NHS Resolution

2 July 2026

REF: SHA/26915

8th Floor
10 South Colonnade
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APPEAL AGAINST BIRMINGHAM AND SOLIHULL ICB DECISION TO REFUSE AN APPLICATION BY HALO HEALTH TECHNOLOGIES FOR INCLUSION IN THE PHARMACEUTICAL LIST AT DRAYTON COURT, DRAYTON ROAD, SOLIHULL, B90 4NG UNDER REGULATION 25

1 Outcome

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

1.2 The Committee determined that the application should be refused.

A copy of this decision is being sent to:

Halo Health Technologies
PCSE on behalf of Birmingham and Solihull ICB

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1 The Application

By application dated 19 June 2025, Halo Health Technologies ("the Applicant") applied to Birmingham and Solihull ICB ("the Commissioner") for inclusion in the pharmaceutical list at Drayton Court, Drayton Road, Solihull, B90 4NG under Regulation 25. In support of the application it was stated:

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

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

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

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

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

1.3 In response to why the application should not be refused pursuant to Regulation 25(2)(a) the Applicant left this blank.

Pharmacy procedures

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

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

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

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

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

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

1.8 “Executive Summary

1.9 HALO HEALTH has been registered as a private pharmacy with the General Pharmaceutical Council (GPhC registration 9011953) since 2022. Following three successful GPhC inspections, we are now seeking to expand our service offering by applying for an NHS distance selling pharmacy contract. We have robust Standard Operating Procedures (SOPs) in place, a fully trained team equipped to manage nationwide prescription delivery, and currently operate with one pharmacist and two qualified dispensers.

1.10 Provision of Essential Services without Face-to-Face Contact

Nationwide Delivery of Medicines

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

1.11.1 Ambient-temperature medications via tracked 24-hour delivery.

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

1.11.3 Controlled Drugs (CDs) are delivered using specialist secure courier services, such as a Healthcare Account with DPD, which ensures full audit trails and ID verification at the point of delivery.

1.11.4 Deliveries cannot be left with neighbours or in unattended locations.

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

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

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

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

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

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

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

1.15.3 On-site intercom system at the premises for controlled visitor communication

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

Prescription Collection from Patients

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

1.17 Prescriptions will be received through the following methods:

1.17.1 EPS (Electronic Prescription Service) nomination.

1.17.2 Secure upload via patient portal (where appropriate).

1.17.3 Postal delivery to the pharmacy address.

1.17.4 Dedicated driver to collect Rx from surgeries if requested

Provision of Other Essential Services

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

1.18.1 Public Health advice via website and telephone.

1.18.2 Repeat dispensing services.

1.18.3 Signposting patients to appropriate services.

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

Safe Custody and Handling of CDs

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

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

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

Standard Operating Procedures (SOPs)

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

1.22.1 Clinical checks, labelling, and assembly.

1.22.2 Handling of temperature-sensitive and CD medications.

1.22.3 Delivery failures, complaints, and emergency supply scenarios.

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

7.1 HALO HEALTH aims to deliver

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

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

1.24 "During the operating hours of HALO HEALTH, all essential services will be made available and overseen by a Responsible Pharmacist (RP) through various maintain continuous supervision both during core and supplementary hours. This oversight will be facilitated by the registration of the RP on both the Pharmacy Management System (PMR) and paper-based systems. This registration mechanism will allow verification of the pharmacist's presence at HALO HEALTH, including times when they might be temporarily away, such as during lunch breaks or emergencies.

1.25 The pharmacists affiliated with HALO HEALTH will be accessible via phone and online platforms during the establishment's opening hours. If deemed necessary, HALO HEALTH will employ a dispenser, technician, and a qualified healthcare assistant to ensure the safe and effective delivery of essential services. In cases of temporary coverage, adherence to HALO HEALTH's Standard Operating Procedures (SOPs) will be maintained to prevent any service disruptions.

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

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

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

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

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

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

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

Dispensing Medicines

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

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

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

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

1.37 The dispensing of prescriptions at HALO HEALTH will be under the supervision of the Responsible Pharmacist (RP). Core hours will see pharmacists available

for patient inquiries via telephone and email. Patient and prescription details will be meticulously recorded and stored in compliance with the Data Protection Act within the Patient Medication Record (PMR).

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

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

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

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

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

1.43 Before dispatching items, HALO HEALTH will communicate with patients via their preferred contact method to notify them about the impending delivery.

1.44 Emergency supply of medicines will always adhere to GPhC guidelines. Controlled drugs will not be supplied. Regular HALO HEALTH patients meeting the necessary criteria will have access to urgent medicines.

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

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

1.47 Dispensing Controlled Drugs (CD) and temperature-sensitive medicines involves thorough processes. Upon receipt of a prescription meeting legal requirements, HALO HEALTH will ensure delivery through an MHRA approved courier service, with the customer signing for the item upon receipt. Patients will be contacted to schedule suitable delivery times. In cases of CD non-delivery, the item will be promptly returned to HALO HEALTH.

Repeat Dispensing

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

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

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

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

1.52 For prescriptions not immediately accessible due to distance, we proactively engage with GPs through pre-paid envelopes, ensuring timely prescription submission. In cases of prescription delays, our flexible approach accepts fax submissions within 72 hours to prevent medication interruptions, assessed on a case-by-case basis.

1.53 Requests for repeat dispensing can be made through various channels, including email, website, telephone, and fax. HALO HEALTH assumes full responsibility for delivering medications safely, maintaining their quality, and upholding their effectiveness. We provide an auditable trail from prescription initiation to final delivery or return, emphasizing patient privacy and confidentiality in packaging.

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

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

1.56 HALO HEALTH's environmentally conscious approach extends to waste disposal, with contracted waste management company SRCL ensuring proper handling of unused medicines. Patients can request collection through phone or email, with courier deployment if needed, safeguarding the environment and public health.

Public Health (Promotion of Healthy Lifestyles)

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

Virtual Wellness Hub

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

Empowerment through Tangible Outreach

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

Collaborating for Nationwide Impact

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

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

Disposal of Unwanted Medicines

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

1.63 Patients in need of safe medication disposal can reach out to us via telephone or email.

1.64 Should distance pose a challenge, rest assured that HALO HEALTH is prepared to address this concern. If our HALO HEALTH delivery driver is unable to collect the unwanted medicines, a specialized courier service will be engaged to facilitate the disposal process. To ensure a seamless experience, patients are encouraged to provide detailed information regarding the types, forms, and quantities of medicines requiring collection.

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

Signposting

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

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

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

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

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

1.71 Our approach to offering opportunistic guidance concerning health, lifestyle, signposting, and self-care is meticulous. Drawing insights from patients' PMRs - considering factors such as age, medical conditions, and prescribed

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

Support for Self Care

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

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

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

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

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

1.77 In conclusion, our Support for Self Care program embodies our dedication to empowering patients with the tools and knowledge to effectively manage their

health. By fostering self-care practices, providing expert advice, and offering comprehensive guidance, we empower patients to thrive on their unique health journeys while ensuring their informed consent and active participation throughout the process.

Clinical Governance

Elevated Clinical Governance: Pioneering Excellence

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

Transparent Complaints Handling

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

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

Proactive Risk Management

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

Vigilant Drug Alerts and Recalls

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

Robust Staff Development

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

Enabling Advanced Services

1.84 Should the scope of our services expand to include Advanced or Enhanced offerings, HALO HEALTH's commitment to excellence remains unwavering.

We facilitate this growth through partnerships with training providers like CPPE, ensuring that our team remains well-prepared and knowledgeable.

Holistic Audits for Excellence

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

Data Security and Accessibility

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

Inclusivity and Accessibility

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

Convenient Access to Medications

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

1.89 In summary, HALO HEALTH's commitment to elevated clinical governance underscores our dedication to excellence, transparency, and patient-centric care.

1.90 Through robust protocols, comprehensive training, proactive risk management, and accessibility initiatives, we strive to provide a healthcare experience that sets new standards for quality and compassion."

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

1.91 "The pharmacy premises will operate under a strict closed-door policy, in line with Distance Selling Pharmacy (DSP) requirements. No face-to-face services will be provided, and the public will not have access to the premises at any time.

1.92 However, in the unlikely event that a patient attends the premises and requests one or more essential services, they will be politely informed that:

1.92.1 No services can be provided on-site

1.92.2 The pharmacy operates on a distance-selling model only, and

1.92.3 Services must be accessed remotely via the website, telephone, or email

1.93 Clear signage will be displayed outside the premises to reinforce this message, including contact details and instructions on how to access services. If necessary, a staff member will communicate this via an intercom system or controlled entry point without allowing the patient inside.

1.94 All interactions will be recorded in the pharmacy's incident log, and reviewed as part of our ongoing clinical governance and SOP compliance processes."

You must ensure that you provide sufficient information within this application form to satisfy NHS England 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 is satisfied that the full disclosure principle does not apply.

1.95 "Non-Disclosure of Standard Operating Procedures:

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

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

In a letter of 6 July 2025, the Applicant provided further information in response to a request from the Commissioner:

1.98 "Thank you for your letter dated 6th July 2025 regarding our application for inclusion in the pharmaceutical list in respect of the proposed distance selling pharmacy at the above location.

1.99 We acknowledge the recent amendments to Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which now require safe and effective procedures for all pharmaceutical services (including Advanced and Enhanced Services) to be delivered without face-to-face contact at, or in the vicinity of, the pharmacy premises.

1.100 In our original application, we outlined our intent to operate in full compliance with distance selling pharmacy (DSP) requirements, maintaining a closed-door policy and delivering all services remotely. However, we understand that our description of how Advanced and Enhanced Services would be practically implemented may not have been sufficiently explicit.

1.101 We are happy to provide further clarification below:

1.102 How Advanced and Enhanced Services Will Be Delivered

New Medicine Service (NMS)

1.103 Patient eligibility identified through prescription history or referrals.

1.104 Consultations and follow-ups will be conducted exclusively via telephone or video call.

1.105 Documentation maintained on our secure PMR system.

Hypertension Case-Finding Service

1.106 Patients will be assessed remotely following referral or through digital screening forms.

1.107 BP readings obtained through home monitoring kits or remote care collaborations.

1.108 Ambulatory Monitoring (if required) arranged via mobile providers—no in person service at or near the DSP site.

Smoking Cessation Support

1.109 Patients referred from NHS trusts or self-referred via our online platform.

1.110 All consultations and behavioural support delivered remotely.

1.111 NRTs delivered directly to the patient's home.

Vaccination Services (e.g. Flu, if eligible)

1.112 No vaccines will be administered at the pharmacy.

1.113 Services will be offered via mobile units, or in care homes, supported living sites, or workplaces where permissible.

Care Home Support

1.114 Clinical advice, MAR chart reviews, and audits provided remotely or through arranged off-site visits, never at the DSP premises.

1.115 All medicines delivered nationally using tracked courier services.

Compliance Confirmation

1.116 No patient services will be provided at or near the pharmacy premises.

1.117 The DSP will remain closed to the public at all times.

1.118 All Advanced/Enhanced Services will be delivered either remotely or off-site in full alignment with NHS DSP regulations.

1.119 We trust the above provides the necessary assurance. Should you require any additional information or would prefer a revised Annex A incorporating this detail, we will gladly provide it."

2 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 4 February 2026 states:

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

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

Extract from the decision report

2.2 "PSRC (Committee) have **REFUSED** and ratified the following

2.3 **Distant Selling Pharmacy** application:

2.4 **Halo Health Technologies Drayton Court Drayton Road Solihull B90 4NG**

2.1 **Regulation 25 – Distance Selling Premises Applications**

2.2 Regulation 25(2)(a) – The proposed premises are not on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

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

2.4 This is confirmed with information available on the NHS.UK website where the nearest general practice is located 0.5 mile away.

2.5 **This regulation is deemed to have been met.**

2.6 Regulation 25(2)(b)(i) – The Pharmacy Procedures indicate that the service will be provided as uninterrupted provision of Essential services, during the opening hours of the premises, to persons anywhere in England who request those services.

2.7 **The applicant didn't provide any assurance for safe and effective provision during pharmacy opening hours. Therefore, this regulation is deemed not to have been met.**

2.8 Regulation 25(2)(b)(ii) – The pharmacy procedures and detailed SOPs provided appear to meet the standard required to satisfy the regulatory requirements of the provision of pharmaceutical services without face to face contact.

2.9 **Information received from the applicant does not provide assurance that the regulations are met due to the lack of details provided by the applicant. Therefore, this regulation is deemed not to have been met.**

2.10 A Clinical Advisor has reviewed the supporting information provided by the applicant and has confirmed the following statement 'I agree on both recommendations, that neither Regulation 25(2)(b)(i) or Regulation 25(2)(b)(ii) have been met. You can pick one of many reasons due to the lack of information provided in their application'.

2.11 **Regulation 31 – refusal: same or adjacent premises**

2.12 Must be refused where paragraph 2 applies- [quoted in full]

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

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

2.15 **This regulation therefore does not apply**

2.16 As Regulation 31(2)(a) does not apply, the committee is not required to consider Regulation 31(2) (b)

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

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

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

2.20 The Committee **refused** the application. The Committee determined that the applicant has been granted appeal rights.

2.21 **Specific conditions – Distance Selling Premises**

2.22 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 **Solihull Health and Wellbeing board** in respect of the premises included in the application, that inclusion will be subject to the following conditions:

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

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

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

2.22.4 The pharmacy procedures for the premises must be such as to secure: the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services, and the safe and effective provision of pharmaceutical services without face-to-face contact at the proposed premises between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff; and

2.22.5 Nothing in the applicant's practice leaflet, in the applicant's publicity material in respect of the proposed premises, in material published on behalf of the applicant publicising services provided at or from the proposed premises or in any communication (written or oral) from the applicant or the applicant's staff to any person seeking the provision of essential services from the applicant must represent, either expressly or impliedly, that: the essential services provided at or from the premises are only available to persons in particular areas of England, or the applicant is likely to refuse, for reasons other than those provided for in the applicant's terms of service, to provide drugs or appliances ordered on prescription forms or repeatable prescription forms which are presented by particular categories of patients (eg because the availability of essential services from the applicant is limited to other categories of patients).

2.23 Who has right of appeal? Applicant only

2.24 Action for … PCSE to notify the applicant and the interested parties"

3 The Appeal

In an email dated 1 March 2026, the Applicant appealed against the Commissioner's decision. The grounds of appeal are:

3.1 "This appeal relates to the decision dated 04 February 2026 refusing the application for inclusion in the pharmaceutical list at:

3.1.1 Ground Floor, Unit 2 Drayton Court Drayton Road Solihull B90 4NG

3.1.2 Reference: CAS-370657-R9X4F9

3.2 The appeal addresses the Committee's findings under Regulation 25(2)(b)(i) and (ii) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Introduction

3.3 This appeal is made under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 against the decision of Birmingham and Solihull ICB to refuse the Applicant's Distance Selling Pharmacy (DSP) application.

3.4 The Committee confirmed that:

3.4.1 The premises are not co-located with GP premises.

3.4.2 Regulation 31 does not apply.

3.4.3 The application was acceptable in principle as a Distance Selling Pharmacy.

3.5 The refusal arose solely from the Committee not being satisfied that Regulation 25(2)(b)(i) and (ii) were met, due to perceived lack of operational assurance.

3.6 This appeal provides detailed clarification of the workforce structure, contingency planning, and governance framework which demonstrate that Regulation 25(2)(b) is satisfied.

Regulatory Framework

3.7 Regulation 25(2)(b) requires that the pharmacy procedures must be likely to secure:

(i) the uninterrupted provision of essential services during opening hours; and

(ii) the safe and effective provision of pharmaceutical services without face-to-face contact.

3.8 The Applicant submits that the refusal resulted from absence of detailed operational explanation within the original application narrative, rather than any structural or regulatory non-compliance.

3.9 This appeal addresses that perceived deficiency directly.

Regulation 25(2)(b)(i): Uninterrupted Provision of Essential Services

3.10 Workforce Structure

3.11 The pharmacy is structured to operate with two GPhC-registered pharmacists.

3.12 In addition to the Superintendent Pharmacist, Ms [AB] (GPhC Registration No. xxxxxxx) has entered into a written agreement to provide Responsible Pharmacist (RP) cover during:

3.12.1 Annual leave

3.12.2 Sickness absence

3.12.3 Operational contingencies

3.13 A copy of this written agreement is enclosed with this appeal. [see Appendix A for Committee]

3.14 The pharmacy is therefore not reliant upon a sole-pharmacist model.

3.15 The pharmacy will not open, nor provide essential services, unless a Responsible Pharmacist is physically present at the premises and formally signed in in accordance with statutory requirements.

3.16 These arrangements are governed by SOP 39a (Superintendent Pharmacist Responsibilities), SOP 39b (Responsible Pharmacist Responsibilities), and SOP 38 (Locum Pharmacist Induction), which codify the requirement that no dispensing activity occurs without a Responsible Pharmacist present.

3.16.1 SOP 39a – Superintendent Pharmacist Responsibilities

3.16.2 SOP 39b – Responsible Pharmacist Responsibilities

3.16.3 SOP 38 – Locum Pharmacist Induction

3.16.4 SOP 36 – Staff Induction and Training

3.17 Contingency and Continuity Arrangements

3.18 In the event of unexpected absence of the acting RP:

3.18.1 Dispensing activity ceases immediately.

3.18.2 No medicines are supplied or released without RP supervision.

3.18.3 Prescriptions in progress are securely held within the premises.

3.18.4 Patients are notified electronically where necessary.

3.18.5 Cover is secured through Ms Begum or established locum arrangements prior to resumption of services.

3.19 The Business Continuity and Disaster Recovery SOP sets out formal escalation procedures including:

3.19.1 RP handover protocol

3.19.2 Secure prescription management

3.19.3 EPS continuity procedures

3.19.4 Communication pathways

3.19.5 Controlled resumption of services

3.20 These arrangements ensure that essential services are never provided unsupervised and are not dependent upon a single individual.

3.21 Accordingly, Regulation 25(2)(b)(i) is satisfied.

3.22 These arrangements are formally codified within SOP 24 (Business Continuity and Disaster Recovery), supported by SOP 25 (Record Keeping and Documentation) and SOP 22 (Error Reporting and Near Misses).

3.22.1 SOP 24 – Business Continuity and Disaster Recovery

3.22.2 SOP 25 – Record Keeping and Documentation

3.22.3 SOP 22 – Error Reporting and Near Misses

Regulation 25(2)(b)(ii): Safe and Effective Provision Without Face-to-Face Contact

3.23 The premises operate strictly as a closed-door Distance Selling Pharmacy.

3.24 Closed-Door Operation

3.24.1 Members of the public are not permitted entry to the premises.

3.24.2 No prescriptions are accepted, dispensed, or supplied in person.

3.24.3 All communication is conducted remotely via telephone, email, or secure digital systems.

3.24.4 Controlled access, signage, and SOPs prevent any face-to-face service provision at or near the premises.

3.25 The pharmacy does not offer and will not represent that essential services are available face-to-face at the premises.

3.26 These controls are set out in SOP 41 (Access to the Premises – Closed-Door Operation), reinforced by SOP 42 (Alarm and CCTV Use) and SOP 44 (Health & Safety Procedures).

3.26.1 SOP 41 – Access to the Premises (Closed-Door Operation)

3.26.2 SOP 42 – Alarm and CCTV Use

3.26.3 SOP 44 – Health & Safety Procedures

3.27 Remote Clinical Governance and Safe Supply

3.28 All prescriptions undergo:

3.28.1 Clinical screening by a Responsible Pharmacist

3.28.2 Accuracy checking procedures

3.28.3 Full PMR documentation

3.28.4 Audit trail retention

3.29 Medicines are supplied via tracked courier services with delivery confirmation. Cold-chain medicines are managed under dedicated cold-chain handling SOPs.

3.30 Controlled Drugs are handled in accordance with statutory and DSP-specific delivery safeguards.

3.31 The pharmacy operates under a comprehensive SOP framework covering:

3.31.1 Responsible Pharmacist responsibilities

3.31.2 Locum induction

3.31.3 Closed-door operation

3.31.4 Delivery and cold-chain management

3.31.5 Error reporting and incident investigation

3.31.6 Information governance and GDPR compliance

3.31.7 Business continuity

3.32 These procedures ensure safe and effective provision of pharmaceutical services exclusively at a distance.

3.33 Accordingly, Regulation 25(2)(b)(ii) is satisfied.

3.34 The above processes are governed by SOP 1–5 (Core Dispensing and Clinical Screening), SOP 7 (Controlled Drugs), SOP 12–15 (Delivery and Courier Controls), and SOP 26–27 (Data Protection and Information Governance).

3.35 Clinical governance:

3.35.1 SOP 5 – Clinical Screening of Prescriptions

3.35.2 SOP 4 – Accuracy Checking

3.35.3 SOP 1 – Prescription Receipt and Processing

3.35.4 SOP 2 – Dispensing Process

3.35.5 SOP 3 – Labelling and Assembly

3.36 Delivery:

3.36.1 SOP 12 – Delivery of Medicines to Patients

3.36.2 SOP 13 – Cold Chain Medication Handling & Delivery

3.36.3 SOP 15 – Use of Courier or Postal Services

3.36.4 SOP 14 – Missed Deliveries and Re-delivery Attempts

3.37 Controlled Drugs:

3.37.1 SOP 7 – Controlled Drugs – Management & Dispensing

3.38 Data & IG:

3.38.1 SOP 26 – Data Protection and GDPR Compliance

3.38.2 SOP 27 – Information Governance

3.39 Clarification of the Committee's Decision

3.40 The Committee did not identify:

3.40.1 Co-location with GP premises

3.40.2 A breach of Regulation 25(2)(a)

3.40.3 Any structural regulatory deficiency

3.40.4 Any face-to-face service intent

3.40.5 Any concern regarding the competence or regulatory standing of the Superintendent Pharmacist

3.41 The refusal was based solely upon a perceived lack of operational assurance within the original application narrative.

3.42 This appeal provides that operational clarity, including named second pharmacist cover, written Responsible Pharmacist agreement, and codified Business Continuity arrangements.

3.43 When reasonable inferences are drawn from the full operational framework, it is clear that the requirements of Regulation 25(2)(b)(i) and (ii) are satisfied.

Conclusion

3.44 The Applicant submits that:

3.44.1 The pharmacy operates under a structured two-pharmacist model.

3.44.2 Written Responsible Pharmacist cover arrangements are in place.

3.44.3 The pharmacy will not operate without RP supervision.

3.44.4 Business continuity and contingency procedures are formally established.

3.44.5 The premises operate strictly as a closed-door Distance Selling Pharmacy.

3.44.6 All pharmaceutical services are delivered remotely and in accordance with statutory requirements.

3.45 When the full operational framework is properly considered, the requirements of Regulation 25(2)(b)(i) and (ii) are demonstrably satisfied.

3.46 The Applicant respectfully invites the Appeal Authority to allow the appeal and direct inclusion in the pharmaceutical list."

3.47 Enclosed with the appeal:

3.47.1 Appendix A – Written Confirmation of RP Cover

3.47.2 Appendix B – Business Continuity and Disaster Recovery

3.47.3 Appendix C – SOP Summary Manual

4 Summary of Representations

This is a summary of representations received on the appeal.

4.1 THE COMMISSIONER

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

5 Summary of Observations

This is summary of observations received.

5.1 THE APPLICANT

5.1.1 "Thank you for the opportunity to provide final observations in response to the representations received in relation to this appeal.

5.1.2 These observations are confined to rebuttal of the matters raised and do not introduce any new information.

Central Issue in this Appeal

5.1.3 The representation from the Commissioner (ICB) is of particular importance.

5.1.4 It is noted that:

"the additional information provided… was not available… and the Committee may have come to a different conclusion."

5.1.5 This confirms that the original decision was made without the benefit of a full understanding of the application, and that the clarification provided at appeal stage is material to that decision.

5.1.6 In these circumstances, the original refusal cannot be considered a fully informed assessment of the application.

Clarification regarding supporting documentation (SOPs)

5.1.7 Reference has been made to additional information provided at appeal stage, including Standard Operating Procedures (SOPs).

5.1.8 For clarity, these documents do not introduce new matters. They provide further detail in support of the operational model already described within the original application.

5.1.9 The application made clear that:

5.1.9.1 SOPs were in place, and

5.1.9.2 Could be made available if required

5.1.10 In line with the application requirements under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, detailed SOPs are not required to be submitted at the initial stage, but have since been provided to assist in understanding how the service would operate in practice.

5.1.11 Accordingly, this material should properly be regarded as clarification of the existing proposal, rather than new information.

Rebuttal of Representations (including DMB)

5.1.12 The representations appear to raise concerns in three main areas:

5.1.12.1 Whether the service has been sufficiently described in practice

5.1.12.2 Whether the model is deliverable

5.1.12.3 Whether the application demonstrates compliance with DSP requirements

5.1.13 Each is addressed below.

Operation of the service in practice

5.1.14 It is suggested that the application does not clearly demonstrate how the proposed service would function.

5.1.15 This is not accepted.

5.1.16 The application and subsequent clarification set out:

5.1.16.1 A distance selling model, with no provision for face-to-face services

5.1.16.2 A defined workflow covering:

5.1.16.2.1 Prescription receipt and processing

5.1.16.2.2 Clinical checking

5.1.16.2.3 Dispensing

5.1.16.2.4 Delivery to patients

5.1.16.3 Use of appropriate remote communication channels for patient interaction.

5.1.17 The suggestion that the model is unclear appears to arise from an incomplete reading of the material provided, rather than any absence of detail.

Deliverability and “theoretical” concerns

5.1.18 The representations imply that the proposal is theoretical or lacks operational realism.

5.1.19 This is not supported by the application.

5.1.20 The material submitted demonstrates:

5.1.20.1 A structured and defined operating model

5.1.20.2 Clearly described processes aligned with established pharmacy practice

5.1.20.3 Practical mechanisms for delivery of services to patients

5.1.21 No substantive evidence has been provided to demonstrate that the model is unworkable. The concerns raised are therefore speculative rather than evidence based.

Compliance with distance selling pharmacy requirements

5.1.22 It is suggested that the application does not sufficiently demonstrate compliance with DSP requirements.

5.1.23 However, the application consistently reflects:

5.1.23.1 A service provided without face-to-face contact

5.1.23.2 A model designed specifically for remote access

5.1.23.3 Appropriate systems for communication, supply, and patient access

5.1.24 The representations do not identify any specific regulatory provision that is not met, but instead raise general concerns which are addressed within the application.

Reliance on absence of detail

5.1.25 A recurring theme within the representations is reliance on perceived absence of detail.

5.1.26 In light of the additional clarification provided at appeal stage, this position is no longer sustainable.

5.1.27 The Commissioner has acknowledged that:

5.1.27.1 The additional material was not previously available, and

5.1.27.2 It may have led to a different outcome

5.1.28 This indicates that the concerns raised were not due to deficiencies in the proposal itself, but due to lack of visibility of supporting detail at the time of the original decision.

Weight to be Given to the Commissioner's Position

5.1.29 The Commissioner's statement carries significant weight.

5.1.30 It demonstrates that:

5.1.30.1 The original decision was made on an incomplete understanding, and

5.1.30.2 The clarification provided addresses the concerns that informed that decision

5.1.31 In such circumstances, it would not be appropriate to uphold a decision which the decision-maker themselves accepts may have been different if fully informed. In effect, the basis upon which the original decision was made has materially changed.

Overall Position

5.1.32 Taking all representations into account:

5.1.32.1 The concerns raised are based on:

5.1.32.1.1 Misinterpretation, or

5.1.32.1.2 Absence of detail that has now been clarified

5.1.32.2 There is no clear evidence that the application:

5.1.32.2.1 Fails to meet DSP requirements, or

5.1.32.2.2 Cannot operate safely and effectively in practice

5.1.32.3 The Commissioner's position supports the conclusion that the original decision is no longer reliable

Conclusion

5.1.33 For the reasons set out above, it is respectfully submitted that:

5.1.33.1 The original decision is unsafe and should not be upheld, and

5.1.33.2 The appeal should be allowed, or the decision reconsidered in light of the clarified understanding of the application."

6 Consideration

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

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

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

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

Regulation 31

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

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

(2) This paragraph applies where -

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

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

(ii) adjacent premises; and

(b) NHS England is satisfied that it is reasonable to treat the services that the applicant proposes to provide as part of the same service as the existing services (and so the premises to which the application

relates and the existing listed chemist premises should be treated as the same site).

6.6 The Committee noted the comprehensive response from the Applicant as to why the application should not be refused pursuant to Regulation 31, which included the comment "*Although the proposed DSP premised [sic] are in close proximity to another listed pharmacy, this application should not be refused under Regulation 31 …",* however no further information in respect of Regulation 31 had been provided by the Applicant.

6.7 The Commissioner had stated "*There is no pharmacy providing pharmaceutical services at the same or adjacent premises*" and had concluded "*this regulation therefore does not apply*". The Committee noted that this had not been disputed either on appeal or in subsequent representations. Based on the information provided, the Committee therefore determined that it was not required to refuse the application under the provisions of Regulation 31.

Regulation 25

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

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

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

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

in respect of pharmacy premises that are distance selling premises.

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

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

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

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

(ii) the safe and effective provision of pharmaceutical services without face to face contact at the pharmacy premises between any person receiving the

services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff."

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

Additional information to be included with excepted applications

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

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

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

Nature of details to be supplied

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

Regulation 25(1)

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

Regulation 25(2)(a)

6.11 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.

6.12 The Commissioner in its decision report stated that "*the proposed premises are not on the same site or in the same building as the premises of a provider of*

primary medical services with a patient list" and further "*this is confirmed with information available on the NHS.UK website where the nearest general practice is located 0.5 miles away."* The Committee noted that this had not been disputed either on appeal or in subsequent representations. 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)

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

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

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

6.16 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 as provided on appeal which the Applicant has prepared or commissioned.

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

6.18 In respect of the uninterrupted provision of essential services, the Committee noted the information in the application form, which states:

6.18.1 *"During the operating hours of HALO HEALTH, all essential services will be made available and overseen by a Responsible Pharmacist (RP) through various maintain continuous supervision both during core and supplementary hours. This oversight will be facilitated by the registration of the RP on both the Pharmacy Management System*

(PMR) and paper-based systems. This registration mechanism will allow verification of the pharmacist's presence at HALO HEALTH, including times when they might be temporarily away, such as during lunch breaks or emergencies."

6.19 The Applicant went on to state:

6.19.1 "The pharmacists affiliated with HALO HEALTH will be accessible via phone and online platforms during the establishment's opening hours. If deemed necessary, HALO HEALTH will employ a dispenser, technician, and a qualified healthcare assistant to ensure the safe and effective delivery of essential services. In cases of temporary coverage, adherence to HALO HEALTH's Standard Operating Procedures (SOPs) will be maintained to prevent any service disruptions."

6.20 The Committee further noted the information provided on appeal, with regard to SOP 24: Business Continuity and Disaster Recovery. The Committee also noted the document "Written Confirmation of Responsible Pharmacist Cover", and whilst the document stated "*this confirmation is provided in support of the Applicant's appeal and demonstrates that there [sic] pharmacy will not operate under a sole-pharmacist dependency model"* it noted that this would provide cover for "*Annual Leave, sickness absence, operational contingencies, Other agreed cover arrangements".* The Committee was mindful that the cover which was proposed in this document was all for events which could be planned in advance however the application form confirmed that the pharmacist might be "*temporarily away, such as during lunch breaks or emergencies".* The Committee noted that SOP 24 indicates that *"In the event that the scheduled Responsible Pharmacist (RP) is unexpectedly unavailable: The pharmacy will not open to commence dispensing activity….If RP cover cannot be secured within a reasonable timeframe, services will remain suspended until appropriate supervision is in place."* The Committee noted that there was no information provided as to how the Applicant would ensure that there was uninterrupted provision of essential services during the opening hours of the pharmacy when the RP was unavailable at short notice.

6.21 Whilst the alternative Responsible Pharmacist sought to provide assurances that the pharmacy would not be operated on a "sole-pharmacist dependency model", on the basis of SOP 24, the Committee was not satisfied that it had been provided with information sufficient to demonstrate this.

6.22 Based on the lack of information before it, the Committee could not be satisfied that the provision of services would be without interruption.

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

6.24 The Committee noted the various references in the application form and on appeal as well as in the SOPs that the pharmacy would be providing "*Nationwide delivery of medicines*" and "*we have secured partnerships with licensed, MHRA-compliant courier services, such as Royal Mail and Polar Speed, to ensure the safe and prompt delivery of all medicines …".*

6.25 The Committee was of the view, based on the information before it, that it could be satisfied that the Applicant would be providing essential services to persons anywhere in England.

6.26 The Committee considered if the provision of pharmaceutical services would be without face to face contact.

6.27 The Committee noted in the "introduction" to the SOPs it states:

6.27.1 *"DSPs are bound by Regulation 25 … which sets out specific operating conditions including:*

No face to face patient contact at or near the premises …"

6.28 The Committee further noted in the SOPs it states:

6.28.1 *"Unlike traditional community pharmacies,* ***Distance Selling Pharmacies (DSPs)*** *are legally prohibited from providing face-to-face services at or near their premises. As such, the safe and effective* ***remote communication, packaging, and delivery of medicines*** *becomes mission-critical. These SOPs are specifically developed to address the* ***logistical, clinical, and regulatory complexities*** *of non-face-to-face service models."*

6.29 The Committee also noted, within the original application form the Applicant states:

6.29.1 *"No face to face interaction at or from the Premises*

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

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

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

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

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

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

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

6.30 The Committee was mindful of the regulatory changes as of 1 October 2025 and 31 March 2026, that distance selling pharmacies can no longer provide Directed services (Advanced, National Enhanced and Enhanced Services) face-to-face with the patient at the pharmacy premises. As a result of this

amendment, the Committee noted that the Applicant would not be able to provide any pharmaceutical services to patients present at its premises.

6.31 The Applicant had stated in the application form that it was offering to provide "NMS" and confirmed in the application form that *"Consultations and follow-ups will be conducted exclusively via telephone or video call."*

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

6.33 Based on the information before it, the Committee was of the view that the provision of pharmaceutical services would be without face to face contact.

6.34 The Committee was satisfied that the provision of essential services would be available to persons anywhere in England and pharmaceutical services would be provided without face to face contact, however the Committee was not satisfied that the provision of essential services would be without interruption.

6.35 The Committee went on to consider whether the safe and effective provision of pharmaceutical services was likely to be secured.

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

6.37 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:

6.37.1 Dispensing of drugs and appliances

6.37.2 Urgent supply without a prescription

6.37.3 Preliminary matters before providing ordered drugs or appliances

6.37.4 Providing ordered drugs or appliances

6.37.5 Refusal to provide drugs or appliances ordered

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

6.37.7 Disposal service in respect of unwanted drugs

6.37.8 Promotion of healthy lifestyles

6.37.9 Prescription linked intervention

6.37.10 Health campaigns

6.37.11 Signposting

6.37.12Support for self-care

6.37.13Discharge medicines service

6.37.14Websites and health promotion zones

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

Urgent Supply without a prescription

6.39 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.

6.40 The Committee noted the information in the application form with regard to Urgent Supply however this referred to receiving a request from a patient and there was nothing provided with regard to receiving a request from a prescriber.

6.41 The Committee noted SOP 19: 'Emergency Supply Requests':

6.41.1 *"Explains how pharmacists manage patient requests for urgent repeat medicines under the* ***Human Medicines Regulations 2012****, including clinical assessment, record-keeping, communication with GPs, and lawful supply without prescription"*

6.42 The Committee noted that whilst the Applicant had set out what SOP 19 was with regard to, there was no information provided as to how the prescriber would request an urgent supply.

6.43 Based on the information before it, the Committee was not satisfied that it had been provided with sufficient information to show that there would be compliance with paragraph 6 of Schedule 4.

Providing ordered drugs or appliances

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

6.45 The Committee noted the application form states:

6.45.1 "*Safe Custody and Handling of CDs*

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

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

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

6.46 And further:

6.46.1 *"Dispensing Controlled Drugs (CD) and temperature-sensitive medicines involves thorough processes. Upon receipt of a prescription meeting legal requirements, HALO HEALTH will ensure delivery through an MHRA approved courier service, with the customer signing for the item upon receipt. Patients will be contacted to schedule suitable delivery times. In cases of CD non-delivery, the item will be promptly returned to HALO HEALTH."*

6.47 The Applicant had gone on to state:

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

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

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

6.48 The Applicant had gone on to state:

6.48.1 *"Dispensing Controlled Drugs (CD) and temperature-sensitive medicines involves thorough processes. Upon receipt of a prescription meeting legal requirements, HALO HEALTH will ensure delivery through an MHRA approved courier service, with the customer signing for the item upon receipt. Patients will be contacted to schedule suitable delivery times. In cases of CD non-delivery, the item will be promptly returned to HALO HEALTH."*

6.49 The Committee also noted the Applicant had confirmed that "*Standard Operating Procedures (SOPs) will comprehensively cover all stages of the dispensing process, ensuring a structured and consistent approach."*

6.50 The Committee noted the SOPs as provided on appeal which state:

6.50.1 *"SOP 7: Controlled Drugs – Management & Dispensing*

Covers the legal, safe handling of Schedule 2–5 Controlled Drugs, including storage, record-keeping, and delivery. For DSPs, this is vital for compliance with the Misuse of Drugs Regulations 2001 and Home Office expectations in a remote model."

6.50.2 *"SOP 12: Delivery of Medicines to Patients*

Describes the end-to-end process for preparing and dispatching prescription deliveries. This includes packaging, addressing, delivery logs, patient consent, and verification of receipt — all critical for DSP compliance with NHS Terms of Service."

6.50.3 *"SOP 13: Cold Chain Medication Handling & Delivery*

Provides detailed guidance for the storage, packaging, and delivery of temperature sensitive medicines such as insulin and vaccines. For DSPs, maintaining cold chain integrity is essential for both legal compliance and patient safety."

6.50.4 *"SOP 14: Missed Deliveries and Re-delivery Attempts*

Establishes procedures for when a delivery cannot be completed (e.g., patient not home, wrong address, or refusal). Outlines how medicines are returned, logged, and reattempted while maintaining security and auditability."

6.50.5 *"SOP 15: Use of Courier or Postal Services*

Clarifies how third-party delivery partners (e.g., Royal Mail, DPD, medical couriers) are selected, instructed, and monitored. Includes contractual requirements, tracking systems, data protection clauses, and complaint handling procedures."

"Note:

These SOPs reflect the operational model required under Regulation 25 of the NHS (Pharmaceutical Services) Regulations 2013, which governs Distance Selling Pharmacies. The full SOPs are provided in Appendix B of this manual and must be followed by all staff involved in remote communication or delivery activities."

6.51 The Committee noted that the Applicant had confirmed that it would be using a specialist courier for cold chain items and that this "*would be complemented by HALO Health's in-house driver for local deliveries…"*. The Committee noted the information provided with regard to ensuring the integrity of the cold chain both whilst using the national couriers as well as the local delivery drivers.

6.52 The Committee noted that whilst the Applicant had stated that "*all deliveries .. will consistently adhere to regulations set out by the General Pharmaceutical Council (GPhC)"* and further that "…*In cases of CD non-delivery, the item will be promptly returned to HALO Health",* this had not been expanded upon and there was no information provided as to what would happen in the event of a missed delivery and how it would be "*promptly returned."* Furthermore, there

was no information as to what would happen if a courier was not being used for the delivery and further what would happen if there was a breach in the cold chain e.g the need for items to be segregated to avoid miss delivery.

6.53 The Committee noted the footnote to the SOPs that "the full SOPs are provided in Appendix B of this manual" however the full manual had not been provided either with the original application, on appeal or in subsequent representations.

6.54 Based on the information before it, the Committee was no satisfied that there would be compliance with paragraph 8(1) of Schedule 4.

6.55 The Committee noted that the Applicant had, in response to the question on the application form as to whether or not they were undertaking to provide appliances, left this blank. However, in the supporting information with the application form, the Applicant had stated:

6.55.1 "*HALO HEALTH will meticulously maintain records of all supplied medicines and appliances …"*

6.56 Based on the information before it, the Committee was unsure if it was the Applicant's intention to provide appliances given that the Applicant had not completed the relevant part of the application from which seeks to ascertain this and had left it blank rather than writing "NONE" as per the instructions on the application form. Further, apart from the statement that they would "*…maintain records of all supplied medicines and appliances…"* the Applicant had not explained what it meant by appliances.

6.57 If it was the Applicant's intention to provide appliances then there was no information provided to explain how they would do so.

6.58 Based on the information before it, the Committee was not satisfied that the Applicant had provided sufficient information to show that there would be compliance with paragraph 8(4) of Schedule 4.

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

6.60 The Committee noted that no information in respect of this aspect of the terms of service had been provided by the Applicant either in the original application, on appeal or in subsequent representations.

6.61 Given the lack of information the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 8(15) of Schedule 4.

Refusal to provide drugs or appliances ordered

6.62 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.

6.63 In the application form, the Applicant had stated:

6.63.1 *"Repeat Dispensing*

…Patients are encouraged to request only the necessary items, promoting efficient and responsible medication management. …"

6.64 The Committee noted SOP 5 'Clinical Screening of Prescriptions' which states:

6.64.1 *"Outlines the pharmacist's duty to review prescriptions for clinical appropriateness, interactions, contraindications, and dosage accuracy. In DSPs, this forms a cornerstone of* ***remote clinical governance****, as patients are not present for clarification."*

6.65 The Committee also noted SOP 9 'Repeat Prescription Ordering Service' and SOP 10 'Repeat Dispensing (eRD)' however neither of these SOPs made reference to this terms of service.

6.66 Whilst the Committee noted the comments from the Applicant that patients were encouraged to request only the necessary items, and it noted SOP 5 with regard to "review prescriptions for clinical appropriateness" there was no information provided as to how this would be carried out and how the Applicant would ensure that the patient is still using the medication. Further, there was no information as to how the Applicant would establish that the patient is not suffering from any side effects.

6.67 Given the limited information before it, the Committee was not satisfied that it had been provided with sufficient information to show that there would be compliance with paragraph 9(4) of Schedule 4.

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

6.68 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.

6.69 The Committee noted the application from states "*HALO HEALTH's repeat dispensing service offers patients the convenience of receiving their regular medications without requiring multiple visits to their GP…"* and had gone on to state "*to facilitate patient awareness, HALO HEALTH communicates the availability of the repeat dispensing through its website, providing comprehensive operational details and guidance"* but there was no information provided within the application form as to how they would identify patients who would benefit from repeat dispensing in the first place.

6.70 The Committee noted that as well as the information contained in the application form, the Committee noted SOP 9 "Repeat Prescription Ordering Service" which states:

6.70.1 *"Sets out procedures for ordering repeat prescriptions on behalf of patients with consent. In DSPs, this service enhances medication adherence and continuity of care, especially for housebound or digitally dependent patients."*

6.71 SOP 10 "Repeat Dispensing (eRD)" states:

6.71.1 "*Explains how electronic Repeat Dispensing is managed under NHS protocols. As a digital-first pharmacy model, DSPs are ideally placed to optimise eRD services, improving efficiency and reducing unnecessary GP workload."*

6.72 The Committee noted that whilst the Applicant had confirmed that they would offer repeat dispensing and had provided information as to how this would be carried out, it had not been provided with any information as to the appropriate advice that the Applicant would give or how the Applicant would identify those patients who would benefit from repeat dispensing.

6.73 Based on the limited information before it, the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 10(1) of Schedule 4.

Prescription Linked Intervention

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

6.75 The Committee noted the information in the application form which states:

6.75.1 "*Public Health (Promotion of Healthy Lifestyles)*

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

6.76 The Committee further noted the comments from the Applicant that:

6.76.1 *"… Our approach to offering opportunistic guidance concerning health, lifestyle, signposting, and self-care is meticulous. Drawing insights from patients' PMRs - considering factors such as age, medical conditions, and prescribed medications – we provide tailored advice to promote health enhancements, including smoking cessation, balanced nutrition, diabetes management, weight control, and the assessment of cardiovascular risk factors …"*

6.77 The Committee, whilst noting that the Applicant has a "*multi-faceted strategy*" which "*empowers patients to embark on their journey towards a healthier life*" and that they would offer "*opportunistic guidance concerning health*", was of the view that it had not been provided with any information as to how this would

be accomplished for those who have diabetes or are at risk of coronary heart disease, smoke or are overweight.

6.78 Based on the information before it, the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 17 of Schedule 4.

Discharge Medicine Service

6.79 The Committee considered whether the Applicant had explained how it will provide advice, assistance and support to and in respect of the 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.

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

6.81 The Committee was of the view that the Applicant had provided no information either in its original application form or on appeal with regard to the Discharge Medicines Service and it had not explained how it would provide advice, assistance and support to those who had recently been discharged from hospital and were referred to the pharmacy for advice.

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

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

Summary

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

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

6.85.1 confirm the Commissioner's decision;

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

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

6.86 In those circumstances, although the Committee has reached the same conclusion as the Commissioner, it has done so based on additional information and for different reasons. The Committee determined that the decision of the Commissioner must be quashed.

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

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

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

7 Decision

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

7.2 The Committee:

7.2.1 quashes the decision of the Commissioner; and

7.2.2 redetermines the application as follows -

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

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

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

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

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

7.2.3 The application is refused.

Case Manager
Primary Care Appeals