcare Plus Consulting Ltd on behalf of the Applicant

6.1.1 “We make only the following comment:

6.1.2 No party has presented any further comments on our client's application. We submit that the previous cases cited by the LPC are not relevant to the present case.”

7 Consideration

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

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

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

7.4 As a preliminary point, NHS Resolution had determined that Pharmacy2U Ltd was a person with third party appeal rights against the decision of the Commissioner as set out in its letter dated 11 March 2026 (ref. SHA/26936).

7.5 Further, the Committee noted Brabners comment that “*the ICB did not circulate the Applicant’s SOPs which it claimed were submitted in support of the Application*”. However, this information has been circulated to parties as part of the appeal process and therefore any omissions on the part of the Commissioner have now been rectified.

7.6 The Committee had regard to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”).

Regulation 31

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

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

(2) This paragraph applies where -

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

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

(ii) adjacent premises; and

(b) NHS England is satisfied that it is reasonable to treat the services that the applicant proposes to provide as part of the same service as

the existing services (and so the premises to which the application relates and the existing listed chemist premises should be treated as the same site).

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

7.9 However, the Committee noted Brabners' comments on the application, that Pharmacy 2U's pharmacy is less than 50 metres from the proposed premises and referenced a dictionary definition that "adjacent" may mean "very near, next to, or touching." Brabners continued by stating that it requests that "*NHS England, in its determination of the Application, satisfies itself whether, on the facts and by reference to the location of our client's existing pharmacy, the Application must be refused by application of Regulation 31.*"

7.10 The Commissioner in its decision letter stated that "*Regulation 31 does not apply as there is no pharmacy at the same or adjacent premises to the proposed site, nor is there any suggestion that any of the nearby pharmacies are in any way connected with this application".*

7.11 The Committee was mindful that a pharmacy located less than 50 metres away from the proposed premises could be considered as adjacent, although it had not been provided with any photographs or evidence showing the exact locations. The Committee therefore went on to consider Regulation 31(2)(b) which also needed to be satisfied in order for the application to be refused under Regulation 31.

7.12 Whilst no party had referenced judicial guidance on the interpretation of Regulation 31, the Committee was mindful of R (Pharmacy Care Plus) v FHSAU [2013] EWHC 824 (Admin), the Administrative Court (dealing with Regulation 17A of the NHS (Pharmaceutical Services) Regulation 2005) which provided guidance on deciding whether it would be reasonable to treat services provided by an applicant as part of the same service as an existing provider. In light of that Judgment, the Committee has previously considered the following factors: whether the same company would be operating both sets of premises; whether the two providers are separate legal entities; whether there is any shared ownership or control and, if so, what its impact might be; whether any employees would work for both enterprises; and any other matters which appear to the Committee to be relevant.

7.13 No party had indicated any form of commonality between the Applicant and Appellant. The Committee noted that the Appellant had instructed a law firm to object to the application and lodge an appeal on its behalf. It therefore seemed

inconceivable to the Committee that entities with any form of joint ownership or control would act in this way.

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

Regulation 25

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

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

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

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

in respect of pharmacy premises that are distance selling premises.

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

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

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

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

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

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

Additional information to be included with excepted applications

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

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

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

Nature of details to be supplied

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

Regulation 25(1)

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

Regulation 25(2)(a)

7.18 The Committee noted that the Applicant had not included any information in the relevant section of the application form that deals with this point. The Committee noted that the application form states that the relevant section should only be completed if the proposed premises are on the same site or in the same building as the premises of a provider of primary medical services with a patient list. The Committee considered that, where the Applicant did not include any information in this section, it was reasonable to consider that the Applicant was indicating that the proposed premises were not on the same site or in the same building as the premises of a provider of primary medical services with a patient list. The Commissioner in its decision report stated that "*Regulation 25 (2) (a) – does not apply as no primary care provider with a patient list is present within the same premises as the proposed site*". Based on the information available to it, the Committee therefore determined that the proposed premises were not on the same site as, or in the same building as the premises of a provider of primary medical services with a patient list.

Regulation 25(2)(b)

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

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

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

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

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

7.24 The Committee first considered how the Applicant would provide essential services without interruption and noted the following information in SOP "*Responsible Pharmacist*" it states the following:

7.24.1 "The planned scheduling of pharmacists will avoid scenarios that would result in the absence of the RP. This will include arranging appropriate cover for annual leave and scheduled time off, and contingencies for emergency scenarios such as sickness absences.

The pharmacy opening hours includes lunch breaks to avoid absences.

However, in exceptional circumstances that have not been anticipated, the Standby Pharmacist will take over as RP.

Standby Pharmacist

The DSP must always operate with a Standby Pharmacist who works on site and is able to assist the RP.

The Standby Pharmacist must immediately take over as RP if the RP unexpectedly ceases to act as Responsible Pharmacist."

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

7.26 The Committee noted the references in the application form and SOPs to items being delivered by courier as well as the pharmacy's own internal driver and further that prescriptions would be received by post and collection.

7.27 The Committee noted 'Prescription Delivery' in the SOPs indicated that *"Local deliveries (within 30 miles)"* and *"National Deliveries"* are carried out by Royal Mail or the appropriate approved courier depending on the nature of the item.

7.28 The Committee next considered if the provision of pharmaceutical services would be without face to face contact. The Committee noted the following references in various SOPs that "*All communications with patients, seeking or receiving essential services will be remote":*

7.28.1 "Remote Consultation and Dispensing:

> *The pharmacy's existing distance selling model will be maximised to facilitate remote consultations, and dispensing without face-to-face contact at the pharmacy premises."*

7.29 The Committee was mindful of the regulatory changes as of 1 October 2025 and 31 March 2026, that distance selling pharmacies can no longer provide Directed services (Advanced, National Enhanced and Enhanced Services) face to face with the patient at the pharmacy premises. The Applicant had indicated on its application form that it did not intend to provide any Advanced or Enhanced services.

7.30 The Committee noted that Brabners, in their letter dated 13 August 2025, queried why the floorplan included a consultation room. The Applicant replied to this comment in its letter dated 30 August 2025, stating that Schedule 4 paragraph 28B of the Regulations requires all distance selling premises to have a suitable area for private and confidential remote consultation, and that a consultation room is necessary to allow for confidential remote consultations with patients.

7.31 The Committee also noted Brabners' concern that the preliminary floorplan showed internal controlled access entrances but did not mark the external entrances as controlled access, which Brabners argued raised questions about how patient access would be controlled and face to face contact prevented. The Applicant addressed this in its letter dated 30 August 2025, confirming that the omission was an error, that all entrances would in fact have controlled access, and attached an updated floorplan reflecting this.

7.32 The Committee further noted Brabners' concern that the Applicant's reference to stating the availability of NHS essential services in its practice leaflet "subject to contractual changes" may suggest that the Applicant's commitment to provide essential services to persons anywhere in England by remote means and without direct face to face contact was conditional. The Committee did not consider that this wording, read in context, made the Applicant's compliance conditional. The Applicant had stated that patients across England would be able to request NHS essential services remotely throughout the proposed opening hours without direct face to face contact, and that this would be clearly stated on its website. The Committee considered the reference to contractual

changes to relate to the updating of the practice leaflet, rather than to qualify the Applicant's underlying obligation to comply with the Regulations.

7.33 The Committee noted Brabners' concern that the Applicant had not explained the procedures and safeguards by which it would prevent patients or third parties from delivering prescriptions to the premises, or how such requests would be refused. The Committee considered that this concern was addressed in the SOPs 'Dispensing Services'. The Applicant stated that paper prescriptions could be posted to the pharmacy using prepaid envelopes, that prescriptions delivered to the unit by patients or third parties would not be accepted, that all communications with patients seeking or receiving essential services would be remote, and that any person seeking to access essential services at the premises would be informed that those services could not be provided onsite and directed to the website, remote contact routes or alternative care providers.

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

7.35 The Committee was satisfied that the provision of essential services would be without interruption, would be available to persons anywhere in England and pharmaceutical services would be provided without face to face contact. The Committee went on to consider whether the safe and effective provision of pharmaceutical services was likely to be secured.

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

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

Dispensing of drugs and appliances

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

7.39 In the SOP 'Dispensing Services' it stated that:

"The pharmacy can receive prescriptions via ESP or paper prescriptions can be posted to the pharmacy free of charge using prepaid envelopes provided by the pharmacy." ….

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

Urgent Supply without a prescription

7.41 The Committee considered whether the Applicant had explained how it proposes safely and effectively to receive requests from prescribers for urgent supplies of drugs and appliances. In the SOP 'Essential Services' the Committee noted the following:

7.41.1 "Prescribers can request an urgent supply by contacting the pharmacy by email, phone, or other agreed means." ….

*"**Requirements for urgent supply***

Urgent supply cannot apply to:

drugs in schedules 1 or 2 of the National Health Service (General Medical Services)(Prescription of Drugs etc.) Regulations 2004 or

Controlled drugs under the Misuse of Drugs act 1971 other than Scheule 4 or 5 of the Misuse of Drugs Regulations 2001.

The prescriber must undertake to provide the pharmacy with a non-electronic prescription form, or non-electronic repeatable prescription or an Electronic prescription within 72 hours of the request."

When you make an urgent supply without a prescription, send the form duly completed by or on behalf of the patient, if one is required under regulation 3(3)(b) or (c), (5C) or (5E) of the National Health Service (Charges for Drugs and Appliances) Regulations 2015 in respect of that prescription (which may be the associated EPS token), to the NHS BSA. The form should be completed by the pharmacy on behalf of the patient making contact by phone if necessary for additional details.

Prioritisation of urgent supply

When an urgent supply is accepted the pharmacy should prioritise the delivery of drugs or appliance. For deliveries by local driver, the driver may be informed of this and act accordingly.

For deliveries by courier or royal mail, best efforts should be made to dispatch as quickly as possible with the fastest service possible."

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

Preliminary matters before providing ordered drugs or appliances

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

7.44 In SOP 'Dispensing Services' the following is stated:

*7.44.1 "**Exemptions, remissions and payments***

Before providing any drugs or appliances in accordance with a prescription form or a repeatable prescription where an exemption under regulation 10(1) of the Charges Regulations or remission of charges under regulation 5 the Remission of Charges Regulations is claimed the pharmacy must ensure that the patient or their representative has presented satisfactory evidence unless the pharmacy already has satisfactory evidence and the patient is entitled to an exemption"….

"Satisfactory evidence includes evidence derived from a check, known as a real time exemption check, of electronic records that are managed by the NHS BSA for the purposes of providing advice, assistance and support to patients or their representatives in respect of whether a charge is payable under the Charges Regulations.

Pharmacy users may provide evidence through email, by post or during video or phone calls.

In any case where satisfactory evidence has not been produced the person asked to produce the evidence should be informed that checks are routinely undertaken to ascertain entitlement to exemption under the Charges Regulations or remission of charges under the Remission of Charges Regulations, where such entitlement has been claimed, as part of the arrangements for preventing or detecting fraud or error in relation to such claims. This information may be provided by email, text, enclosed slip or on the phone.

Where no satisfactory evidence is produced the pharmacy must still provide the patient with the drugs or appliances.

Where no satisfactory evidence has been produced non-electronic prescription forms or nonelectronic repeatable prescriptions, should be endorsed that effect.

Where an electronic prescription is used the following information should be entered into NHS England's records:

in a case where exemption from or remission of charges is claimed for all or some of the items included in the prescription, a record of—

the exemption category specified in regulation 10(1) of the Charges Regulations or the ground for remission under regulation 5 of the Remission of Charges Regulations which it is claimed applies to the case, and

whether or not satisfactory evidence was produced to P as required by sub-paragraph (3);

(b)in any case where a charge is due, confirmation that the relevant charge was paid; and

(c)in a case of a prescription for or including contraceptive substances, confirmation that no charge was payable in respect of those substances."

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

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

7.47 In SOP 'Dispensing Services' the following is stated:

7.47.1 "Any charge to be paid can be paid online or over the phone through secure payment processors.

Ensure that any payment was successful. If a payment fails contact the patient or their representative."

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

Providing ordered drugs and appliances

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

7.50 The Committee notes that SOP 'Prescription Delivery' stated:

7.50.1 "***Scope***

This SOP applies to all prescription deliveries carried out by staff drivers, couriers, and postal services.

This includes:

Controlled Drugs (CDs)

Cold chain (fridge line) items

Risks Identified

Delivery to the incorrect person or address

Missed or failed deliveries

Cold chain breach during delivery

Incomplete or duplicate deliveries

Loss of audit trail for CDs

Staff Responsible

Dispensing Assistants

Pharmacy Technicians

Accuracy Checking Technicians

Responsible Pharmacists (RP)

Staff Drivers" …

*"**Delivery Method Selection***

***Local Deliveries (within 30 miles):** Use designated staff driver unless otherwise determined by the RP.*

National Deliveries:

Standard items: Royal Mail Signed For

CDs: Approved CD courier

Cold chain items: Approved cold chain courier

Specialist dangerous goods courier if necessary

Preparation for Delivery

Securely bag and label all prescription items.

Complete the Staff Driver Delivery Sheet with:

Patient name and delivery address

Alternative address if applicable

Special instructions/messages

Written consent for third-party delivery, if applicable

Any pharmacist notes or required documentation

Notify the patient via their preferred communication method confirming readiness and estimated delivery time.

Include written guidance for new patients about safe storage and the returns process.

Direct all patients to the pharmacy website for further advice and contact details.

Delivery by Staff driver

Handover to Staff Driver

A registered pharmacist must directly supervise the handover.

Confirm all delivery details and instructions.

Driver must complete and sign the delivery log (with date/time).

Retain a copy of the delivery log until the original is returned.

All deliveries must be secured and out of sight in a locked delivery vehicle at all times.

Follow all current guidance under the Falsified Medicines Directive (FMD) or its national equivalent.

Email/text the patient with dispatch confirmation and tracking information.

Delivery to Patient or Representative (staff driver)

The driver must not enter a patient's home unless invited.

Ask the recipient to confirm their name and address.

Verify details against the bag label.

Maintain patient confidentiality.

Request the recipient to sign the delivery sheet. If they cannot, the driver must sign with consent and a note explaining why.

Refer the patient to a pharmacist for any medication-related questions or general information about the drugs or appliances.

Collect any returned medicines using the Patient Returned Medication Tray. Refer to the Patient Returns SOP.

Cold Chain Delivery (via Staff Driver)

Items must be removed from fridge just prior to handover.

Delivery van must be equipped with:

Continuous temperature monitoring and

Medical-grade insulation/cooling

If Cold packs are used they must be pre-cooled to appropriate temperatures and not cause freezing.

Drivers must understand how to read temperature indicators and brief patients if required.

Ensure no overpacking, and that air flow is not obstructed in the fridge.

Driver must cancel delivery and return to the pharmacy immediately in case of cold chain breach.

Thermometers must be calibrated or replaced annually.

CD delivery (via staff driver):

CDs should be securely stored in the van, ensuring vehicle is locked at all times.

CDs should be stored in a secure lockable compartment

Retain CD logs for 2 years.

Driver must:

Collect signatures

Verify recipient identity

Unsuccessful Deliveries (Staff Driver)

Leave an Attempted Delivery Card with re-delivery instructions.

Return the prescription to the pharmacy same day.

Notify the RP and arrange a new delivery time.

CDs must be re-entered into the CD register upon return.

Do not:

Post items through a letterbox

Leave in porch or external structure

Leave at an unauthorised address

Royal Mail Delivery (Non-CD / Non-Cold Chain)

A registered pharmacist must directly supervise the handover.

Apply Royal Mail Signed For labels with return address.

Record all tracking numbers in the Delivery Log.

Email/text the patient with dispatch confirmation and tracking information.

Retain signed Delivery Logs for at least 3 months.

Royal Mail Failed Delivery:

Royal Mail will leave a "Sorry We Missed You" card.

Patient may rearrange delivery or collect from local post office.

Cold Chain Delivery (Courier)

Use only approved cold chain couriers meeting pharmacy's QA standards.

Ensure the cold chain courier has robust processes to ensure all items are kept at suitable temperature at all times during their custody and has mechanisms to detect any breach in cold chain.

Ensure all tracking information is logged.

A registered pharmacist must directly supervise the handover

Record all tracking numbers in the Delivery Log and get courier signature.

Retain signed Delivery Logs for at least 3 months.

Email/text the patient with dispatch confirmation and tracking information.

Courier must cancel delivery and notify pharmacy immediately in case of cold chain breach.

Returned items due to breach must be quarantined before disposal.

Cold Chain Courier Failed Delivery:

The patient should be informed of the missed delivery

The cold chain courier must be able to store the cold chain items at temperature and redeliver the items

Controlled Drugs (Courier)

Only verified CD couriers may be used.

Ensure courier has a valid legal process for transport, storage, and chain of custody of CDs.

The pharmacist must supervise the handover and get a signature.

Email/text the patient with dispatch confirmation and tracking information.

Record tracking details.

Retain CD logs for 2 years.

Courier must:

Collect signatures

Verify recipient identity

Controlled Drugs Courier Failed Delivery:

The patient should be informed of the missed delivery

The CD courier must be able to store the CD items securely and redeliver the items

Additional Procedures for Dangerous goods:

Staff must have appropriate training to package, label and dispatch dangerous goods which may be delivered by the pharmacy.

The RP should regularly review whether and which dangerous goods the pharmacy may be delivered by the pharmacy

Before delivering any items carrying hazard markings (e.g. aerosols, flammable, oxidisers) verify that the standard service accepts this kind of item by referring to training, the service's policies and if necessary customer support

If necessary, select a different service, e.g. ground only delivery, based on the service provider's policy

A specialist courier may need to be used. Such a courier must comply with the requirements detailed in contingency planning and be able to do everything the standard service does

Paraffin based emollient products, while posing a significant fire hazard when 'in-use' due to their ability to impregnate fabrics and increase flammability upon exposure to an ignition source, do not generally fall under the same requirements for hazardous material labelling on courier packaging as other classified dangerous goods.

The local driver must be suitably trained and equipped with PPE and safety equipment if they have to deliver dangerous goods"

7.51 In the 'Dispensing Services' SOP the following was stated:

7.51.1 ***"Special considerations for cold chain items:***

It should be obvious which packages are cold chain, and which are not. Mark cold chain packages with appropriate warnings, including the appropriate temperature range

Cold chain packages should remain within temperature even after reasonable periods outside of controlled environments, such as during loading and after delivery. This may be achieved though adding additional insulation, particularly for small items which heat up quickly.

Follow all rules from the cold chain courier."

7.52 The Committee noted Brabners' comment that the Applicant had not explained how dispensed prescriptions would be delivered to persons anywhere in England, or how cold-chain items and controlled drugs would be handled, tracked and dealt with following unsuccessful delivery. The Committee considered that these matters were addressed in the Prescription Delivery and Dispensing Services SOP above.

7.53 The Committee noted Brabners' comment that the Applicant had not explained what would happen if a controlled drug could not be delivered within 28 days of the prescription date. The Committee considered that all pharmacies are required to dispense prescriptions with reasonable promptness, whether from a bricks and mortar pharmacy or an internet pharmacy. Electronic prescriptions are transmitted to the pharmacy instantaneously which provides time to dispense, deliver and arrange re-delivery where necessary. Paper prescriptions can be sent by post and patients share responsibility for sending promptly so that dispensing and delivery can take place with reasonable promptness.

7.54 The Committee was satisfied that there would be compliance with paragraph 8(1) of Schedule 4.

7.55 The Committee noted that in the application form, in response to the question as to whether they were undertaking to provide appliances, the Applicant had stated "Drug Tariff Part IX* (*except items that require measuring or fitting)". The Committee noted the Applicant's SOPs state:

7.55.1 "*Dispensing Appliances*

When providing appliances, a written note of the Pharmacy's name, address and telephone number should be enclosed with the appliance.

When providing appliances, advise the patient to only order items which they actually need. Refer to records of previous items dispensed and advice given to the patient.

<u>Appliances requiring measuring and fitting:</u>

This pharmacy does not offer any appliances which require fitting or measuring or stoma appliance customisation. If a prescription is received for such appliances, if the patient consents, the prescription should be referred to another NHS pharmacist or to an NHS appliance contractor or if the patient does not consent they should be provided with the details of two NHS pharmacists or NHS appliance contractors who are able to provide the appliance/stoma appliance customisation.

Any information given or referral made should be recorded for the purposes of auditing the pharmaceutical service the pharmacy provides and follow-up care for the patient, and should be suitable for these purposes.

<u>Specified appliances:</u>

If the pharmacy provides one of the following Specified Appliances there are additional requirements:

(a) any of the following appliances listed in Part IXA of the Drug Tariff—
(i) a catheter appliance (including a catheter accessory and maintenance solution),
(ii) a laryngectomy or tracheostomy appliance,
(iii) an anal irrigation system,
(iv) a vacuum pump or constrictor ring for erectile dysfunction, or
(v) a drainage wound pouch;
(b) an incontinence appliance listed in Part IXB of the Drug Tariff; or
(c) a stoma appliance listed in Part IXC of the Drug Tariff;

Note that the pharmacy does not supply appliances requiring measuring and fitting.

When supplying specified appliances the pharmacy will also supply appropriate supplemental items, such as wipes and disposable bags.

The pharmacy must ensure that the patient may, if the patient wishes, consult a person to obtain expert clinical advice regarding the appliance. This may be offered by the pharmacist or other properly trained staff. This may be accessed on the phone or video call.

The RP must consider whether it is appropriate to refer the patient receiving specified appliances to a prescriber if he believes it is appropriate.

The RP must also consider whether it is appropriate to offer the patient receiving specified appliances to appliance use reviews. If so the patient should be given the details of two NHS pharmacists or NHS appliance contractors who are able to arrange for the service to be provided if they are known. The pharmacy may need to research local options due to the national reach of the pharmacy."

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

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

7.58 The SOP 'Dispensing Services' stated the following:

7.58.1 "Packaging

Packaging is important to ensure the integrity of drugs and appliances.

The following considerations apply to all items:

All packaging must be tamper-evident so that the integrity of a package can be verified with a swift inspection

Smaller, non-fragile items to be delivered by the staff driver may be packaged in standard pharmacy bags

All packaging must comply with the rules of the service being used to deliver it

Smaller, non-fragile items to be delivered by courier or delivery service may be packaged in padded envelopes

Larger or fragile items should be placed in boxes with appropriate filler material. Boxes should be re-enforced

All fragile items should be marked as such on the outermost box

Packages should not be placed in bags which are likely to rip. Consider especially the handles of bags.

All packages must have a return name and address, i.e. the pharmacy name and address, visible on the outmost packaging

Consider whether any of the items to be packed are toxic, corrosive, flammable or oxidisers. If they are, refer to the relevant service's rules. All such items must have appropriate warnings on the outer most packaging.

For the local driver, ensure they are aware of toxic, flammable, oxidising and corrosive packages, and have appropriate equipment to safely deal with fire or leak.

All medicines to be delivered by delivery service or courier must be in leak proof containers, such as sealed plastic bags.

The exact contents of a package should not be apparent from the outer packaging. In particular the outer packaging should not reveal conditions that a patient suffers from or is likely to suffer from."

7.59 The Committee was satisfied that it has been provided with information sufficient to show that there would be compliance with paragraph 8(15) of Schedule 4.

Refusal to provide drugs or appliances

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

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

7.61 In the SOP 'Repeat Dispensing' the following is stated:

7.61.1 "Check that the patient:

Is taking/using the medication appropriately and is likely to continue to do so.

Is not suffering any side effects or interactions which would lead to the medications needing to be reviewed.

Has not had the medication regime changed by their GP or other setting (e.g. hospital) since the last supply.

If any of the above is not true, refuse to supply, notify the patient and prescriber and refer the patient to prescriber using locally agreed protocol. Keep a record of this notification. ….

Use additional questions to understand any relevant changes, including:

"Have you visited any other healthcare professionals since your last supply?"

"Are you taking any new medications, including over-the-counter products?"

"Are you experiencing any side effects or problems with your current medicines?"

New side effects or adverse drug reactions.

Concerns regarding adherence (e.g., patient consistently not needing items, suggesting oversupply or non-adherence).

Changes in health status or new diagnoses.

Concurrent use of over-the-counter or other prescribed medications that may interact.

Understanding the concerns of patients expressing a wish to discontinue medication.

Some of these questions may be asked automatically during the ordering process. Check the patient responses. Do not assume that the automated system would catch all issues. If necessary, email, message, or call the patient.

Ensure appropriate advice, in particular on the importance of only requesting those items which they actually need, is given to patients.

This may be carried out automatically, ensure that this advice is appropriate and has been delivered.

If any medication is no longer suitable or not required, the relevant item(s) on the prescription must be endorsed as 'ND' – the PMR will be updated to reflect only the medication supplied. Ensure any relevant counselling or intervention notes are added to the PMR."

7.62 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 9(4) of Schedule 4.

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

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

7.64 In the SOP 'Repeat Dispensing' the following is stated:

7.64.1 "*Identifying and Advising Patients on the Benefits of Repeat Prescriptions*

As per our contractual obligations under Schedule 4, paragraph 10(da) of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, we actively identify and advise suitable patients about the advantages of the NHS Repeat Dispensing Service. For a DSP, this process is entirely managed through remote channels:

Monitor and identify individuals with stable, long-term conditions who are receiving regular, repeated medications but are not yet on RD/eRD and communicate with them to help them to understand the benefits of repeat dispensing:

Convenience: No need to contact the GP for each repeat issue, streamlining the process.

Reduced Waiting Times: Prescriptions are dispensed and delivered, eliminating waiting in GP surgeries or physical pharmacies.

Predictable Supply: A batch of prescriptions is issued for up to 12 months, providing peace of mind.

Flexibility: While the batch is held by the NHS Spine, patients retain the flexibility to change their nominated pharmacy if their circumstances change.

Patients may be identified based on information they have voluntarily provided and their prescription history."

7.65 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 10(1) of Schedule 4.

Disposal service in respect of unwanted drugs

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

7.67 In the SOP 'Disposal of unwanted medicines' the following is stated:

7.67.1 ***"Patient Information and Access***

Upon first order, patients will be provided with information on how to dispose of unwanted medicines through:

Leaflets included in deliveries

Email information

Website guidance

Customer service contact

Patients must not return medication directly to the pharmacy premises.

Patients will also be advised not to order medication that they do not need

All returns must be pre-arranged via:

Telephone consultation with a trained member of the dispensary team (or the Responsible Pharmacist for Controlled Drugs)

To support the conversation, refer to Community Pharmacy England resource page and use the

Community Pharmacy England Unwanted Medicines Card (https://cpe.org.uk/nationalpharmacy-services/essential-services/disposal-of-unwanted-medicines /,

https://cpe.org.uk/wp-content/uploads/2013/07/Unwanted-Medicines-Card.pdf)

Return Methods Available to Patients

Patients may return unwanted medicines via: a. Pharmacy Staff Driver Collection

Available to patients in the local delivery area.

Collection is arranged via telephone appointment.

The driver must:

Be equipped with PPE and appropriate storage bins

Confirm the medication to be collected and ensure secure separation of returns

Segregate Controlled Drugs (CDs), hazardous medicines, or sharps if found

Complete the Patient Returns Sheet with patient details and a summary of returned items

Ensure returned medicines are not visible during transport and are stored in a designated, quarantined area in the vehicle

Royal Mail

The RP must assess the suitability of items before authorising return by post

If approved:

Provide the patient with leak-proof, tamper-evident bags and a sturdy box

Include clear written instructions for packaging

Instruct patient to label parcel clearly as "Z Returns" (do not identify as medicine or CD)

Book the collection or provide return labels

If not suitable (e.g. for sharps, cytotoxic medicines, or liquids), the patient should be advised to:

Arrange collection via our specialist waste contractor

Waste Contractor Collection

Required for:

Cytotoxic/cytostatic drugs

Certain Flammable or chemically hazardous items

Bulk or complex returns

Arrange collection at a convenient time for the patient

Document the items and collection date

Medication Categories and Handling Guidance

Controlled Drugs (CDs)

Must be segregated and stored securely upon collection

Must be denatured by the pharmacist following the relevant SOP

Cytotoxic/Hazardous Medicines

Must be handled and disposed of in line with the NIOSH hazardous drug list (refer: CDC NIOSH 2012-150 (http://www.cdc.gov/niosh/docs/2012-150/pdfs/2012-150.pdf) [Link not working]

Use appropriate PPE

Store separately until collected by the waste contractor

Sharps

Cannot be accepted via pharmacy returns

Patients should be signposted to local council or NHS services for proper disposal

Expired Pharmacy Stock

Clearly marked and separated from patient returns

Stored securely until routine waste collection

Receipt and Processing of Returns

Upon receipt at the pharmacy:

PPE must be worn (gloves, mask, apron)

PPE and materials to deal with spillages must be readily available

All patient-identifiable data must be irreversibly destroyed

Returns should be visually inspected and categorised:

Solid dosage forms: Do not de-blister

Liquids: Do not decant

MDS packs: Keep intact

Sort waste into appropriate bins:

Hazardous waste bin

Non-hazardous waste bin

Sharps container (only if received in error)

Disposal Containers and Storage

When full, seal the container and move to the secure waste holding area

All waste awaiting collection must be:

Clearly labelled

Inaccessible to unauthorised personnel

Documented in the waste register

Record Keeping and Compliance

Maintain detailed logs of:

All returned items (if identifiable)

Method of return and collection

Waste type and quantity

Relevant patient/representative details

Complete and file:

Hazardous Waste Consignment Notes

Waste Transfer Notes

Keep all documentation for minimum three years

Emergencies and Needlestick Incidents

Follow the Needlestick Injury SOP

Encourage bleeding and wash the wound

Seek immediate medical attention

Retain any sharp involved for analysis

Record the incident and inform insurers

Staff Training and Responsibilities

All staff must:

Complete mandatory waste handling training

Understand the classification of medicines and waste

Know how to identify and escalate handling of CDs, hazardous waste, or sharps

Responsible Pharmacist must:

Oversee all returns and disposal decisions

Authorise return method and disposal routes."

7.68 The Committee was satisfied that there would be compliance with paragraphs 13-15 of Schedule 4.

Promotion of healthy lifestyles

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

7.70 In the SOP 'Public Health (Promotion of healthy lifestyles)' the following is stated:

7.70.1 **"*Opportunistic Health Advice***

Provide lifestyle advice when interacting with patients:

During telephone consultations

In written medication information leaflets

Via email or SMS

Common topics include:

Smoking cessation

Alcohol reduction

Physical activity

Healthy eating

Sexual health

Mental wellbeing"

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

Prescription linked intervention

7.72 The Committee considered whether the Applicant had explained how it will assess whether persons require prescription linked intervention advice

because they have diabetes, are at risk of coronary heart disease, smoke or are overweight.

7.73 In the SOP 'Prescription linked interventions' the following is stated:

7.73.1 ***"Clinical Check***

The RP reviews each prescription for:

Clinical appropriateness

Drug interactions

Allergies or contraindications

Dosing errors

Duplicate therapy

Formulary compliance

Polypharmacy risks

Check patient records (PMR, SCR/NCRS if available) and pharmacy-held data for context.

Identify Need for Intervention

Intervention is required if:

There is a clinical concern or risk to patient safety.

Clarification is required (e.g., ambiguous instructions).

A more appropriate alternative could be used.

A public health concern is identified (e.g., potential misuse).

Actioning the Intervention

Contact the prescriber (GP or independent prescriber) via:

NHSmail (preferred for documentation)

Telephone (followed by written confirmation if needed)

Clearly document:

Issue identified

Recommendation made

Prescriber's response

Outcome (e.g., prescription amended or approved as-is)

Patient Communication

If appropriate, the patient should be contacted to:

Confirm a change

Provide updated instructions

Offer counselling or check understanding

Contact may be made via:

Telephone

Secure messaging or email

Video consultation"

…..

"Specific target conditions

When the pharmacy receives a prescription from a person and it appears that the person

a) has diabetes, or

b) is at risk of Coronary heart disease (particularly those with high blood pressure), or

c) smokes, or

d) is overweight,

the patient should be advised to increase their understanding of their health issues.

Suitable patients can be identified from information given to the pharmacy for these purposes, or from incidental information received as part of medical records or prescriptions.

Advice may be given by email, text, on the phone or on the website, but it must always be tailored to the patients conditions. Where appropriate the advice may be followed by suitable leaflets enclosed with deliveries or references to other sources of information.

Staff should only give advice that they are competent to give and ask for help from other staff when necessary.

Any advice given should be recorded for the purposes of auditing the pharmaceutical service the pharmacy provides and follow-up care for the patient, and should be suitable for these purposes."

7.74 Therefore, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 17 of Schedule 4.

Health campaigns

7.75 The Committee considered whether the Applicant had explained how it will safely and effectively participate in health campaigns.

7.76 In the SOP 'Health Campaigns' the following is stated:

7.76.1 "*Regulatory Background*

Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Schedule 4, Part 2, Paragraph 3(3)(b)(i), contractors must:

"…participate in up to six public health campaigns each financial year… as specified by NHS England."

Participation is mandatory, and DSPs must adapt delivery methods to suit their non-face-to-face at the pharmacy premises, operating model."

…..

"*Procedure: Delivery of Health Campaigns*

Notification

NHS England (or ICB on delegated authority) notifies the pharmacy via NHSmail of:

Campaign topic

Duration

Resources to use

Delivery expectations

Planning

Appoint a Campaign Lead for the scheduled campaign

Review official NHS materials provided (e.g. NHS Health Publications, CPE toolkit)

Develop a delivery plan suitable for remote engagement including:

Website banners and dedicated campaign pages

Email newsletters to patients (where consented)

SMS messaging (if consented and clinically relevant)

Inclusion of campaign leaflets in medicine parcels

Social media or blog posts (if used by pharmacy)

Delivery Methods (DSP-specific)

Digital: Add campaign information to the pharmacy's website and social media (if applicable)

Email: Circulate patient information to registered service users

Parcel Inserts: Include campaign leaflets or flyers in medicine deliveries

Patient Communications: Raise awareness during routine prescription-linked interventions or

MDS follow-ups

Pharmacy Phone Lines: Add short health messages to IVR systems or on-hold messages

Documentation

Maintain a campaign delivery log including:

Campaign title and NHS reference

Dates delivered

Delivery methods used

Number of patients reached (estimated)

Copies or screenshots of digital materials used

Any issues encountered or feedback received

Reporting

Complete any reporting templates issued by NHS England or the ICB

Submit evidence of campaign delivery if requested (e.g. screenshots, delivery logs, patient email templates)

File all campaign documentation for 2 years

The number of people who have been provided information by the pharmacy should be recorded.

This information should be provided to NHS England on request.

Other information which is reasonably requested to evaluate the effectiveness of the campaigns and for policy development should also be provided. Other information should be anonymised if one could otherwise identify persons to whom information was provided."

…..

"Accessibility and Inclusion

Ensure campaign materials are:

Easy to read (plain English)

Available in multiple formats (print, email, web)

Accessible for users with visual or language impairments

Direct patients to www.healthpublications.gov.uk for accessible versions"

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

Signposting

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

7.79 SOP 'Signposting' states:

7.79.1 "Staff should consider whether people using the pharmacy need advice, treatment or support. This may be done while in active communication, e.g. on the phone, or while reviewing information provided by the user. Users may actively seek advice on these matters or staff may pro-actively identify these needs.

Where the user requires advice, treatment or support that the pharmacy cannot provide and there is a known provider of health or social care services or of support services is likely to be able to provide that advice, treatment or support, the user should be given the details of that provider, and if appropriate the user should be referred to that provider. In making this consideration have regard to

the need to minimise inappropriate use of health and social care services.

As DSP the pharmacy operates national wide, staff should consider using online resources to find services near patients. The NHS provides online tools to find nearby services at https://www.nhs.uk/nhs-services/.

Any information given or referral made should be recorded for the purposes of auditing the pharmaceutical service the pharmacy provides and follow-up care for the patient, and should be suitable for these purposes."

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

Support for self-care

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

7.82 SOP 'Support for self-care' states:

7.82.1 "Staff should consider whether a pharmacy user would benefit from advice to help the user manage their medical condition or that of one they care for, and whether the pharmacy can provide that advice.

This may be done while in active communication, e.g. on the phone, or while reviewing information provided by the user. Users may actively seek advice on these matters or staff may pro-actively identify these needs.

Where a user would benefit from advice to help the user manage their medical condition or that of one they care for, and the pharmacy can provide that advice, the pharmacy should provide that advice.

This advice should include, as appropriate treatment options including the selection and use of nonprescription- only drugs and changes to the patients lifestyle. Advice should be given via email, phone, video call or texts.

Any advice given should be recorded for the purposes of auditing the pharmaceutical service the pharmacy provides and follow-up care for the patient, and should be suitable for these purposes"

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

Discharge medicines service

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

to P for advice, assistance and support in respect of the patient's medication regimen by the staff of an NHS trust or NHS foundation trust as part of arrangements linked to the transfer of care between different providers of NHS services.

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

7.86 SOP 'Discharge Medicines Service' states that:

7.86.1 "Electronic discharge referrals will be made to this pharmacy via secure electronic messages. This must be checked a minimum of 3 times a day.

Discharge referrals for this pharmacy may be received from any Hospital or Trust in England.

Referrals must be actioned with 72 hours of receipt, discounting days when the pharmacy is closed. E.g. referral sent on a Saturday when open and closed on Sunday must be actioned by the same time on Tuesday.

Consent for the service will be taken by the Trust referring the patient to the pharmacy. Patients can withdraw consent at any of the 3 stages of DMS.

If a patient has been referred to the pharmacy who is not a regular patient, then confirm with the trust/the patient via a phone call that the discharge referral was supposed to be sent to the pharmacy.

If it was not, then contact the hospital and ask for the referral to be amended and sent to the correct community pharmacy.

Stage 1 – Receipt of Discharge Referral

Check patient details, details of trust referring, clinical information and actions listed in the referral.

Compare the medicines the patient has been discharged on with those they were taking at admission on the PMR and their SCR/NCRS. This should include all medicines and not just those that are taken orally.

Raise issues of concern identified with the NHS trust or the patient's GP and note on PMR.

Keep a record which alerts pharmacy staff to conduct stages 2 and 3 of the service when the first prescription is received or at first contact with the patient/carer.

Check any previously ordered prescriptions for the patient in the dispensing process or awaiting collection to see if they are still appropriate.

Check for EPS prescriptions and return to spine if not appropriate.

Stage 2 – Receipt Of First Prescription Following Discharge

The pharmacist/pharmacy technician ensures medicines prescribed post discharge are the same as those on the discharge referral.

If there are discrepancies or other issues of concern, raise these with the GP or your PCN Team.

Complex issues may need to be resolved by the GP/ PCN Team who may undertake a Structured

Medication Review. Record this on the patient's PMR.

Record when pharmacy staff are to conduct stage 3 of the service.

If a patient withdraws consent for Stage 2/no first script is received/no contact is made by the patient, then reasonable attempts must be made to contact the patient. Attempt to contact the patient THREE times. If unable to contact the patient share any concerns from Stage 1 with the GP.

Stage 3 – Shared Decision-Making Discussion With Patient

Call or video call the patient and/or representative by phone (or alternatively by email if contact cannot be made) to check the patient's understanding of what medicines they should now be taking/using, when they should be taken/used and any other relevant advice to support medicines taking/use.

The conversation should be confidential and carried out from the DSP consultation room.

Make a record on the patient's PMR.

Communicate with the patient's consent, any information that would be of value to the GP/PCN clinical pharmacist to support the ongoing care of the patient.

Offer to dispose of any unwanted medication.

If a patient withdraws consent for Stage 3/no contact is made by the patient, then reasonable attempts must be made to contact the patient. Attempt to contact the patient THREE times. If still unable to contact the patient, then share any concerns from Stage 1 and Stage 2 with their GP.

Patient Moves Community Pharmacy After Stage 1

If a patient wishes to use a different pharmacy for the provision of the service after completion of

Stage 1, contact the second pharmacy and offer to send them, with the patient's consent, via a secure electronic message (e.g. premises specific NHSmail account), the referral information received from the NHS trust and any relevant information and/or findings identified during stage 1 of the service. If a patient wishes to move to this pharmacy, then contact the first pharmacy and ask them to send across the relevant information with the patient's consent.

Temporary Closure

If the pharmacy is to be closed for more than 7 days, then contact the patient and offer to move them to another pharmacy. Inform the appropriate Trusts that you will not be able to take referrals until further notice.

Record Keeping & Payment

All relevant information should be recorded on the patients PMR. End of each month, for each DMS provision submit a report of standard dataset through MYS portal to claim payment. Refer to the NHS service specification for more information."

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

Websites and health promotion zones

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

7.89 The SOP 'Website' states that:

7.89.1 "Website Objectives

The DSP website must:

Act as the "shop window" for the pharmacy

Clearly describe the services offered and how to access them

Provide health advice, education, and support materials

Meet all legal, regulatory, and accessibility requirements

Be available online 24/7, with a robust maintenance plan"

….

"Homepage

An interactive page including the pharmacy name, contact details, registration details, summary of services, access to the health advice and support page"

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

Summary

7.91 On the information before it, the Committee could be satisfied that there are procedures likely to secure the safe and effective provision of pharmaceutical services as required by Regulation 25(2)(b).

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

7.92.1 confirm the Commissioner's decision;

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

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

7.93 As the Commissioner had not provided sufficient rationale to grant the application, the Committee determined that it could not confirm the Commissioner's decision and it must therefore be quashed.

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

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

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

8 Decision

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

8.2 The Committee:

8.2.1 quashes the decision of the Commissioner; and

8.2.2 redetermines the application as follows -

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

8.2.2.2 the Committee was satisfied that all essential services were likely to be secured without interruption during the opening hours;

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

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

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

8.2.3 The application granted.

Case Manager
Primary Care Appeals