NHS Resolution

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2 July 2026

**REF: SHA/26923**

**APPEAL AGAINST MID AND SOUTH ESSEX ICB DECISION TO REFUSE AN APPLICATION BY MR & MRS JADEJA LIMITED FOR INCLUSION IN THE PHARMACEUTICAL LIST AT BASEMENT, 63-67 HIGH STREET, RAYLEIGH, ESSEX, SS6 7SE UNDER REGULATION 25**

## 1 Outcome

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

1.2 The Committee determined that the application should be granted.

A copy of this decision is being sent to:

Rushport Advisory LLP, on behalf of Mr and Mrs Jadeja Ltd
PCSE, on behalf of Mid and South Essex ICB
Temple Bright LLP, on behalf of Audley Mills Pharmacy
North & South Essex LMC

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## 1 The Application

By application dated 22 June 2025, Mr and Mrs Jadeja Ltd ("the Applicant") applied to Mid and South Essex ICB ("the Commissioner") for inclusion in the pharmaceutical list at Basement, 63-67 High Street, Rayleigh, Essex, SS6 7SE under Regulation 25. In support of the application it was stated:

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

1.1.1 "None".

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

1.2.1 "The premises outlined in this application are not intended to provide face-to-face pharmaceutical services to the public and therefore do not operate in direct competition with existing brick-and-mortar pharmacies in the area, including Yardley Chemist, Boots, and Audley Mills Pharmacy.

1.2.2 As a Distance Selling Pharmacy, we are contractually obligated to offer essential NHS services remotely to patients across England, without any on-site or walk-in provision. The pharmacy will not be open to the public and is not designed to attract footfall. Accordingly, this application does not seek to displace or diminish the viability of nearby community pharmacies that provide services in-person.

1.2.3 Furthermore, the purpose of the DSP contract is to increase patient access to pharmaceutical services on a national level — particularly supporting patients who are housebound, in rural locations, or otherwise unable to attend a local pharmacy in person. The regulatory framework supporting DSPs distinguishes them from community pharmacies in their service model, and as such, Regulation 31 should not apply as there is no adverse impact on the pharmaceutical needs provision in the vicinity of the premises."

1.3 In response to why the application should not be refused pursuant to Regulation 25(2)(a) the Applicant left the section 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 “7.1 Uninterrupted and Remote Provision of Essential Services

1.9 (a) Uninterrupted Provision

1.10 We will ensure uninterrupted provision of all essential services during our stated core and supplementary hours through the following measures:

1.11 Robust staffing model: A responsible pharmacist and appropriately trained dispensary and administrative staff will be present during all opening hours. A second pharmacist (co-owner) will be available to ensure cover during leave or sickness.

1.12 Technology-driven dispensing: We will use PMR software with automated workflow management to ensure timely dispensing, labelling, checking, and dispatch.

1.13 Delivery network: All medicines will be delivered using a secure, tracked courier or Royal Mail service, covering all areas of England. Cold chain items will be sent in temperature-controlled packaging with real-time temperature monitoring.

1.14 Redundancy and backup: Backup power, internet connectivity, and cloud-based systems will ensure continuity in case of technical failures. SOPs also outline contingency plans for staff absence or equipment breakdowns.

1.15 Governance: Regular audits, incident logs, and review of key performance indicators will support continuous service quality and responsiveness.

1.16 (b) Safe & Effective Provision Without Face-to-Face Contact

1.17 We will provide services exclusively without face-to-face contact through:

1.18 Remote communication channels: Patients can contact the pharmacy via telephone, secure messaging, NHSmail, and video consultations (where appropriate) for advice, counselling, or service queries.

1.19 Digital prescription management: We will operate using NHS EPS (Electronic Prescription Service), allowing prescriptions to be received and processed digitally from any prescriber in England.

1.20 Secure delivery: Items are dispatched with appropriate labelling, information leaflets, and safety instructions, including additional written or telephone-based counselling where required.

1.21 Safeguards: Identity and consent verification are conducted remotely before any service is provided, with access controls for patient records and recorded clinical interventions.

1.22 7.2 Procedure When a Person Attends the Premises

1.23 Should a person attend the premises in person, the following procedure will be followed:

1.24 A clear sign at the entrance will state that the pharmacy does not provide services to the public at the premises, in line with DSP requirements.

1.25 Staff will politely inform the individual that the pharmacy does not provide walk-in services.

1.26 They will be provided with a leaflet or card detailing how to access services remotely (e.g. phone number, website, email).

1.27 If the person appears distressed or vulnerable, staff will follow safeguarding SOPs and, where appropriate, help direct them to their nearest community pharmacy.

1.28 This protocol ensures full compliance with Regulation 25(4)(a), which prohibits DSPs from providing essential services at the premises.

1.29 7.3 Provision of Advanced Services Without Essential Services On-site

1.30 We intend to offer the following Advanced Services:

1.31 New Medicine Service (NMS)

1.32 Community Pharmacist Consultation Service (CPCS)

1.33 Smoking Cessation Service

1.34 Pharmacy Contraception Service

1.35 Discharge Medicines Service (DMS)

1.36 All services will be delivered remotely, in accordance with the regulations:

1.37 NMS: Conducted via telephone or video. Consent and structured interventions will be documented electronically.

1.38 CPCS: We will accept NHS 111 referrals and GP referrals electronically and provide consultation remotely.

1.39 Smoking Cessation & Contraception: Counselling and prescribing (where appropriate) will be managed remotely, and medications delivered securely to the patient.

1.40 DMS: We will receive referrals via NHSmail or FHIR-compliant platforms and reconcile medicines remotely with appropriate delivery support.

1.41 No element of essential services will be provided on-site. Advanced Services are delivered under separate protocols and do not require face-to-face contact. This distinction ensures compliance with DSP regulations while expanding access to national services remotely."

1.42 [SOPs provided]

## 2 Comments to the Commissioner

On reviewing the paperwork provided by PCSE, it was noted that the comments made by the Applicant to the representations on the application, had not been circulated or seen by parties.

In the interests of transparency and fairness, NHS Resolution sought to rely on the discretion afforded in paragraph 7 of Schedule 3 of the Regulations to vary the normal procedures and circulate these comments to parties for them to make observations on them if they so wished.

Letter dated 3 October 2025

2.1 "Thank you for your letter of 23 September 2025 sent to my client. I act for Mr and Mrs Jadeja Ltd in the above application and have been instructed by my client to submit the following reply to the consultation comments received.

2.2 Each interested party asks the ICB applies the correct legal test when determining the application. In addition, the interested parties ask the ICB to be satisfied that proper procedures are in place.

2.3 My client has reviewed the procedures that they will follow in the proposed pharmacy and has approved new SOPs that are attached with this response. These SOPs deal with the regulatory issues raised by objectors.

2.4 I have also been passed a copy of your letter dated 24 September 2025 requesting additional information in relation to Advanced / Enhanced services. This reply and the SOPs attached deals with the points raised in this letter. I apologise for the delay in replying however my client has only recently seen this letter and required time to deal with the contents. As you will note, my client was given two different dates to reply to different letters and this reply deals with all matters raised.

2.5 In addition, we note the comments raised about "passing trade" made by Temple Bright. My client's premises will use a controlled entry system and patients will not be able to access the pharmacy.

2.6 In respect of the comment from Sheevnali Ltd about the consultation room, this is a requirement for DSPs so that they can provide private video and phone calls with patients.

2.7 Finally, as the ICB will be aware, changes to the relevant Regulations that were introduced after my client submitted their application mean that DSP now have to limit the services they provide to patients and cannot provide services from their premises. As a result, my client will only provide NMS and Pharmacy First as Advanced Services. My client listed Discharge Medicines Service in their initial application, however as this is an essential service there was no requirement to list it separately. My client no longer intends to provide COVID vaccinations, Flu vaccinations, Pharmacy Contraception Service or Smoking Cessation. In addition CPCS is no longer a standalone service.

2.8 The information already provided demonstrates how the legal test will be met in full and the application should therefore be approved.

2.9 We look forward to hearing from you in due course."

2.10 [Updated SOPs provided]

Letter dated 2 December 2025

2.11 "Thank you for your letter of 2 December 2025. I act for Mr and Mrs Jadeja Ltd in the above application and have been instructed by my client to submit the following reply to the consultation comments received.

2.12 **Audley Mills Ltd**

2.13 Dealing with the points raised by Temple Bright representing Audley Mills Ltd we reply as follows.

2.14 Temple Bright's confusion has only arisen because it has decided to compare information provided initially by my client with the updated SOPs and letter that was subsequently provided by my client (via Rushport) on 3 October 2025.

2.15 Our letter of 3 October 2025 was clear that new SOPs were to be considered. The ICB was clearly aware of this and gave interested parties a further 45 days to respond to the new information.

2.16 It serves no useful purpose for Temple Bright to refer to information that is no longer relevant and we trust that the ICB will not make the same mistake.

2.17 In relation to other specific points raised by Temple Bright we reply as follows.

2.18 *Premises*

2.19 My client's premises will not be open to the public and will use a controlled entry system. There will be no passing trade as patients cannot access the proposed pharmacy. The SOPs clearly state how any request for face to face services will be dealt with (SOP 3.2)

2.20 *Specific SOP points* (using same numbering as the letter of objection)

2.20.1 As with other businesses that communicate with customers via messaging apps, these messages are sent to patients via software on a computer system rather than from a phone. Messages are therefore recorded.

2.20.2 There is no requirement for the pharmacy to provide free postage for someone who wishes to register via post as sending a letter or form to a pharmacy is not an NHS service. Similarly, the pharmacy does not pay for a patient's telephone costs or their internet bill if they contact the pharmacy by phone or email.

2.20.3 Temple Bright refers to the application form and the services listed. This simply ignores the information provided in our letter of 3 October 2025 that clearly stated:

2.20.3.1 *Finally, as the ICB will be aware, changes to the relevant Regulations that were introduced after my client submitted their application mean that DSP now have to limit the services they provide to patients and cannot provide services from their premises. As a result, my client will only provide NMS and Pharmacy First as Advanced Services. My client listed Discharge Medicines Service in their initial application, however as this is an essential service there was no requirement to list it separately. My client no longer intends to provide COVID vaccinations, Flu vaccinations, Pharmacy Contraception Service or Smoking Cessation. In addition CPCS is no longer a standalone service.*

The change to services was properly notified in accordance with the undertaking provided by my client to notify the Commissioner within 7 days of any material changes to the information provided in the application that occur before the application is decided (Schedule 2, Part 1, para 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.)

2.20.4 The SOPs do not suggest that compliance with GPhC guidance is optional. Every pharmacy must operate in accordance with GPhC standards. The SOPs correctly show how the requirements of the Regulations will be met.

2.20.5 It is not clear what issue there is with the supply of valproate medicines SOP which was recently updated and reflects the most recent guidance.

2.20.6 We do not understand the comments relating to insulin prescriptions. The SOPs are clear on how discussions with patients will take place using non face to face contact and all pharmacies use a PMR system.

2.20.7 Electronic signatures can be used to sign forms that are on a website.

2.20.8 Temple Bright appears to have confused itself about delivery methods. Different methods are used depending on which is the most appropriate and the SOPs are clear about how deliveries are carried out. Mixing up different methods of delivery to attempt confusion is not a sensible objection.

2.20.9 No cold chain courier has been appointed as the pharmacy does not yet exist.

2.20.10 No controlled drugs courier has been appointed as the pharmacy does not yet exist

2.20.11 Temple Bright's confusion is caused by referring to a previous service description that is no longer relevant.

2.20.12 Courier identity checks use a standard form that is common across platforms and record ID and notify both the courier company and pharmacy of successful delivery and ID confirmation.

2.20.13 As per the point made already above, Temple Bright has ignored the information in our letter of 3 October 2025 that clarified my client's service provision after changes to the relevant Regulations were introduced.

2.21 Comments from other parties simply ask that the ICB applies the correct legal test when considering the application.

2.22 The information provided demonstrates how the legal test will be met in full and the application should therefore be approved.

2.23 We look forward to hearing from you in due course."

## 3 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 24 February 2026 states:

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

3.1 "Mid and South Essex ICB has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

3.2 You have a right of appeal to the Secretary of State against Mid and South Essex ICB's decision. Should you choose to appeal then you should either complete the online form available on the NHS Resolution website or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to nhsr.appeals@nhs.net or:

3.3 Primary Care Appeals, NHS Resolution, 8th Floor, 10 South Colonnade, Canary Wharf, London, E14 4PU"

Decision report

3.4 "Pharmaceutical Services Regulations Committee (hereafter referred to as "the Committee") considers all pharmaceutical services applications for the 6 Integrated Care Boards (ICB) within the East of England footprint. NHS Hertfordshire and West Essex ICB (HWE ICB) host the meeting on behalf of the 6 ICBs, in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended (hereafter referred to as "the Regulations").

3.5 **Application in respect of distance selling premises (DSP): Mr and Mrs Jadeja Ltd, Basement, 63-67 High Street, Rayleigh, Essex SS6 7SE.**

3.6 The Committee considered this excepted application in respect of a DSP, which is determined under the following Regulations:

3.7 **Regulation 31: Refusal: same or adjacent premises**.

3.8 The Committee noted that there is no person on the pharmaceutical list providing or undertaking to provide pharmaceutical services from or adjacent to the premises.

3.9 The Committee agreed it was not required to refuse the application under the provisions of Regulation 31.

3.10 **Regulation 25A: Transitional provision: distance selling premises applications for new inclusions made before 23rd June 2025**

3.11 The Committee noted that the application was made before 23rd June 2025.

3.12 **Regulation 25: Distance selling premises applications.**

3.13 **Regulation 25(2)(a)**

3.14 The Committee noted that where the application asks at section 6.1, "*In my/our view this application should not be refused pursuant to Regulation 25(2)(a) for the following reasons:"*, the applicant stated:

3.14.1 *"Application is not on the same site or in the same building as the premises of a provider of primary medical services with a patient list."*

3.15 The Committee noted that the premises in respect of which the application is made, is not on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

3.16 The Committee agreed it is not required to refuse the application under the provisions of Regulation 25(2)(a).

3.17 **Regulation 25(2)(b)**

3.18 The Committee considered the information which had been provided by the applicant in relation to its procedures for the provision of essential services, including any Standard Operating Procedures (SOPs) that it intends to use at the proposed pharmacy premises.

3.19 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, in a safe and effective way, across England, and without face-to-face contact.

3.20 As of June 2025, the Regulations were amended and therefore would also require the Committee to be satisfied that the pharmacy procedures are likely to secure the safe and effective provision of all pharmaceutical services (not just essential services) without face-to-face contact at the pharmacy premises.

3.21 The Committee considered the documents provided by the applicant, namely:

3.21.1 Application form for Distance Selling Pharmacy

3.21.2 SOPs – Mr and Mrs Jadeja Ltd rcvd 3.10.25

3.22 **Representations**

3.23 The Committee noted the full representations/comments made.

3.24 The Committee noted that the 45 day representation notification period was restarted due to Rushport Advisory LLP providing amended SOPs.

3.25 **1st 45 Days**

3.26 **Comms received from local Practice via North & South Essex Local Medical Committee**

3.27 A GP practice expressed concerns with regards to the potential lack of opportunities to build relationships with an ‘anonymous’ DSP service and the lack of engagement that DSPs have with local healthcare initiatives. The financial impact on local pharmacies, where a DSP is picking up ‘the easier and more lucrative part of pharmacy work,’ was also noted.

3.28 **North & South Essex Local Medical Committee**

3.29 The LMC sought assurance that NHS England (NHSE) will clarify that all provisions in Regulation 25 and 64 will be met prior to granting the application.

3.30 **Yardley Chemist**

3.31 Pharmacy Advice and Consultancy Services Ltd (PSC), acting on behalf of Yardley Chemist stated that the applicant did not appear to have provided a full set of SOPs and that there are many gaps in the supporting information provided. As a result, they believe that the applicant had failed to provide sufficient information to enable NHSE to be confident that the application meets the requirements of Regulation 25 and thus should be refused.

3.32 **Boots**

3.33 Boots UK Ltd requested that members of the deciding committee be satisfied that the application fully meets the criteria set out in Regulation 25, when determining this application.

3.34 **Audley Mills Ltd**

3.35 Temple Bright LLP, acting on behalf of Audley Mills Ltd, stated that the applicant has only provided a limited amount of information regarding its procedures e.g. lack of information on the provision of most of the essential and advanced services etc, but what there is constitutes "an offer to provide" to patients, which is a "*breach of regulation 64*".

3.36 **Unsolicited Representations – Sheevnali Ltd**

3.37 Sheevnali Ltd felt that the application fell short in a number of areas including compliance with DSP requirements, lack of detail on provision of services e.g. Smoking Cessation, unsafe working hours, insufficient information on delivery processes and no plan for remote provision of essential services.

3.38 **Response to Representations – 1st 14 Days**

3.39 Rushport Advisory, acting on behalf of the applicant, stated that additional SOPs have been provided in response to comments raised by the Interested Parties. The consultation room provides an area for "*private video and phone calls with patients*." Additionally, the client will now only be providing "*NMS and Pharmacy first as Advanced Services."* With regards to Essential Services, the applicant will now not be providing "*COVID vaccinations, Flu vaccinations, Pharmacy Contraception Service or Smoking Cessation"* and "CPCS will no longer be a standalone service."

3.40 **2nd 45 Days**

3.41 **Audley Mills Ltd**

3.42 Temple Bright LLP, acting on behalf of Audley Mills Ltd, stated that when asked by NHSE to explain how it would meet the regulatory changes introduced in June 2025 relating to Advances Services, the applicant instead "*submitted a 'whole new set of Standard Operating Procedures which cover the entire operation of the pharmacy"* and thus resulted in two sets of conflicting information.

3.43 Temple Bright LLP also provided 13 examples of where it believes the new SOPs fail to satisfy regulatory requirements, such as patient confidentiality during text messaging, information re the supply of Valproate medicines is "*insufficient to ensure compliance with the relevant guidance"* and lack of detail around delivery and returns of medication.

3.44 **LMC**

3.45 The LMC reiterated that NHSE ensures that the application meets the regulatory requirements in respect of additional and enhanced services as amended on 1st October 2025

3.46 **Boots**

3.47 Resubmission of original letter

3.48 **Response to Representations – 2nd 14 Days**

3.49 Rushport Advisory, acting on behalf of the applicant, noted that some of Temple Brights' main comments, on behalf of Audley Mills Ltd, related to the new submission of SOPs on 3rd October 2025, but stated that these supersede the original information, so there was no need to compare the two. Other points included that texts are sent via a computer system and thus recorded, that the valproate medicines SOP "*was recently updated and reflects the most recent guidance"* and that an explanation where lack of detail around deliveries and returns were raised has been provided.

3.50 **North & South Essex Local Medical Committee**

3.51 No further comments.

3.52 The Committee considered each essential service in paragraphs 3 to 28C of schedule 4 of the Regulations ("Terms of Service") as this is the approach of NHS Resolution.

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

3.53.1 Dispensing of drugs and appliances

3.53.2 Urgent supply without a prescription

3.53.3 Preliminary matters before providing ordered drugs or appliances

3.53.4 Providing ordered drugs or appliances

3.53.5 Refusal to provide drugs or appliances ordered

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

3.53.7 Disposal service in respect of unwanted drugs

3.53.8 Promotion of healthy lifestyles

3.53.9 Prescription linked intervention

3.53.10 Health Campaigns

3.53.11 Signposting

3.53.12 Support for self-care

3.53.13 Discharge Medicine Service

3.53.14 Websites and health promotion zones

3.54 **Dispensing of drugs and appliances**

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

3.56 **Presentation of Non-Electronic Prescriptions:**

3.57 Patients who wish to send paper prescriptions by post are supported:

3.57.1 *"Patients who wish to send paper prescriptions to the pharmacy by post should be sent stamped addressed envelopes to enable them to do so."* (Page 18).

3.58 On receipt:

3.58.1 *"Check all prescriptions received in the post against printed and written prescription reception forms. Check the corresponding prescription has been received in the post and match with the received and printed order by confirming the unique voucher number, patient name, address and DOB."* (Page 26)

3.59 **Verification and Legal Checks:**

3.59.1 *"Check the patient's details on the prescription. They must include: Full name, Address including postcode, Date of birth."* (Page 27)

3.59.2 *"Check the prescriber has signed the prescription and it is in date."* (Page 27).

3.60 **Provision of Products (Order Delivery):**

3.61 Once validated, items are processed and dispatched with delivery following the *Order Delivery SOP* ensuring secure packaging and audit trail (Page 84-88).

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

3.63 **Urgent supply without a prescription**

3.64 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

3.65 The SOP provided a process for urgent supply at the request of a prescriber, ensuring safety and compliance:

3.65.1 **Emergency Supply and Urgent Supply:**

3.65.2 *"The following conditions must apply to the request made by a prescriber:*

3.65.3 ***Prescriber** – The Pharmacist must be satisfied that the request is from the appropriate authorised prescriber… The RP should still carry out appropriate checks on professional registers in order to satisfy themselves that the request is a legitimate one."* (Page 77)

3.65.3.1"***Emergency** – The Pharmacist is satisfied that a prescription cannot be supplied immediately due to an emergency.*" (Page 77)

3.65.3.2"***Prescription** – The Prescriber agrees to provide a written prescription within 72 hours.*" (Page 77)

3.65.3.3"***Directions** – The medication is supplied in accordance with the prescriber's directions.*" (Page 77)

3.65.3.4"***Controlled Drugs** – An emergency supply cannot be provided for a Schedule 1, 2 or 3 CD except Phenobarbital for epilepsy by a UK registered prescriber.*" (Page 77)

3.65.4 **Record-Keeping Requirements:**

3.65.5 *"An entry must be made in the POM register on the day of supply with the following details:*

3.65.5.1 *The date the supply was made.*

3.65.5.2*The name, quantity, strength and form of the medicine.*

3.65.5.3*The name and address of the prescriber requesting the emergency supply.*

3.65.5.4*The name and address of the patient for whom the medication is supplied.*

3.65.5.5*The date on the prescription.*

3.65.5.6*The date on which the prescription is received in the Pharmacy.*

3.65.5.7*The amount charged to the patient, if required.*

3.65.5.8 *The nature of the emergency (i.e. the reason for request).”* (Page 77)

3.65.6 **Additional Safeguards:**

3.65.7 The SOP requires checks against professional registers, confirmation of prescriber legitimacy, and adherence to legal restrictions on controlled drugs

3.66 **Summary**

3.67 The applicant had explained a structured process for urgent supply requests from prescribers, including verification of prescriber identity, confirmation of emergency circumstances, requirement for a written prescription within 72 hours, compliance with legal restrictions, and detailed record-keeping.

3.68 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 6 of Schedule 4.

3.69 **Preliminary matters before providing ordered drugs or appliances**

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

3.71 The SOP sets out a structured approach to verifying and recording exemption status:

3.71.1 **Objective and Evidence Collection:**

3.71.2 *“Prescription charge exemption is verified with scanned/posted evidence and records maintained.”* (Page 26

3.71.3 **Recording Exemption Status:**

3.71.4 *“If the prescription charge exemption status is known then this should be entered accurately at the time of dispensing.”* (Page 68)

3.71.4.1 The exemption status is recorded in the PMR system during dispensing, ensuring accurate claims and compliance with NHS requirements.

3.71.5 **Process for Missing or Doubtful Evidence:**

3.71.5.1 If evidence is missing or unclear, the SOP requires contacting the patient to request the missing information. Where evidence cannot be confirmed, the *“Evidence not seen”* box on the prescription is marked (as per NHS guidance referenced elsewhere in the SOP).

3.71.6 **Risk Management:**

3.71.7 *"Known Risks – Exemption details are not accurate."* (Page 26)

3.71.7.1 The SOP identifies inaccurate exemption details as a risk and mitigates this through verification and record-keeping.

3.72 **Summary**

3.73 The applicant had explained that exemption evidence would be sought via scanned or posted documents, verified by pharmacy staff, and recorded in the PMR system. If evidence is missing or doubtful, the SOP outlined steps to contact the patient and mark prescriptions appropriately.

3.74 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 7(3) of Schedule 4.

3.75 **Providing ordered drugs or appliances**

3.76 The Committee considered whether the applicant had explained how drugs/appliances would 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).

3.77 **Cold Chain Maintenance**

3.77.1 The SOP specified that all cold chain deliveries must use approved couriers with validated procedures:

3.77.2 *"All cold chain deliveries must be carried out by couriers with verified and approved cold chain procedures… Each approved courier meets stringent criteria to ensure a fully monitored and dedicated cold chain service."* (Page 107)

3.77.3 Packaging and temperature control requirements:

3.77.4 *"Specialist cold chain courier service will ensure the integrity of the cold chain and the maximum stability of thermo-labile drugs by packing, transporting and delivering in such a way that their integrity, quality and effectiveness are always preserved."* (Page 107)

3.77.5 Breach protocol:

3.77.6 *"Any breach of cold chain conditions will be notified to the driver and any affected delivery will be cancelled with the pharmacy informed of the cold chain breach."* (Page 107

3.78 **Compliance with Misuse of Drugs Regulations (Regulations 14 and 16)**

3.78.1 Controlled Drugs handling was detailed under a separate section for receipt, storage, dispensing, and delivery:

3.78.2 **Receipt and Storage:**

3.78.3 *"Items subject to Safe Custody Regulations must be stored in the CD cabinet immediately — this includes ALL Schedule 2 CDs and certain Schedule 3 CDs."* (Page 93)

3.78.4 **Dispensing:**

3.78.5 *"Confirm the prescription is legally correct and on the correct type of prescription form… Make an entry in the CD register as soon as possible when issuing to a delivery driver."* (Pages 96–98

3.78.6 **Delivery:**

3.78.7 *"A robust audit trail is essential when controlled drugs are involved… The delivery driver/courier must check the identity of the person accepting the delivery to ensure that it is the patient or authorised representative."* (Page 79)

3.78.8 The SOP also addressed record-keeping and security:

3.78.9 *"All entries in the CD register must be made when the medication leaves the pharmacy premises. The delivery driver/courier must be entered as the 'person collecting'."* (Page 99)

3.79 **Summary**

3.80 The applicant had explained procedures for:

3.80.1 Maintaining cold chain integrity through specialist couriers, monitored temperature control, and breach protocols.

3.80.2 Meeting Misuse of Drugs Regulations requirements via secure storage, legal checks, CD register entries, and strict delivery verification processes.

3.81 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance to this regard.

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

3.83 The Committee considered whether the applicant had satisfied the test that when dispensing a repeatable prescription other than on the first occasion, that the patient is still using the medication, is not suffering from any side effects, the medicine regime has not changed in any way and there has been no changes to the patient's health, which may indicate the desirability of reviewing the patients treatment

3.84 The SOP sets out checks and actions the pharmacist must take before issuing a repeat supply:

3.84.1 **Verification Steps Before Dispensing:**

3.84.2 *"The pharmacist should telephone and speak with the patient before issuing a repeat and ensure:*

3.84.3 *They are taking or using, and likely to continue to take or use the medicine or appliances appropriately*

3.84.4 *Advise the patient that they should only order items that they need*

3.84.5 *Check that the patient is not suffering any side effects which may suggest they need a review of their medication*

3.84.6 *Check that the patient's regimen has not been changed since the prescriber authorised the repeatable medication.*

3.84.7 *Check that there has not been any change to the patient's health since prescription was authorised*

3.84.8 *Provide advice and encourage patients with long term, stable medical conditions to discuss repeat dispensing of their medicine with their prescriber."* (Pages 146–147)

3.84.9 **Clinical Judgment and Record-Keeping:**

3.84.10*"Any interventions, referrals (to the patient's GP or otherwise) or refusal to supply decisions which are deemed to be clinically significant should be recorded on the Intervention and Referral Form which must be shared with the patient's GP."* (Page 147)

3.84.11 **Professional Oversight:**

3.84.12The SOP emphasised that, *"The pharmacist must be satisfied that the supply of medicines is clinically appropriate."* (Page 147)

3.85 **Summary**

3.86 The applicant had explained the process for ensuring that, before dispensing a repeatable prescription after the first occasion, the pharmacist will confirm continued use, check for side effects, verify no changes in regimen or health status, and record any interventions or referrals.

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

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

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

3.90 The SOP sets out requirements for advising patients:

3.90.1 **Advice Obligation:**

3.90.2 *"Appropriate advice about the benefits of repeat dispensing must be given to any patient who: • has a long term, stable medical condition (that is, a medical condition that is unlikely to change in the short to medium term); and, • requires regular medicine in respect of that medical condition, including, where appropriate, advice that encourages the patient to discuss repeat dispensing of that medicine with a prescriber at the provider of primary medical services whose patient list the patient is on."* (Page 146)

3.90.3 **Method of Providing Advice:**

3.90.4 *"Such advice will be provided by the Pharmacy using its permissible methods of non face-to-face contact with patients."* (Page 146)

3.90.5 **Supporting Information:**

3.90.6 *"On receipt of a repeatable prescription from the patient, either in the post or collected from the surgery for the first time, the pharmacy staff should ensure that the patient fully understands the Repeat Dispensing Process and is provided with a patient information leaflet that outlines the benefits of the service."* (Page 146)

3.90.7 **Additional Checks and Records:**

3.90.8 The SOP requires confirming the patient's condition, explaining the scheme, and recording details on the pharmacy record card for audit and continuity.

3.91 **Summary**

3.92 The applicant had explained that advice about repeat dispensing will be given to eligible patients using non-face-to-face methods (e.g., phone, written information). Patients will receive a leaflet outlining benefits, and staff will confirm suitability and record relevant details.

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

3.94 **Disposal service in respect of unwanted drugs**

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

3.95.1 **Patient Returns – Acceptance Process**

3.95.2 *"Patients or their representatives MAY NOT return medicines directly to the pharmacy and must follow the procedures set out in this SOP."*

3.95.3 *"To arrange sending medication back to the Pharmacy the patient must telephone and speak to a member of the dispensary team."*

3.95.4 Options for return:

3.95.5 *"Patients may:*

3.95.5.1 *Arrange collection by the Pharmacy driver at an appointed time, or*

3.95.5.2 *Send unwanted medication back to the Pharmacy via courier (at the pharmacy's cost), or Royal Mail (subject to risk assessment of contents by the RP in advance), or*

3.95.5.3 *The Pharmacy can arrange for medication to be collected by our specialist waste management contractor."* (Page 85)

3.95.6 **Safety Measures**

3.95.7 *"Advise patient of their other options to dispose of unwanted or expired medication if none of these options is suitable for them (signposting to local pharmacies)."*

3.95.8 *"Check which patient or patients the medication belonged to. Check the relevant PMR to identify any hazardous/dangerous drugs or items that have been dispensed and could potentially form part of the return."*

3.95.9 *"If there is any item considered dangerous, such as a cytotoxic, inform the patient that we will collect items using the specialist waste management contractor and arrange for that collection to take place at a convenient time."* (Page 105-106)

3.95.10 **Disposal Process**

3.95.11 *"Use the specialist waste management company to provide safe and secure disposal of unwanted medicines by collection of unwanted medicines from patients and residential homes."*

3.95.12 *"Unwanted medicines collected by the driver must be sorted and placed in disposal units/containers provided by the NHSCB or a waste contractor retained by the NHSCB ready for waste management services to collect."*

3.95.13 Hazardous and controlled drugs:

3.95.13.1 *"Hazardous medicines… must be handled with care and separated for disposal."*

3.95.13.2 *"Refer to SOP Controlled Drugs: Disposal of Patient Returns."* (Page 108-109)

3.96 **Summary**

3.97 The applicant had explained a comprehensive process for accepting and disposing of unwanted medicines, including:

3.97.1 Controlled access (no direct returns to premises).

3.97.2 Pre-arranged collection or postal return with risk assessment.

3.97.3 Specialist handling for hazardous items and controlled drugs.

3.97.4 Use of licensed waste management contractors and compliance with NHS England's requirements.

3.98 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 13 - 15 of Schedule 4.

3.99 **Promotion of healthy lifestyles**

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

3.100.1 **Objectives and Scope**

3.100.2 *"Implementing this SOP will ensure:*

3.100.2.1 *Ensure Services are provided without face to face contact between pharmacy staff and the patient or their representative.*

3.100.2.2 *Increased patient and public knowledge and understanding of key healthy lifestyle and public health messages.*

3.100.2.3 *Opportunistic provision of health promotion advice to encourage patients to take action to improve their health."* (Page 111)

3.100.3 **Methods of Delivery**

3.100.4 *"Leaflets will be delivered to patients with their medication. Those identified as having medical conditions such as diabetes, coronary heart disease, COPD, Asthma, high blood pressure, smokers, overweight individuals, etc. or being at risk from them or other conditions will also receive targeted campaigns."* (Page 116)

3.100.5 *"The website, app and email newsletters will also be used to promote healthy lifestyles via the health promotion zone."* (Page 116)

3.100.6 *"Health promotion zone on our website… signposted to a range of up-to-date materials that promote healthy lifestyles… includes details of current health campaigns and other information to promote healthy lifestyle choices."* (Page 113)

3.100.7 **Patient Identification**

3.100.8 *"Identification can take three forms, namely, passive, active, or as part of the repeat (or normal) dispensing process."* (Page 112)

3.100.9 *"All patients who have prescriptions dispensed or purchase medicines from the pharmacy will be asked to fill in the Lifestyle Questionnaire which will ask for details such as existing medical conditions, height, weight and also lifestyle questions such as whether a patient is a smoker and how much exercise they normally have on a weekly basis."* (Page 117)

3.100.10 **Community Engagement**

3.100.11 *"The pharmacy will also take part in at least one approved community engagement exercise in relation to the promotion of health living each financial year."* (Page 116)

3.101 **Summary**

3.102 The applicant had explained a multi-channel approach to promoting healthy lifestyles, including:

3.102.1 Opportunistic advice during interactions.

3.102.2 Targeted campaigns via leaflets, website, app, and email.

3.102.3 Use of lifestyle questionnaires to identify patients needing support.

3.102.4 Participation in national/local health campaigns and community engagement exercises.

3.102.5 Delivery of services without face-to-face contact, ensuring compliance with distance selling requirements.

3.103 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 16 – 18 of Schedule 4.

3.104 **Prescription linked intervention**

3.105 The Committee considered whether the applicant has 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.

3.105.1 **Specific Patient Groups for Intervention:**

3.105.2 *"For specific groups of patients (those with diabetes, at risk of coronary heart disease, especially those with high blood pressure, and patients who smoke or who are overweight) the pharmacists must provide advice without face-to-face interaction (eg telephone, Live video, via the website). Such advice should be backed up, as appropriate, by the provision of written material such as leaflets."* (Page 117)

3.105.3 **Identification Methods:**

3.105.4 *"Identification can take three forms, namely, passive, active, or as part of the repeat (or normal) dispensing process."*

3.105.5 **Active patients:**

3.105.6 *"Active patients will be those who have chosen to access the Lifestyle Questionnaires via the website or returned them by post and who are then identified from the results as patients to whom further information should be sent, or who should be called to follow up on the results and offer additional support and information."*

3.105.7 **Passive patients:**

3.105.8 *"Passive patients are those where the identification happens as part of another interaction with the patient, but where the patient does not appear to be actively seeking additional assistance. For example, the dispensing of a prescription which identifies the patient as having high blood pressure / diabetes etc."* (Page 118)

3.105.9 **Recording and Follow-Up:**

3.105.10 *"As part of repeat dispensing process (or during any other interaction with a patient) staff should record the information provided by patients on the PMR system. Where a patient provides information that indicates that they would benefit from promotion of healthy lifestyles they should be recorded as a 'target patient' and the appropriate information that is relevant to them should be provided."* (Page 118)

3.105.11 **Supporting Materials and Campaigns:**

3.105.12 *"Leaflets will be delivered to patients with their medication. Those identified as having medical conditions such as diabetes, coronary heart disease, COPD, Asthma, high blood pressure, smokers, overweight individuals, etc. or being at risk from them or other conditions will also receive targeted campaigns."* (Page 118)

3.106 **Summary**

3.107 The applicant had explained a structured approach to identifying patients who may need prescription-linked intervention advice through active (questionnaires), passive (prescription review), and repeat dispensing processes. Advice will be provided remotely (phone, video, website) and supported by written materials and targeted campaigns. Records of interventions will be maintained in the PMR system for continuity and audit.

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

3.109 **Public health campaigns**

3.110 The Committee considered whether the applicant has explained how it will safely and effectively participate in public health campaigns, if and to the extent required by NHSE:

3.110.1 **Commitment to Campaigns:**

3.110.2 *"Terms of Service require participation in up to 6 campaigns per financial year, but you should agree to take part in all campaigns where practicable."* (Page 116)

3.110.3 **Method of Participation:**

3.110.4 *"The Pharmacy will take part in national health campaigns to promote public health messages to patients across England. This will be achieved by sending out leaflets with prescriptions during specific targeted campaign periods and providing additional advice and learning resources via the website on the health promotion zone."* (Page 116)

3.110.5 **Community Engagement:**

3.110.6 *"The pharmacy will also take part in at least one approved community engagement exercise in relation to the promotion of health living each financial year."* (Page 116)

3.110.7 **Safe Delivery and Confidentiality:**

3.110.8 *"Patients will be directed to the learning resources via email, text and other non face-to-face communication so that they are aware of the campaign."* (Page 116)

3.110.9 **Integration with Dispensing:**

3.110.10 *"Leaflets will be delivered to patients with their medication… The website, app and email newsletters will also be used to promote healthy lifestyles."* (Page 118)

3.111 **Summary**

3.112 The applicant had explained that it would participate in NHSE's required public health campaigns by:

3.112.1 Distributing campaign materials with prescription deliveries.

3.112.2 Using digital channels (website, email, text) for safe, non-face-to-face communication.

3.112.3 Maintaining confidentiality and compliance with distance selling requirements.

3.112.4 Engaging in at least one community health promotion exercise annually.

3.113 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 18 of Schedule 4.

3.114 **Signposting**

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

3.115.1 **Purpose of Signposting**:

3.115.2 *"To minimise inappropriate use of health and social care services and support services, patients who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person must be given sufficient information to enable them to access those services. Where appropriate, this may take the form of a referral."* (Page 113)

3.115.3 **Aims and Outcomes:**

3.115.4 *"To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations. To enable people to contact and/or access further care and support appropriate to their needs."* (Page 113)

3.115.5 **Identification and Referral Process:**

3.115.6 *"Staff should always consider that in order to minimise inappropriate use of health and social care services and of support services any person who requires advice, treatment or support that we cannot provide; but we are aware of another provider of health services who is likely to be able to provide that advice, treatment or support. We must provide the patient with contact details of that provider and, where appropriate, refer the person to the provider. At least two providers should be identified if this is possible."* (Page 113

3.115.7 **Special Cases:**

3.115.8 *"Where a prescription is received for an appliance or stoma appliance customisation or any item that requires measuring or fitting the patient must be contacted and informed that these items are not available from this pharmacy as we do not provide a measuring and fitting service. Patients must be signposted to at least two other providers of the service in their area."* (Page 114)

3.116 **Summary**

3.117 The applicant had explained that signposting will be carried out by:

3.117.1 Identifying patients who need services the pharmacy cannot provide.

3.117.2 Giving sufficient information and contact details for at least two alternative providers.

3.117.3 Making referrals where appropriate.

3.117.4 Ensuring this process is documented and delivered via non-face-to-face methods, in line with distance selling requirements

3.118 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 19 – 20 of Schedule 4.

3.119 **Support for self-care**

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

3.120.1 **Commitment to Supporting Carers:**

3.120.2 *"The service allows and requires the pharmacy to help not only the patient directly, but also (within the bounds of confidentiality) their carers and also provide them with assistance and support."* (Discharge Medicines Service context – Page 119)

3.120.3 **Scope of Self-Care Support (Page 111-113):**

3.120.4 The SOP included guidance for providing advice to patients and carers to enable them to manage minor illnesses and long-term conditions safely at home. This included:

3.120.4.1 Offering advice on medicine use.

3.120.4.2 Providing written materials (leaflets) and directing carers to online resources.

3.120.4.3 Using non-face-to-face methods (telephone, video, email) to maintain confidentiality and comply with distance selling requirements.

3.120.5 **Practical Support for Carers:**

3.120.6 The SOP highlighted that carers may need help interpreting medication instructions and understanding treatment plans. Pharmacy staff will be instructed to:

3.120.6.1 Confirm consent before sharing information.

3.120.6.2 Offer tailored advice based on the patient's needs.

3.120.6.3 Signpost carers to other health and social care providers when additional support is required.

3.121 **Summary**

3.122 The applicant had explained that advice and support for self-care would be provided remotely and safely, including to carers, through:

3.122.1 Confidential communication channels.

3.122.2 Written and digital resources.

3.122.3 Active engagement in medication reviews and health promotion.

3.122.4 Signposting to other providers where necessary.

3.123 Based on the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 21 – 22 of Schedule 4.

3.124 **Discharge Medicine Service (DMS)**

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

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

3.126.1 **Provision of Advice, Assistance and Support**

3.126.2 *"Under the DMS the pharmacy must provide assistance and support to, and in respect of, an NHS patient (a) recently discharged from hospital who is referred to the pharmacy 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 the pharmacy 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."* (Page 119).

3.126.3 The SOP confirmed that the service covers patients and their carers, with advice provided remotely (phone or video) to maintain confidentiality and compliance with distance selling requirements.

3.126.4 *"Arrange a live video call or audio call with the patient (or where appropriate and bearing in mind the duty of confidentiality their carer) to: • Assess the patient/carer understanding of the medicines that the patient should be taking • Explain any changes to the medication regimen • Offer advice and support, including for high-risk medicines, side effects, and use of medication apps."* (Pages 121–122).

3.126.5 **Procedures for Checking Referrals**

3.126.6 *"Every day the RP must check the pharmacy's NHS mail system, PharmOutcomes and Refer to Pharmacy for referrals to the DMS. Pharmacy contractors must consider any communication in the following form and manner as constituting a referral: 'Any written patient information received by a community pharmacy via secure electronic message from an NHS trust or other provider of NHS services concerning a patient's discharge to usual primary care services and their medicines regimen'."* (Page 119).

3.126.7 The SOP also detailed:

3.126.7.1 Verification of referral details against the patient's Summary Care Record.

3.126.7.2 Recording actions and maintaining an audit trail for all stages of the service.

3.126.7.3 Structured process across three stages: Stage 1: Clinical review of discharge referral. Stage 2: Review of first prescription post-discharge. Stage 3: Patient/carer engagement to confirm understanding and adherence.

3.127 **Summary**

3.128 The applicant had explained a comprehensive process for delivering the DMS, including:

3.128.1 Daily checks for referrals via secure NHS systems.

3.128.2 Verification against Summary Care Records.

3.128.3 Remote consultations with patients/carers to provide advice and support.

3.128.4 Detailed guidance for explaining medication changes, managing high-risk medicines, and ensuring continuity of care.

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

3.130 **Websites and health promotion zones**

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

3.132 The SOP confirmed that the pharmacy will operate a Health Promotion Zone on its website:

3.132.1 *"The website, app and email newsletters will also be used to promote healthy lifestyles."* (Page 118)

3.132.2 *"The interactive page is promoted on the website so that when a patient first visits the website they are signposted to a range of up to date materials that promote healthy lifestyles.*" (Page 113)

3.133 The SOP also stated that the website will:

3.133.1 Include targeted campaigns for patients with conditions such as diabetes, coronary heart disease, COPD, asthma, high blood pressure, and lifestyle risks (e.g., smoking, obesity).

3.133.2 Clearly promote the interactive health promotion page when users first access the site.

3.133.3 Use digital channels (website, app, email newsletters) to ensure safe, non-face-to-face delivery of health information.

3.134 **Summary**

3.135 The applicant had explained that its website will feature an interactive health promotion zone, prominently signposted to users, offering a wide range of current materials on healthy lifestyles and public health issues. This will be supported by targeted campaigns and digital engagement tools to ensure accessibility and compliance with NHS requirements.

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

3.137 **Advanced and Enhanced Services**

3.138 The Committee considered any advanced or enhanced services proposed to being undertaken. These were:

3.138.1 New Medicine Service

3.138.2 Pharmacy First

3.139 <u>New Medicine Service</u>

3.140 The Committee paid particular attention to the following aspects taken from the service specification, which are considered more difficult to provide without face-to-face contact in a distance selling context.

3.141 **5.2 How will the applicant gain the patient's informed verbal consent prior to providing the service?**

3.141.1 *"Prior to provision of the service, informed verbal consent (phone call or video call) must be sought from the patient and recorded in the pharmacy's clinical record for the service."* (Page 34).

3.142 **5.2 How will the applicant advise the patient of the following information sharing that may take place?**

3.142.1 The sharing of information between the pharmacy and the patient's general practice will be provided, if needed, to enable the provision of appropriate care; and

3.142.2 The sharing of information about the service with NHS England as part of service monitoring; and

3.142.3 The sharing of information about the service with NHS England and the NHSBSA as part of post-payment verification.

3.143 The Committee noted the applicant had provided the same wording as above within the NMS SOP.

3.144 **5.3 Where consent cannot be given by the person themselves, how will the applicant gain informed verbal consent from that person's carer or parent/guardian?**

3.144.1 In the first section of the NMS SOP, under "Objective," the applicant states:

3.144.1.1 *"help patients and carers manage newly prescribed medicines for an LTC, supporting patients to make shared decisions about their LTC"*

3.145 The Committee noted that although the SOP does not explicitly detail how the applicant will obtain informed verbal consent from the patient's carer or guardians, carers are mentioned in the objective of the SOP as shown above. The structure may imply that consent would be obtained from an authorised representative and would be through phone or video call.

3.146 **5.4 If the patient is not registered with a GP practice, how will the applicant recommend registration and advise how to do this?**

3.146.1 The Committee noted, the SOP did not explicitly cover this scenario.

3.147 **5.5 How will the applicant gain the patient's consent to check the national care record and/or locally available clinical records?**

3.147.1 *"Reconfirm patient consent to information sharing and to the NMS service."* (Page 35)

3.148 The Committee noted that while the Summary Care Record (SCR) access is implied as part of clinical checks on page 34, explicit mention of SCR consent was not detailed in the SOP.

3.149 **5.6 How will the applicant provide opportunistic advice on healthy living/public health topics and signpost further support?**

3.149.1 *"At this stage the pharmacist should also, if appropriate, offer the patient opportunistic advice on healthy living / public health topics in line with the promotion of healthy lifestyles essential service."* (Page 36) *"At this stage the pharmacist should also, if appropriate, offer the patient opportunistic advice on healthy living / public health topics in line with the promotion of healthy lifestyles essential service."* (Page 37).

3.150 **5.10 How will the applicant agree the method and date of each consultation with the patient?**

3.150.1 *"The pharmacy and patient will agree a method (phone or video call) and time for the service, typically between seven and fourteen days after patient engagement and dispensing of the new medicine."* (Page 34).

3.151 **5.12 How will patients be recruited to the service?**

3.151.1 *"Patients may be referred to the pharmacy for this service by • a prescriber (primary / secondary care) • If prescriptions are received by post the patient may be identified as suitable for the service • If prescriptions are received by EPS the patient may be identified as suitable for the service."* (Page 32).

3.152 **5.16 How will patients be given information on the service at the engagement stage?**

3.152.1 *"Provide the patient with information on the service (for example, this could be verbally over the phone, via a leaflet emailed to the patient or directing the patient to a web link where the patient can access information online)." (Page 33).*

3.153 **5.17 How will the consultations be held?**

3.153.1 *"All stages of the NMS consultation must be undertaken by telephone or video consultation."* (Page 33).

3.154 In conclusion, the Committee agreed that the applicant had not satisfied Regulation 25(2)(b)(ii) around securing –

3.154.1 *"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."*

3.155 <u>Pharmacy First</u>

3.156 **Has the applicant provided information on the arrangements it will put in place at the proposed premises which enable staff to communicate confidentially with the person receiving the service by telephone or another live audio link or a live video link?**

3.157 In their first 14 day response letter Rushport Advisory, acting on behalf of the client states "…*the consultation room, this is a requirement for DSPs so that they can provide private video and phone calls with patients.*" In addition, confidentiality protocols are detailed in the "*Contacting Patients by Phone/Video Call or E-mail – Identity Checks SOP*" (Page 22).

3.158 **How will the applicant interview a patient requesting the urgent supply of repeat medicines?**

3.159 This is covered by the "*Contacting Patients by Phone/Video Call or E-mail – Identity Checks SOP*" (Page 22).

3.160 **How will the applicant ensure prompt delivery of an urgent supply of repeat medicines?**

3.161 Under the Pharmacy First section of the SOP, it lists the process for Referrals For Urgent Repeat Medicines Supply (Page 44). This includes the need to *"Confirm delivery time with the patient. Ensure this delivery time still meets the need for the emergency supply."*

3.162 **Where appropriate, how will the applicant advise the patient or their representative on the importance of ordering prescriptions in a timely manner from their practice, thereby preventing the future need for emergency supplies?**

3.163 The Committee noted, the SOP did not explicitly cover this scenario.

3.164 **How will the applicant agree the date and time of a consultation following referral of a patient for low acuity, minor illnesses?**

3.165 "*Following referral, the referring organisation will advise the patients to call the pharmacy's telephone number within 30 minutes." If no electronic referral message has been received, contact the referring organisation to confirm whether a referral has been made and, where appropriate, to confirm the patient's NHS number and GP details and to request that the electronic referral message is resent. Where a contractor has received a referral but has not been contacted by the patient within 30 minutes of the referral, the pharmacist should consider whether they should contact the patient using the contact details set out in the referral message."* (Page 43).

3.166 **How will the applicant agree the date and time of a clinical pathway consultation?**

3.167 "*Following referral, the referring organisation will advise the patients to call the pharmacy's telephone number within 30 minutes." If no electronic referral message has been received, contact the referring organisation to confirm whether a referral has been made and, where appropriate, to confirm the patient's NHS number and GP details and to request that the electronic referral message is resent. Where a contractor has received a referral but has not been contacted by the patient within 30 minutes of the referral, the pharmacist should consider whether they should contact the patient using the contact details set out in the referral message."* (Page 43).

3.168 **How will the applicant advise the patient of the following information sharing that will take place?**

3.168.1 **The sharing of information about the service with NHS England as part of service monitoring; and**

3.168.2 **The sharing of information about the service with NHS England and the NHSBSA for the purpose of contract management and as part of post-payment verification.**

3.169 *"The patient must be advised of the following information sharing that will take place: The sharing of information about the service with NHS England as part of the service monitoring and evaluation; and The sharing of information about the service with the NHSBSA and NHS England for the purpose of contract management and as part of post-payment verification (PPV)." (Page 41).*

3.170 **In respect of all elements of the service, how will the applicant gain the patient's verbal consent to receive the service?**

3.171 "*Verbal consent to receive the service must be sought from the patient and recorded in the pharmacy's clinical record for the service."* (Page 41).

3.172 **In respect of all elements of the service, how will the applicant gain the patient's consent to access their GP record, national care record, or an alternative clinical record?**

3.173 "access patient's records on the National Care Record Service (NCRS) to confirm their previous prescription history. [obtain patient consent]" (Page 44).

3.174 "Obtain patient consent to access records such as NCRS" (Page 46).

3.175 "Obtain patient consent to access records such as NCRS or PMR as appropriate to inform the consultation" (Page 47)

3.176 In conclusion, the Committee agreed that the applicant had not satisfied Regulation 25(2)(b)(ii) around securing –

3.176.1 *"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."*

3.177 **Regulation 66 - Conditions relating to providing directed services**

3.178 The Committee noted that Regulation 66 was to be considered if the application were granted.

3.179 The applicant has listed the following services within the application form.

3.179.1 New Medicines Service (NMS)

3.179.2 Pharmacy First

3.180 The Committee noted that Regulation 66(4) applied and the inclusion of the applicant and the pharmacy premises on the pharmaceutical list for the area of Essex Health and Wellbeing Board would be subject to the condition set out in Regulation 66(5).

3.181 The Committee noted that the services listed were advanced services. The Committee considered whether or not to specify a date by which the condition to provide these services would take effect if the application were granted.

3.182 **Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS England/the ICB's Public Sector Equality Duty. Consider impact of decision on NHS England/the ICB's duty on health inequality.**

3.183 The Committee agreed this would not be affected if granting this application.

3.184 **Decision**

3.185 The Committee refused the application from Mr and Mrs Jadeja Ltd as not all the requirements set out in Regulation 25 had been met:

3.185.1 The Committee was not required to refuse the application under the provisions of Regulation 31 as the proposed premises are not adjacent to or in close proximity to other chemist premises.

3.185.2 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.

3.185.3 The Committee was satisfied that all essential services are likely to be secured without interruption during the opening hours.

3.185.4 The Committee was satisfied that all essential services are likely to be secured for persons anywhere in England.

3.185.5 The Committee was not satisfied that all pharmaceutical services are likely to be secured in a safe and effective manner as not all aspects of the NMS and Pharmacy First service specifications had been covered.

3.185.6 The Committee was satisfied that all pharmaceutical services are likely to be secured without face-to-face contact.

3.186 The Committee agreed that Mr and Mrs Jadeja Ltd, Basement, 63-67 High Street, Rayleigh, Essex SS6 7SE has the right of appeal."

## 4 The Appeal

In a letter dated 2 March 2026, Rushport Advisory LLP, on behalf of the Applicant, appealed against the Commissioner's decision. The grounds of appeal are:

4.1 "I act for Mr and Mrs Jadeja Limited and have been instructed by my client to submit this appeal against the attached decision of the Commissioner to refuse the above application.

4.2 The Commissioner refused my client's application on what we respectfully suggest were very minor grounds that did not justify refusal. For example, not having a process to tell patients who wanted to access the New Medicines Service but did not have an NHS prescription that they should register with an NHS GP and not having specific requirements to access the SCR (which was dealt with in SOP 3).

4.3 Despite this my client is always happy to improve SOPs in any way to avoid confusion and has therefore instructed me to submit the attached updated version of their SOPs which replace any previous version. The SOPs deal with all points identified by the Commissioner for refusing the application and incorporate a number of other best practice changes.

4.4 Since my client submitted its application, it has prepared a floor plan and for the sake of completeness this is attached along with this appeal.

4.5 We submit that the information provided with this appeal satisfies the legal test in full and the appeal should be allowed and we look forward to hearing from you in due course.

4.6 [Floor plan and updated SOPs provided]

## 5 Summary of Representations

This is a summary of representations received on the appeal.

5.1 Temple Bright LLP, on behalf of Audley Mills Ltd

5.1.1 "I act for Audley Mills Limited, which is included in the pharmaceutical list for premises trading as Audley Mills Pharmacy, 55-57 Eastwood Road, Rayleigh, Essex, SS6 7JE.

5.1.2 On behalf of my client, I write further to your letter of 11th March 2026 and in order to respond to an appeal by Mr and Mrs Jadeja Ltd against a decision of NHS England to refuse its application for inclusion in the pharmaceutical list for premises at 63-67 High Street, Rayleigh, Essex, SS6 7SE in respect of distance selling premises.

5.1.3 As NHS Resolution may be aware, there is a significant amount of background to this application. The application was first circulated to interested parties by NHS England by letter dated 22nd July 2025. On behalf of my client, representations were submitted on that application by letter dated 18th August 2025. I assume that NHS Resolution has a copy of those representations but, if not, they can be provided.

5.1.4 Following regulatory changes in June 2025, it appears that the applicant was invited by NHS England to submit additional information explaining how it would comply with the new regulatory provisions in respect of distance selling pharmacies. To be clear, those regulatory changes affected only the way in which distance selling pharmacies could provide advanced services, requiring distance selling pharmacies to provide advanced services remotely rather than in-person as had previously been permitted.

5.1.5 In response, it would appear, to NHS England's invitation to the applicant to explain how it would comply with those regulatory changes, the applicant submitted a whole new set of Standard Operating Procedures which covered the entire operation of the pharmacy, rather than just being limited to the consequences of the regulatory changes (ie, limited to the provision of advanced services by the proposed distance selling pharmacy).

5.1.6 Mr client [sic] was invited to submit further representations to NHS England on 17th October 2025 in respect of the additional information provided by the applicant, and representations were submitted by letter dated 29th October 2025. Again, I anticipate that NHS Resolution is in receipt of my letter of 29th October 2025, but a copy can be provided if not.

5.1.7 NHS England determined, and refused, the application. That decision was notified to my client by letter dated 24th February 2026. The ICB's decision report is lengthy and detailed, and sets out why, in its view, the information provided by the applicant was insufficient to satisfy the relevant regulatory test.

5.1.8 The applicant, through Rushport Advisory LLP, appeals that decision. In support of its appeal, the applicant has provided a third set of documents which purport to set out how the applicant, itself, proposes to provide pharmaceutical services in the distance selling context.

5.1.9 On behalf of my client, it is submitted that the applicant has failed to discharge the burden of proof of demonstrating that the application meets the relevant regulatory requirements. I therefore invite NHS Resolution to refuse the application for the following reasons.

5.1.10 **Regulation 25**

5.1.11 As NHS Resolution is aware, regulation 25(2)(b) requires an applicant to provide details of the pharmacy's procedures. That is, the procedures that will be adopted by the applicant in its operation of the proposed pharmacy. It is self-evident from the totality of the information provided both with the original application, the subsequent documents provided after June 2025 and, now, with the letter of appeal, NHS Resolution cannot be satisfied as to how the applicant, itself, proposes to provide each essential service in the distance selling context. [Temple Bright LLP's emphasis]

5.1.12 In relation to the two sets of Rushport SOPs now provided, it is clear that these bear no relationship, whatsoever, to how the applicant, itself, proposes to provide pharmaceutical services. They are simply "off the shelf" SOPs which are not particular to the applicant's proposed pharmacy. The SOPs appear to be virtually identical to SOPs submitted to NHS England in support of other applications for distance selling pharmacies. That is clear from the fact that the information provided in the Rushport SOPs contradicts the information that was originally provided by the applicant with its application.

5.1.13 In relation to the provision of NHS pharmaceutical services, it is my client's primary submission that the situation as to how the applicant actually proposes to provide pharmaceutical services is confused due to the contradictory and conflicting information given by the applicant through the lifetime of this application (ie with the application form, subsequent to NHS England's invitation to submit further information in relation to the provision of advanced services following regulatory changes in June 2025 and then in support of the appeal).

5.1.14 Notwithstanding the above primary submission that the SOPs attached to the appeal are generic in nature and inconsistent with information provided by this application previously, they are also insufficient to support the granting of this application and, in part, demonstrate a breach of the regulatory provisions for a distance selling pharmacy.

5.1.15 In relation to the applicant's appeal and the generic "SOPs" from Rushport my client asserts that the applicant has still failed to discharge the burden upon it of demonstrating that the application meets the requirements of regulation 25 even if NHS Resolution were to disregard the previous information provided.

5.1.16 **Proposed premises**

5.1.17 As a starting point, neither the previously provided information nor the new "SOPs" address the issues identified in my client's letter of 18th August 2025 regarding the proposed premises themselves, their location on the High Street and the inherent risks that patients will present at the proposed pharmacy premises seeking the provision of pharmaceutical services.

5.1.18 Indeed, the position is now more confused because the new "SOPs" give a different explanation as to how this issue will be handled by the proposed pharmacy compared to the application form.

5.1.19 In its application form, the applicant stated as follows in relation to patients who present at the proposed pharmacy:

5.1.19.1 "*Should a person attend the premises in person, the following procedure will be followed:*

5.1.19.2 *A clear sign at the entrance will state that the pharmacy does not provide services to the public at the premises, in line with DSP requirements*

5.1.19.3. *Staff will politely inform the individual that the pharmacy does not provide walk-in services.*

5.1.19.4 *They will be provided with a leaflet or card detailing how to access services remotely (e.g. phone number, website, email).*"

5.1.20 However, the new "SOPs" say something completely different, stating as follows (at page 18):

5.1.20.1“***3.2 Request for face-to-face service provision***

5.1.20.2***OUR PHARMACY OPERATES FROM SELF-CONTAINED PREMISES THAT USE A CONTROLLED ACCESS SYSTEM. MEMBERS OF THE PUBLIC ARE NOT ABLE TO ATTEND THE PREMISES TO RECEIVE ANY NHS SERVICES***

5.1.20.3*If any member of staff receives a query from any member of the public, or patient or their carers that requests the provision of any pharmaceutical service face to face on or in the vicinity of the premises then they must;*

5.1.20.3.1*Inform the person that, we cannot provide any face to face NHS services*

5.1.20.3.2*Refer the person to the Responsible Pharmacist if they require any further explanation*

5.1.21 Not only, therefore, is there an inherent risk (due to the nature of the proposed premises) that patients will present at the premises and seek the provision of pharmaceutical services, but the applicant provides two contradictory explanations as to how this inherent risk will be addressed.

5.1.22 The information provided by the applicant therefore fails to explain how the applicant will avoid being in breach of regulation 64 and the application should be refused for this reason alone.

5.1.23 **NHS England reasons for refusal**

5.1.24 In relation to the matters raised by NHS England in its decision to refuse the application, these have not been fully addressed in the material provided with the letter of appeal such that the applicant has failed to address, fully, the reasons given by NHS England for refusing the application. In particular:

5.1.25 New Medicines Service (pages 32 to 39 of the SOPs)

5.1.26 The SOP lists how patients may be referred to the service, listing, amongst other routes of referral, a referral by “a prescriber (primary / secondary care)”. However, this does not correctly state the possible routes of referral, which are stated in the service specification as:

5.1.26.1*i. signposted by general practice and other primary care practitioners*

5.1.26.2*ii. referred by secondary care practitioners; for example, as part of the NHS Discharge Medicines Service*

5.1.27 It would therefore appear that the SOP fails to properly identify how patients may be referred to the pharmacy to receive the service.

5.1.28 the SOP fails to identify that the service is generally not appropriate where there has been a formulation change, save where the pharmacist specifically confirms that this would be appropriate and records the reasons.

5.1.29 In relation to the initial consultation, the SOP states that this would "typically" be between 7 and 14 days from the date that the patient agreed to enter the service. However, the service specification makes it clear that these are mandatory time limits (ie no fewer than 7 days and no more than 14 days), not "typical" timings. The SOP therefore invites the pharmacy staff to fail to comply with the service specification timings.

5.1.30 The SOP states that a follow up consultation will be scheduled "typically between 14 and 21 days after the intervention". However, again these time periods are mandatory in the service specification, not "typical". The SOP therefore invites the pharmacy staff to fail to comply with the service specification timings.

5.1.31 The SOP refers to providing opportunistic advice on healthy living/public health but the service specification also requires pharmacy staff to signpost patients as required. This is not referred to in the SOP.

5.1.32 The SOPs still do not detail how compliance with the following part of the service specification will be achieved. This was, of course, one of the reasons why the application was refused by NHS England:

5.1.32.1 *5.4 The service can be provided to patients who are not registered with a GP practice. In this instance the pharmacy staff should recommend that the patient registers with a GP practice and advise them on how they can do this.*

5.1.33 **Comments on SOPs generally**

5.1.34 In relation to the remainder of the material supplied by the applicant with its appeal, my client submits that this is not sufficient to satisfy the requirements of regulation 25. For example:

5.1.35 1) In its application form, the applicant listed the services that it proposes to provide from the DSP. This included the following:

5.1.35.1 a. Covid-19 vaccinations (off site)

5.1.35.2 b. Flu vaccinations (off site)

5.1.35.3 c. Pharmacy contraception service

5.1.35.4 d. Smoking cessation service

5.1.36 The applicant has failed to provide sufficient information as to how any of the above services will be provided safely and effectively in the distance selling context. No information is given in the applicant's application form, and these services are not referred to at all in the

Rushport SOPs that were provided with the recirculated application in October 2025 or with the letter of appeal.

5.1.37 As a result, NHS Resolution cannot be satisfied that these services will be provided safely and effectively in the distance selling context.

5.1.38 2) The “SOPs” detail methods of communication that may be used by the proposed pharmacy to contact the patient (page 17). This includes contacting patients by text message. In respect of some forms of communication, the “SOPs” detail how patient confidentiality will be maintained (pages 21 to 24). However, no such information is given in relation to maintaining patient confidentiality where text messaging is used.

5.1.39 3) In relation to the Pharmacy First “SOP” (pages 40 to 49) there is reference (at page 44) to confirming the “delivery time” with the patient and ensuring that “this delivery time is suitable” or “still meets the need for the emergency supply”. However, the applicant fails to identify what delivery method will be used for the provision of this service and what will happen if the delivery time is not suitable.

5.1.40 4) The “SOP” for EPS nomination states (at page 63): “Once the patient has made their choice ask them to complete and sign a nomination consent form (available on the website). This form should be stored securely on the PMR to provide evidence of the patient’s selection.” However, the applicant fails to explain how this will be carried out in the distance selling context, including:

5.1.40.1 a. Whilst the “SOP” states that patient nomination forms are available on the website, it does not explain how the nomination form is made available on the website or how the form can be completed. The “SOP” does not explain how those without access to the website will be able to complete and return the nomination form to the pharmacy or, for example, whether the form has to be printed out, completed manually and returned to the pharmacy or whether it can be completed online. If the form has to be printed out and completed manually, the “SOP” does not explain what measures are in place to assist those who do not have access to a printer, nor does it explain how the form can be returned to the pharmacy free of charge.

5.1.40.2 b. Noting that the nomination form must be received by the pharmacy before changing the patient’s nomination and appears to involve completion of a form and this being sent to the pharmacy, the “SOP” does not explain how completion of the nomination form will be undertaken whilst also ensuring

5.1.40.2.1 i. that medication is received “with reasonable promptness” as required by the terms of service

5.1.40.2.2 ii. the requirement in the SOP that all nominations and changes must be completed within “one working day” (page 67)

5.1.41 5) In relation to deliveries made by Royal Mail, the applicant fails to explain how these supplies will be made “with reasonable promptness” in accordance with paragraph 5 of the terms of service.

5.1.42 6) It does not appear that the “SOP” for prescription reception (pages 25 to 30) includes providing information to the patient about a time estimate for the delivery of the dispensed medication as required by paragraph 7 of the Terms of Service.

5.1.43 7) The “SOPs” refer to the use of a cold chain courier for supplies of all cold chain items, but the “SOPs” do not state which cold chain courier has been identified by the pharmacy (presumably because of the generic nature of the “SOPs”). There is no reason why an applicant cannot identify the proposed cold chain courier that it intends to use so that NHS Resolution can be satisfied that such a courier has been identified and is appropriate. In the absence of that information, NHS Resolution cannot be satisfied that an appropriate cold chain courier has been identified and will be used.

5.1.44 8) The “SOPs” refer to the use of a specialist controlled drugs courier, but no detail is provided about the identity of the courier to be used. It is incumbent upon an applicant to satisfy NHS Resolution that appropriate measures will be in place to deliver controlled drugs safely. There is no reason why an applicant cannot identify the proposed “specialist controlled drugs courier” that it intends to use so that NHS Resolution can be satisfied that such a courier has been identified and is appropriate. In the absence of that information, NHS Resolution cannot be satisfied that an appropriate courier has been identified and will be used.

5.1.45 9) The EPS dispensing process SOP (page 65) refers to prescriptions being collected from the patient’s GP surgery by the pharmacy. However, this method of prescription reception is not mentioned in the “SOP” for prescription reception, and it is unclear how this would be provided in the distance selling context having regard to the fact that a national service must be provided.

5.1.46 10)The “SOP” for repeat dispensing (page 143) states that “The supplies of medicines are managed by the patient’s pharmacy of choice and the patient or representative must visit the same pharmacy for each supply under the service.” Since it is not permitted for patients (or their representatives) to “visit” a distance selling pharmacy, this statement demonstrates a clear breach of the distance selling provisions.

5.1.47 **Conclusion**

5.1.48 Regulation 25(2)(b) requires the applicant to satisfy NHS Resolution that the applicant will provide all NHS pharmaceutical services safely

and effectively to patients anywhere in England who request those services.

5.1.49 NHS Resolution must therefore consider Part 2 of schedule 4 to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. NHS Resolution must have regard to each pharmaceutical service individually and consider whether the applicant has provided sufficient information to satisfy it that the requirements of regulation 25(2)(b) would be met for each service.

5.1.50 Having regard to regulation 25(2)(b) and Part 2 of schedule 4, it is evident that the applicant has failed to provide sufficient information in relation to each individual pharmaceutical service and, for example, has provided information that is unclear, contradictory or suggests that the proposed pharmacy would be in breach of its terms of service obligations. This means that NHS Resolution cannot know how, in fact, the applicant proposes to provide all pharmaceutical services in the distance selling context.

5.1.51 In the absence of suitable or sufficient information from the applicant regarding the procedures that it will have in place for the provision of all pharmaceutical services, NHS Resolution cannot be satisfied that the requirements of regulation 25 are met, the burden of proof being on the applicant.

5.1.52 On behalf of my client I therefore invite NHS Resolution to confirm NHS England's decision and to refuse this application.

5.1.53 I look forward to hearing from you."

5.2 The Commissioner

5.2.1 "Please note that from the 1 April 2023, community pharmacy contracting and commissioning has been delegated to Integrated Care Boards (ICBs). Hertfordshire and West Essex (HWE) ICB are hosting the function on behalf of the six East of England ICBs. The six ICBs have formed one Pharmaceutical Services Regulation Committee (PSRC) which is also hosted by HWE ICB.

5.2.2 Thank you for your letter advising that Mr and Mrs Jadeja Ltd (the Appellant) has submitted an appeal against the decision to refuse their application for inclusion in the pharmaceutical list to provide pharmaceutical services as a distance selling pharmacy under Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the Regulations).

5.2.3 We note that on appeal, the Appellant has provided additional information to demonstrate compliance with the Regulations. This information was not available to the ICB when the original decision was made. The PSRC notes that had this information been provided by the Appellant as part of the application process, the decision made by PSRC may have been different.

5.2.4 We note that NHS Resolution will have regard to all information provided to date including the revised and additional information submitted by the Appellant as part of this appeal.

## 6 Summary of Observations

This is summary of observations received.

6.1 Rushport Advisory LLP, on behalf of the Applicant

6.1.1 "I act for Mr and Mrs Jadeja Limited and have been instructed by my client to submit this reply to comments on the above listed appeal from Interested Parties.

6.1.2 **Temple Bright for Audley Mills Ltd**

6.1.3 **SOPs**

6.1.4 As the Committee will be aware, it is commonplace for pharmacies to use SOPs that are provided by third party organisations. My client has confirmed that it has approved the SOPs for use in their proposed pharmacy. There is no "confusing or contradictory information" as claimed by Temple Bright as my client has been clear that the SOPs provided replace any previous evidence it has previously provided.

6.1.5 Temple Bright then lists a number of specific issues regarding the SOPs provided that we address in turn below.

6.1.6 **Proposed Premises**

6.1.7 My client's proposed premises are located in a basement. The floor plan provided shows that there is no retail element or public access to the premises and this is confirmed in my client's SOPs. The SOPs confirm how any request for face to face services will be dealt with and Temple Bright quotes this.

6.1.8 **NHS England Reasons for Refusal**

6.1.9 Replying to the points raised using bullets points that correspond to the same points listed by Temple Bright.

6.1.9.1 Temple Bright's submission is incorrect. The SOP does not replicate the language of the service specification and is not intended to be a replication of the service specification (as that is a separate document). The SOP correctly identifies the methods of referral that includes GP's (a prescriber in primary care), and secondary care. The Discharge Medicine Service is simply one example of a service referral from secondary care.

6.1.9.2 With respect to a formulation change, an NMS service may or may not be appropriate depending on the medication concerned. This (and other actions) are part of the

PHARMACIST CONFIRMATION section at pint 3 in the SOP table.

6.1.9.3 In terms of timings, it is correct that the word “typically” no longer appears in the service specification and was from the original service specification. The word will be deleted but in no way makes the service either ineffective or unsafe.

6.1.9.4 In relation to signposting, this is an essential service that a pharmacist is obliged to consider at all times and not only during and NMS consultation. The SOP for signposting (SOP 26.12) states at 26.13 that “*Identification can take place during any interaction that the patient has with the pharmacy staff*.”

6.1.9.5 It is not clear what point is being made by Temple Bright in the final bullet point on NMS. Page 32 of the SOPs at point 1 in the table states, “*If the prescription / referral is from a non-NHS source then advise the patients that they must register with an NHS GP to access the service and explain how to do so (via video/ telephone call)”*

6.1.10 **Comments on SOPs Generally**

6.1.11 1. Temple Bright refers to the services list provided by my client on their application form. However, Temple Bright fails to mention that in my client’s reply to consultation comments (Rushport letter dated 3 October 2025 attached) we stated as follows.

6.1.12 *Finally, as the ICB will be aware, changes to the relevant Regulations that were introduced after my client submitted their application mean that DSP now have to limit the services they provide to patients and cannot provide services from their premises. As a result, my client will only provide NMS and Pharmacy First as Advanced Services. My client listed Discharge Medicines Service in their initial application, however as this is an essential service there was no requirement to list it separately. My client no longer intends to provide COVID vaccinations, Flu vaccinations, Pharmacy Contraception Service or Smoking Cessation. In addition CPCS is no longer a standalone service.*

6.1.13 In relation to other points raised, the Committee will also be aware that many of these points were considered in SHA/26772 and were not considered to show that the application should be refused. Where the Committee has already addressed a point raised by Temple Bright we reply with our response and the previous finding of the Committee for reference purposes.

6.1.14 2. *“The “SOPs” detail methods of communication that may be used by the proposed pharmacy to contact the patient (page 17). This includes contacting patients by text message. In respect of some forms of communication, the “SOPs” detail how patient confidentiality will be maintained (pages 21 to 24). However, no such information is given in relation to maintaining patient confidentiality where text messaging is used.”*

6.1.15 Pages 21 to 24 of the SOPs start by setting out policies that ensure confidentiality of patient communication and deals specifically with the requirement for confidentiality. Text messaging is used across the NHS to contact patients and is via a company account (ie desktop pc) rather than a normal phone. The Committee in SHA/26772 stated that "*the Committee considered that a text can be sent without containing patient sensitive information*."

6.1.16 3. *"In relation to the Pharmacy First "SOP" (pages 40 to 49) there is reference (at page 44) to confirming the "delivery time" with the patient and ensuring that "this delivery time is suitable" or "still meets the need for the emergency supply". However, the applicant fails to identify what delivery method will be used for the provision of this service and what will happen if the delivery time is not suitable".*

6.1.17 As with any delivery, the Responsible Pharmacist will determine which delivery method is most suitable depending on the specific circumstances and liaise with the patient. The requirement to provide a patient with an estimate of delivery time is found at the Order Delivery SOP 19.8

6.1.18 In SHA/26772 the Committee found "*The Committee noted that deliveries arising from Pharmacy First consultations are covered under the general SOP for deliveries, this being SOP 19. Whilst timescales for deliveries via Royal Mail within the context of reasonable promptness are not referenced anywhere, the Committee accepted the Applicant's comments that this would be dependent on the specific circumstances of the patient interaction and medicines required.*"

6.1.19 4. *"The "SOP" for EPS nomination states: "Once the patient has made their choice ask them to complete and sign a nomination consent form. This form should be stored securely on the PMR to provide evidence of the patient's selection." However, the applicant fails to explain how this will be carried out in the distance selling context, including:*

6.1.20 *a. Whilst the "SOP" states that patient nomination forms are available on the website, it does not explain how the nomination form is made available on the website or how the form can be completed. The "SOP" does not explain how those without access to the website will be able to complete and return the nomination form to the pharmacy or, for example, whether the form has to be printed out, completed manually and returned to the pharmacy or whether it can be completed online. If the form has to be printed out and completed manually, the "SOP" does not explain what measures are in place to assist those who do not have access to a printer, nor does it explain how the form can be returned to the pharmacy free of charge.*

6.1.21 b. *The "SOP" does not explain how completion of the nomination form this will be undertaken whilst also ensuring that*

6.1.21.1*a. medication is received "with reasonable promptness" as required by the terms of service*

6.1.21.2b. *the requirement in the SOP that all nominations and changes must be completed within "one working day" (page 63)"*

6.1.22 Page 62 of the SOPs clearly states that nomination forms are available on the pharmacy's website. Patients who choose to use a distance selling pharmacy will be choosing to access a pharmacy that operates online. Patients can also change their nomination using the NHS app (page 63, 12.10). Forms can be emailed to the pharmacy.

6.1.23 It is unclear why Temple Bright has mixed up patient nominations with the delivery of a prescription item with reasonable promptness.

6.1.24 In SHA/26772 the Committee found "*The handling of EPS nominations and patient interactions arising are reflected in the Applicant's response that "Page 62 clearly states that nomination forms are available on the pharmacy's website. Patients who choose to use a distance selling pharmacy will be choosing to access a pharmacy that operates online. Patients can also change their nomination using the NHS app (page 63, 12.10). Forms can be emailed to the pharmacy." (SOP 12). The Committee was satisfied that the completion of nomination forms would be achieved on a non-face to face basis*."

6.1.25 5. *"In relation to deliveries made by Royal Mail, the applicant fails to explain how these supplies will be made "with reasonable promptness" in accordance with paragraph 5 of the terms of service."*

6.1.26 Royal Mail is used by many DSPs to deliver prescriptions and patients are informed of their delivery method and will have agreed to it. A patient who chooses to use a DSP is aware that their medication will be delivered to them and also informed of the estimated delivery time. It is unclear why Temple Bright believes that delivery via Royal Mail is anything other than reasonably prompt for patients who have accepted it as their delivery method. What is "reasonably prompt" will differ depending on the type of pharmacy a patient uses. For a high street pharmacy a patient might expect their prescription within a few minutes of entering a pharmacy. For a DSP the timescales will naturally be longer.

6.1.27 In SHA/26772 the Committee stated "*The Committee noted the Appellant's concern that the Applicant had not explained how items would be delivered with reasonable promptness by Royal Mail. The Committee noted the Applicant's response that "Royal Mail is used by many DSPs to deliver prescriptions and patients are informed of their delivery method and will have agreed to it. A patient who chooses to use a DSP is aware that their medication will be delivered to them and also informed of the estimated delivery time." For urgent deliveries, the Committee noted that point 16.11 of the SOPs describes how the Applicant would deal with the delivery of urgent and emergency supply items. The Committee concurred with the Applicant that patients choosing to use a distance selling pharmacy will be aware that their items will need to be delivered and that there will therefore be a longer wait than if they had chosen to use a non-distance selling pharmacy*."

6.1.28 6. *"It does not appear that the "SOP" for prescription reception (pages 25 to 30) includes providing information to the patient about a time estimate for the delivery of the dispensed medication as required by paragraph 7 of the Terms of Service".*

6.1.29 The requirement to provide a patient with an estimate of delivery time is found at the Order Delivery SOP 19.8. Additional information such as tracking numbers is also provided as appropriate (see SOP 19.14 point 8, SOP 19.16 point 15, SOP 8 point 39, SOP 14.5, SOP 16.11)

6.1.30 7. *"The "SOPs" refer to the use of a cold chain courier for supplies of all cold chain items, but the "SOPs" do not state which cold chain courier has been identified by the pharmacy (presumably because of the generic nature of the "SOPs"). There is no reason why an applicant cannot identify the proposed cold chain courier that it intends to use so that NHS Resolution can be satisfied that such a courier has been identified and is appropriate. In the absence of that information, NHS Resolution cannot be satisfied that an appropriate cold chain courier has been identified and will be used."*

6.1.31 There is no requirement for an Applicant to identify exactly which courier it will use as part of an application process. The SOPs properly explain how deliveries will be carried out by whichever courier is appointed.

6.1.32 8. *"The "SOPs" refer to the use of a specialist controlled drugs courier, but no detail is provided about the identity of the courier to be used. It is incumbent upon an applicant to satisfy NHS Resolution that appropriate measures will be in place to deliver controlled drugs safely. There is no reason why an applicant cannot identify the proposed "specialist controlled drugs courier" that it intends to use so that NHS Resolution can be satisfied that such a courier has been identified and is appropriate. In the absence of that information, NHS Resolution cannot be satisfied that an appropriate courier has been identified and will be used."*

6.1.33 There is no requirement for an Applicant to identify exactly which courier it will use as part of an application process. The SOPs properly explain how deliveries will be carried out by whichever courier is appointed.

6.1.34 9. *"The "SOP" for repeat dispensing (page 142) states that "The supplies of medicines are managed by the patient's pharmacy of choice and the patient or representative must visit the same pharmacy for each supply under the service." Since it is not permitted for patients (or their representatives) to "visit" a distance selling pharmacy, this statement demonstrates a clear breach of the distance selling provisions."*

6.1.35 The statement that the patient "must visit the same pharmacy for each supply" is a minor drafting error that should instead say that the patient must "use" the same pharmacy for each supply. The SOP will be updated to ensure clarity. There are multiple references throughout the SOPs that make it clear that patients cannot access (or visit) the pharmacy for any service or any reason. When read in context, the

minor drafting error does not make the SOPs either unsafe or ineffective and the SOP for deliveries makes it clear that all items are delivered to patients.

6.1.36 10. *"The "SOP" for repeat dispensing (page 143) refers to prescriptions being collected from the patient's GP surgery by the pharmacy. However, this method of prescription reception is not mentioned in the "SOP" for prescription reception, and it is unclear how this would be provided in the distance selling context having regard to the fact that a national service must be provided.*"

6.1.37 It is unclear what point Temple Bright is making in relation to how prescriptions are received by the pharmacy. Over 99% of prescriptions are now EPS, but there are still some paper prescriptions used and these can be sent in the post or collected from a GP surgery. There is no requirement to collect paper prescriptions in person from all GP surgeries in England and the postal service would be used for surgeries that are too far away for the pharmacy driver to collect from.

6.1.38 We submit that the information provided with this appeal satisfies the legal test in full and the appeal should be allowed and we look forward to hearing from you in due course."

## 7 Consideration

7.1 The Pharmacy Appeals Committee ("Committee") appointed by NHS Resolution, had before it the papers considered by the Commissioner, together with a plan of the area showing existing pharmacies and doctors' surgeries and the location of the proposed pharmacy.

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

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

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

***Regulation 31***

7.5 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).*

7.6 The Committee noted the Applicant's comments at 1.2 above. Whilst these comments do not directly address Regulation 31(2)(a), the Committee considered it reasonable to be satisfied that the Applicant considered that the proposed premises were not adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises. The Committee noted that the Commissioner in its decision had stated "*…there is no person on the pharmaceutical list providing or undertaking to provide pharmaceutical services from or adjacent to the premises*" and there was no dispute on the matter from other parties.

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

***Regulation 25***

7.8 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."*

7.9 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)***

7.10 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)***

7.11 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. The Commissioner in its decision report stated that

"*…the premises in respect of which the application is made, is not on the same site or in the same building as the premises of a provider of primary medical services with a patient list.*" Based on the information available to it, which had not been disputed, the Committee therefore determined that the proposed premises were not on the same site as, or in the same building as the premises of a provider of primary medical services with a patient list.

***Regulation 25(2)(b)***

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

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

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

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

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

7.17 The Committee noted Temple Bright LLP's comment that "*In relation to the two sets of Rushport SOPs now provided, it is clear that these bear no relationship, whatsoever, to how the applicant, itself, proposes to provide pharmaceutical services. They are simply "off the shelf" SOPs which are not particular to the applicant's proposed pharmacy*" and also that "*…the situation as to how the applicant actually proposes to provide pharmaceutical services is confused due to the contradictory and conflicting information given by the applicant through the lifetime of this application (ie with the application form, subsequent to NHS England's invitation to submit further information in relation to the provision of*

*advanced services following regulatory changes in June 2025 and then in support of the appeal).*"

7.18 The Committee noted that the Applicant had confirmed that the updated SOPs provided on appeal replace any previous version and commented in their observations that "*There is no* "*confusing or contradictory information" as claimed by Temple Bright as my client has been clear that the SOPs provided replace any previous evidence it has previously provided.*"

7.19 The Committee was satisfied that it should have regard to the updated SOPs rather than any information previously provided.

7.20 The Committee first considered how the Applicant would provide essential services without interruption and noted the following information in the Applicant's SOPs:

7.21 SOP 1: "Introduction and Background to SOPs"

7.21.1 "*1.3 Overriding Provisions Applicable to All SOPs*

*The uninterrupted provision of pharmaceutical services, during the opening hours of the premises, to persons anywhere in England who request those services".*

7.22 SOP 33: "The Responsible Pharmacist"

7.22.1 "*33.9 Absence of the RP*

*As a Distance Selling pharmacy, we must provide uninterrupted service throughout the opening hours of the pharmacy. Whilst the GPhC permits the absence of the RP from the pharmacy in particular situations, the NHS Terms of Service still require a pharmacist to be present so that services are not interrupted.* [Applicant's emphasis]

*If, for any reason, the RP wishes to leave the premises or wishes to take a break then the second pharmacist must sign in as the RP and arrangements must be made for this prior to one RP leaving the premises and another RP signing in.*"

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

7.24 SOP 1: "Introduction and Background to SOPs"

7.24.1 "*1.3 Overriding Provisions Applicable to All SOPs*

*In order to comply with our terms of service, this pharmacy will provide… to persons anywhere in England who request those services.*"

7.25 SOP 3: "Procedures for NHS Pharmaceutical Services"

7.25.1 "*NHS Pharmaceutical Services will be provided to any patient living in England who requests such services, this is made clear on the website and in the Practice leaflet.*"

*3.1 Communication Channels*

*All communication regarding NHS Pharmaceutical Services should be carried out using the most suitable non face to face method for the patient and the service being provided with particular consideration to maintaining confidentiality. This may be telephone, email, video-conferencing or other types of non face to face communications such as text messages using the pharmacy's secure system.*

*The pharmacy has provision for both live audio and live video communication with patients and this must always be carried out in the specified confidential area of the pharmacy premises.*

*Text messages must be sent via the pharmacy computer system so that they can be logged for future reference.*"

7.26 Based on the information before it, the Committee was satisfied that the provision of essential services would be without interruption and available to persons anywhere in England.

7.27 The Committee next considered how the Applicant would provide pharmaceutical services without face to face contact. The Committee noted Temple Bright LLP had expressed concern "*…regarding the proposed premises themselves, their location on the High Street and the inherent risks that patients will present at the proposed pharmacy premises seeking the provision of pharmaceutical services.*" The Committee had regard to Rushport Advisory's response that "*My client's proposed premises are located in a basement. The floor plan provided shows that there is no retail element or public access to the premises and this is confirmed in my client's SOPs. The SOPs confirm how any request for face to face services will be dealt with…*".

7.28 The Committee considered the following information in the Applicant's SOPs:

7.29 SOP 1: "Introduction and Background to SOPs"

7.29.1 "*1.3 Overriding Provisions Applicable to All SOPs*

*In order to comply with our terms of service, this pharmacy will provide;…*

*The safe and effective provision of pharmaceutical services without face-to-face contact between any person receiving the services, whether on their own or on someone else's behalf, and the owner of this pharmacy or any member of staff either on or in the vicinity of the premises…*

*… All staff must be made aware that face to face contact between patients (or their representatives) is prohibited in respect of any and all NHS services either on or in the vicinity of the premises.*

*Any reference to 'contact' with or 'contacting' a patient in relation to these SOPs means contact other than face-to-face contact either on or in the vicinity of the premises.*"

7.30 SOP 3: "Procedures for NHS Pharmaceutical Services"

7.30.1 "*3.1 Communication Channels*

*All communication regarding NHS Pharmaceutical Services should be carried out using the most suitable non face to face method for the patient and the service being provided with particular consideration to maintaining confidentiality. This may be telephone, email, video-conferencing or other types of non face to face communications such as text messages using the pharmacy's secure system.*

*The pharmacy has provision for both live audio and live video communication with patients and this must always be carried out in the specified confidential area of the pharmacy premises.*"

7.30.2 "*3.2 Request for face-to-face service provision*

***OUR PHARMACY OPERATES FROM SELF-CONTAINED PREMISES THAT USE A CONTROLLED ACCESS SYSTEM. MEMBERS OF THE PUBLIC ARE NOT ABLE TO ATTEND THE PREMISES TO RECEIVE ANY NHS SERVICES*** [Applicant's emphasis]

*If any member of staff receives a query from any member of the public, or patient or their carers that requests the provision of any pharmaceutical service face to face on or in the vicinity of the premises then they must;*

*Inform the person that, we cannot provide any face to face NHS services*

*Refer the person to the Responsible Pharmacist if they require any further explanation.*"

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

7.32 In its application the Applicant indicated that it intended to provide "*New Medicines Service (NMS), Community Pharmacy Consultation Service (CPCS), Discharge Medicines Service (DMS), Pharmacy First Service (limited to conditions which allow video call), COVID-19 vaccination service (off-site), Flu vaccinations (off-site), Pharmacy contraception Service and Smoking Cessation Service".* The Committee noted that in the Applicant's letter to the Commissioner dated 3 October 2025, they had amended this, stating "*…my client will only provide NMS and Pharmacy First as Advanced Services. My*

*client listed Discharge Medicines Service in their initial application, however as this is an essential service there was no requirement to list it separately. My client no longer intends to provide COVID vaccinations, Flu vaccinations, Pharmacy Contraception Service or Smoking Cessation. In addition CPCS is no longer a standalone service.*"

7.33 The Committee noted the Commissioner had considered the provision of NMS and Pharmacy First and was not satisfied that the Applicant had demonstrated how these would be provided on a face to face basis. The Committee also noted that Temple Bright LLP had highlighted the Commissioner's reasons for refusal of the application on this basis and commented that the matters "*…have not been fully addressed in the material provided with the letter of appeal…*".

7.34 The Committee considered the following information in the Applicant's SOPs:

7.35 SOP 3:

7.35.1 "*3.3 Provision of Advanced or Enhanced Services*

*The Pharmacy does not provide advanced or enhanced services to patients on the premises. NMS will be conducted remotely with no patients accessing the service at the premises (see NMS SOP).*

*Pharmacy First will be provided remotely if the pharmacy has been approved to provide the service (see Pharmacy First SOP).*"

7.36 The Committee further noted SOP 7 'The New Medicine Service ("NMS")' which states "*The service must be provided remotely by phone or video call.*" The Committee also noted SOP 8 'The Pharmacy First Service' which states "*Patients may not attend the premises to receive the service and the service must be provided remotely*".

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

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

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

Dispensing of drugs and appliances

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

7.41 The Committee noted SOP 3 'Procedures for NHS Pharmaceutical Services' states:

7.41.1 *"…Patients who wish to send paper prescriptions to the pharmacy by post should be sent stamped addressed envelopes to enable them to do so."*

7.42 SOP 6 'Prescription Receipt & Exemption Checking' states:

7.42.1 "6.7 Administration Checks

*Check all prescriptions received in the post against printed and written prescription reception forms. Check the corresponding prescription has been received in the post…*"

7.43 SOP 19 'Order Delivery' states:

7.43.1 "*19.6 Choice of Delivery Method*

*For items <u>other than</u> cold chain / "fridge line" items, local deliveries (up to 30 miles radius, but may be extended at the discretion of the RP) the delivery driver should deliver medication. Outside this area Royal Mail should be used unless the prescription is for a controlled drug, in which case the nominated controlled drugs courier must be used (see SOP for Delivery of Controlled Drugs), or the items are fridge lines, in which case the cold chain courier must be used (see below).* [Applicant's emphasis]."

7.44 The Committee noted Temple Bright LLP's comment that "*The EPS dispensing process SOP (page 65) refers to prescriptions being collected from the patient's GP surgery by the pharmacy. However, this method of prescription reception is not mentioned in the "SOP" for prescription reception, and it is unclear how this would be provided in the distance selling context having regard to the fact that a national service must be provided.*" In response, the Committee noted the Applicant's comment that "*Over 99% of prescriptions are now EPS, but there are still some paper prescriptions used and these can be sent in the post or collected from a GP surgery. There is no requirement to collect paper prescriptions in person from all GP surgeries in England and the postal service would be used for surgeries that are too far away for the pharmacy driver to collect from.*"

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

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

Urgent supply without a prescription

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

7.48 The Committee noted the information in SOP 16 'Emergency Supply and Urgent Supply' which describes how the Applicant will process such a request. The Committee noted that the SOPs refer to pharmaceutical services being delivered by several means of non-face to face communication including telephone and email, and considered that it was reasonable to infer that these methods would be used to receive requests from prescribers for the urgent supply of drugs.

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

Preliminary matters before providing ordered drugs or appliances

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

7.51 The Committee noted SOP 6 'Prescription Receipt & Exemption Checking states:

7.51.1 "*6.9 Exempt NHS Prescriptions*

*Where evidence of exemption is required or provided by the patient it can be sent to the pharmacy for verification via the delivery driver and then returned to the patient. The PMR system should be updated to reflect that necessary check has been carried out and a note of when the next check is required should be entered onto the system. The Regulations require a patient to produce 'satisfactory evidence' to confirm exemption. Where appropriate (i.e., for deliveries made other than by the pharmacy's delivery driver), the patient may scan or fax copies of the evidence to the pharmacy (or use the postal / courier service, but see NOTE below) and the pharmacy can note that the evidence provided was not in original format. It is for the pharmacist in charge to determine if the evidence is satisfactory or not and, if not, then cross the 'Evidence not Seen' box.*"

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

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

7.54 The Committee noted SOP 6 'Prescription Receipt & Exemption Checking states:

7.54.1 "*6.12 Paid NHS Prescription*

*Check the prescription to confirm how many charges are due.*

*Check to see if any fees have been paid and if so, was the correct amount paid?*

*Contact the patient to arrange payment using the secure payments system using the "customer not present" option.*

*If no fees have been paid or there is a discrepancy between fees paid and those due, the patient should be contacted and directed to pay the appropriate fees via the online payment system.*"

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

Providing ordered drugs or appliances

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

7.57 The Committee noted SOP 19 'Order Delivery' states:

7.57.1 "*19.10 Transfer to the Delivery Driver*

*Ensure that the pharmacist on duty is available to supervise the handing over of all items for delivery.*

*Ensure that any special instructions for the delivery are included with the packaging.*

*Ask the delivery driver to check the details on the delivery sheet correspond to the deliveries.*

*Ensure the delivery driver completes all the sections on the delivery sheet including their name and the date.*

*Ensure the delivery driver is notified of any messages for the patient or representative.*

*Make and retain a copy of the delivery sheet until the original has been returned by the delivery driver. The original must be returned to the pharmacy on the same day.*

*Ensure the deliveries are placed in the delivery vehicle and are stored securely and out of sight. The delivery vehicle must be locked at all times when left unattended.*"

7.57.2 "*19.11 Delivery of prescription to patient or representative address*

*Ask the patient/representative for their name and address.*

*Check the patient name and address against the prescription and the bag label. Patient confidentiality should be maintained at all times, especially if delivering to a representative.*

*Where appropriate ask the patient or representative to complete the reverse of the prescription.*

*Hand the medication to the patient or representative.*

*Ask the patient or representative to sign their details on the delivery sheet. If they are unable to sign the delivery sheet the delivery driver should sign on their behalf with their consent and write a note explaining the reason the patient or representative could not sign.*

*If necessary, collect any medication returns. Always use the Patient Returned Medication Tray that is available in the delivery vehicle. Refer to the Patient Returned Medicines SOP for further guidance.*"

7.57.3 "*19.12 Successful delivery*

*Once the deliveries are completed, return the delivery sheets to the pharmacy on the same day. The delivery sheets must be scanned into the pharmacy IT system and kept for a minimum period of 7 years.*"

7.57.4 "*19.13 Unsuccessful Delivery*

*If the patient or representative is not able to receive the delivery of their medication, complete the 'attempted delivery' form and post it through the letterbox. The form will have details for arranging re-delivery.*

*The prescription and medication must be returned to the pharmacy on the same day and the pharmacist informed of the unsuccessful delivery.*

*The pharmacy must follow up the unsuccessful delivery by contacting the patient to arrange a second delivery time.*

*DO NOT:*

*Post the medication through the letter/post box.*

*Leave the medication in the porch or any other out building.*

*Leave the medication at an unauthorised address.*"

7.57.5 "*19.14 Delivery of a prescription via Royal Mail (Not for Cold Chain or CDs)*

*Follow preparation for delivery process. The pharmacist must contact any patients for whom there are relevant messages or counselling required.*

*Ensure that the pharmacist on duty is available to supervise the handing over of all items for delivery.*

*Print and attach relevant Royal Mail Signed For delivery labels using the Royal Mail online business account and attach securely to outer packaging.*

*Ensure a return address is printed clearly on the outer packaging.*

*Confirm details of all prescriptions to be delivered.*

*Make a note of all Tracking numbers for prescriptions being delivered by Royal Mail on Delivery Log sheet.*

*Ensure Royal Mail driver signs Delivery Log sheet for all prescriptions being accepted for delivery. The delivery sheets must be scanned into the pharmacy IT system and kept for a minimum period of 7 years.*

*Email patients dispatch confirmation with their Tracking number when the prescriptions have left the premises.*

*All deliveries will require a signature from the patient to confirm receipt of their prescription.*"

7.57.6 "*19.15 Unsuccessful Delivery via Royal Mail*

*In the event of an unsuccessful delivery, Royal Mail will leave a 'Sorry We Missed You' card, stating the date and time of the attempted delivery. The patient can then either choose to collect and sign for their medicines at their local post office, or rearrange delivery for a convenient time by telephone or email.*"

7.57.7 "*19.16 Cold chain delivery via courier*

*All cold chain deliveries must be carried out by couriers with verified and approved cold chain procedures. A list of approved cold chain couriers is available within the Pharmacy and will be updated from time to time. Each approved courier meets stringent criteria to ensure a fully monitored and dedicated cold chain service.*

*Specialist cold chain courier service will ensure the integrity of the cold chain and the maximum stability of thermo-liable drugs by packing, transporting and delivering in such a way that their integrity, quality and effectiveness are always preserved. This is a dedicated, fully monitored and temperature controlled delivery service.*

*Any breach of cold chain conditions will be notified to the driver and any affected delivery will be cancelled with the pharmacy informed of the cold chain breach.*

*… Ensure any items for cold chain delivery via courier are stored in the fridge and accompanying items are appropriately marked with a fridge line sticker. Accompanying items must include a note to explain that fridge items will be delivered separately to the rest of their items to enable the cold chain to be maintained.*

*Ensure that the pharmacist on duty is available to supervise the handing over of all items for delivery.*

*A delivery must be booked using the couriers specified Cold Chain Services (refer to booking procedure with courier in the "cold chain courier" folder),*

*Select a delivery maintaining 2– 8°C unless the item requires shipping at a different temperature.*

*The cold chain item must be kept in the fridge until the courier arrives to accept the delivery.*

*Confirm with the courier that the delivery will be maintained at the booked temperature range.*

*Confirm details of all prescriptions to be delivered.*

*The courier must scan a barcode sticker for each item. The pharmacy retains a copy of the barcode which is also the tracking number.*"

7.57.8 "*19.17 Unsuccessful cold chain delivery via courier*

*In the event of an unsuccessful delivery, the courier will leave a 'Missed Delivery' card, stating the date and time of the attempted delivery along with details of how to contact the courier to arrange the redelivery. The patient can then rearrange delivery for a convenient time by telephone or Internet.*

*We operate to a 48 hour maximum window for cold chain deliveries and the courier will keep the cold chain intact until successful delivery for up to 48 hours. After 48 hours the items will be returned to the pharmacy and the pharmacy will contact the patient to rearrange delivery.*"

7.57.9 "*19.18 Breach of Integrity of Cold Chain*

*The courier ensures temperature integrity throughout the supply chain, from point of collection & goods-in to pharmaceutical storage to final delivery.*

*The cold chain service is a dedicated, fully monitored and temperature controlled delivery service. However, in the event of any breach in the integrity of this service, the system automatically alerts the delivery driver that the cold chain has not been kept intact.*

*Where such an event occurs, the courier is instructed to leave a 'Missed Delivery' card and also inform the pharmacy that the delivery was unsuccessful due to a breach of the cold chain. The pharmacy must arrange for immediate re-delivery of the items via courier and the return of the items that have failed to be delivered to the pharmacy by the courier. items subject to a cold chain breach may not be re-used and must be segregated from the pharmacy stock.*"

7.58 SOP 23 'Controlled Drugs: Delivery' states:

7.58.1 "*23.5 Delivery of Schedule 2 & 3 CDs*

*A robust audit trail is essential when controlled drugs are involved. The delivery can be made to a person who is not the patient (the patient must have given authorisation for a representative to take receipt of CDs on their behalf). A Controlled Drugs Delivery Sheet must also be filled in for CD deliveries in addition to the Delivery Log sheet.*

*CDs must be in a separate bag to any other medication being delivered and the bags should be attached together.*

*CDs and any other medicines on that patient's delivery must be stored in the lockable compartment of the delivery van and out of sight.*

*The delivery van must be kept locked at all times when the driver is not in the vehicle.*

*The delivery driver/courier must sign the back of the prescription as the representative when accepting the CD for delivery.*

*The delivery driver/courier must check the identity of the person accepting the delivery to ensure that it is the patient or authorised representative (passport, driving licence or government approved photo ID card are acceptable forms of ID). A delivery cannot be left with anyone who is not the patient or their authorised representative.*

*All entries in the CD register must be made when the medication leaves the pharmacy premises. The delivery driver/courier must be entered as the 'person collecting'.*

*The prescription must be retained in the pharmacy until the delivery driver returns the appropriate paperwork signed by the patient or representative to confirm successful delivery or the patient signature is confirmed online if delivered by courier.*"

7.58.2 "*23.7 Successful Schedule 2 & 3 Delivery*

*The delivery driver/courier must check the identity of the person accepting the delivery to ensure that it is the patient or authorised representative. A delivery cannot be left with anyone who is not the patient or their authorised representative.*

*For all successful deliveries the Controlled Drug delivery sheet signed by the patient or online courier delivery record should be cross-referenced with the prescription and CD register prior to the prescription being processed as part of the end of day procedure.*"

7.58.3 "*23.8 Unsuccessful Schedule 2 & 3 Delivery via pharmacy driver*

*Unsuccessful deliveries sent with a pharmacy driver must be returned to the pharmacy on the same day and entered back into the CD register where appropriate with an explanation. These must then be secured in the CD cabinet where appropriate.*"

7.58.4 "*23.9 Unsuccessful Schedule 2 & 3 Delivery via courier*

*Unsuccessful deliveries sent with a courier must be returned to the pharmacy on the same day and entered back into the CD register where appropriate with an explanation. These must then be secured in the CD cabinet where appropriate. Where the time of attempted delivery means that the return cannot be made on the same day, the courier will store the drugs at their approved warehouse overnight.*

*When a failed delivery occurs, the tracking service will notify the pharmacy and the patient of the failed delivery so that delivery can be re-arranged for the patient at the next convenient time or returned to the pharmacy.*"

7.58.5 "*23.10 Note re Use of Couriers for Controlled Drugs Deliveries*

*The courier has pharma grade specialist facilities to meet specific quality and validation requirements for healthcare products. This includes Home Office licensed controlled drug stores.*"

7.59 The Committee noted Temple Bright LLP's comment that "*In relation to deliveries made by Royal Mail, the applicant fails to explain how these supplies will be made "with reasonable promptness" in accordance with paragraph 5 of the terms of service.*" The Committee noted the Applicant's response that "*Royal Mail is used by many DSPs to deliver prescriptions and patients are informed of their delivery method and will have agreed to it. A patient who chooses to use a DSP is aware that their medication will be delivered to them and also informed of the estimated delivery time*." The Committee concurred with the Applicant that patients choosing to use a distance selling pharmacy will be aware that their items will need to be delivered and that there will therefore be a longer wait than if they had chosen to use a non-distance selling pharmacy.

7.60 The Committee also noted Temple Bright LLP's comment that "*It does not appear that the "SOP" for prescription reception (pages 25 to 30) includes providing information to the patient about a time estimate for the delivery of the dispensed medication as required by paragraph 7 of the Terms of Service*" and had regard to the Applicant's response that "*The requirement to provide a patient with an estimate of delivery time is found at the Order Delivery SOP 19.8. Additional information such as tracking numbers is also provided as appropriate (see SOP 19.14 point 8, SOP 19.16 point 15, SOP 8 point 39, SOP 14.5, SOP 16.11)*" The Committee noted SOP 19.8 states "*Send a confirmation message to the patient via their preferred method of non face to face communication to let them know that their items are ready for delivery and confirm the estimated delivery time.*"

7.61 The Committee noted Temple Bright LLP's comments that the Applicant had not listed the identities of either cold chain or specialist controlled drugs couriers to be used and had regard to the Applicant's response that "*There is no requirement for an Applicant to identify exactly which courier it will use as part of an application process. The SOPs properly explain how deliveries will be carried out by whichever courier is appointed.*" The Committee concurred with the Applicant that it was not required to specify which couriers are to be used at this stage.

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

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

7.64 The Committee noted that in the application form, in response to the question as to whether they were undertaking to provide appliances, the Applicant had stated *"None".* The Committee noted the Applicant's SOPs state:

7.65 SOP 9 'Pharmaceutical & Legal Assessment':

7.65.1 "*9.9 Items Requiring Measuring and Fitting*

*Where a prescription is received for an item that requires measuring or fitting the patient should be contacted and informed that these items are not available from this pharmacy as we do not provide a measuring and fitting service. Patients should be signposted to at least two other providers of the service in their area, or if they consent the prescription can be referred directly to another NHS pharmacist or appliance contractor. (see signposting SOP)*"

7.66 SOP 26 'Support for Self-Care, Signposting and Health Promotion':

7.66.1 "*26.14 Items Requiring Measuring and Fitting*

*Where a prescription is received for an appliance or stoma appliance customisation or any item that requires measuring or fitting the patient must be contacted and informed that these items are not available from this pharmacy as we do not provide a measuring and fitting service. Patients must be signposted to at least two other providers of the service in their area. (see signposting SOP)*"

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

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

7.69 The Committee noted that SOP 18 'Bagging-Up' states:

7.69.1 "*18.7 Choice of Packaging*

*Choice of packaging will depend on the nature of the items being delivered and the appropriate level of protection must be used to ensure that the item can withstand the normal rigours of the delivery process.*

*All packaging must have the tamper proof seals provided in the pharmacy attached to the packaging so that any tampering with the packaging will be evident.*

*Medicine for local delivery which is not fragile and to be delivered by the delivery driver can be packaged in the using the pharmacy bags supplied for standard prescription items.*

*DO NOT use normal cardboard boxes. When cardboard boxes are required ALWAYS use the re-enforced boxes that are purchased for delivery purposes.*

*For postal items, either:*

*At the very least - padded envelopes even for non-fragile items as this will help to ensure the integrity of the manufacturers packaging.*

*For most items - bubble wrap and where necessary, polystyrene filler, placed within a cardboard box. **use the re-enforced cardboard boxes***

*Large or any fragile medicines should be packed into the re-enforced cardboard boxes with bubble packaging and filling material to protect from damage.*

*Coldchain items should be bubble wrapped and placed in Styrofoam filled re-enforced cardboard boxes and kept in the DELIVERIES FRIDGE (rather than the storage fridge) with the "FRAGILE" and "FRIDGE LINE" stickers attached. The courier company will transport the boxes in vans with cold chain sections that protect the integrity of the box ("cold ship" packaging) and are fully monitored – typically at 2 to 8 degrees Celsius range- (see delivery SOP). Pharmacy staff should be aware that some thermolabile products can be damaged by excessive cold as well as heat. Items such as ice packs can cause freezing in medicines which is damaging to them and such items must not be used.* [Applicant's emphasis]"

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

Refusal to provide drugs or appliances ordered

7.71 The Committee asked itself how the Applicant will be satisfied that when dispensing a repeatable prescription other than on the first occasion, that the patient is still using the medication, is not suffering from any side effects, the medicine regime has not changed in any way and there has been no changes to the patient's health, which may indicate the desirability of review the patients treatment.

7.72 The Committee noted SOP 34 'Repeat Dispensing' states:

7.72.1 "*34.10 Prescription Reception*

*The pharmacy record card must be completed and attached to a RA and an entry made on each occasion a dispensing takes place.*

*Any amendments to the RD, e.g. items not issued or change to expected interval must be recorded in the comment section of the pharmacy copy of the card.*"

7.72.2 "*34.11 Pharmaceutical & Legal Assessment*

*Terms of Service states that a pharmacy must, when providing drugs in accordance with a repeatable prescription the importance of only requesting those items which they need. Patients should be so advised either by phone or through the inclusion of written information with delivered medication.*

*The pharmacist should telephone and speak with the patient before issuing a repeat and ensure:*

*They are taking or using, and likely to continue to take or use the medicine or appliances appropriately*

*Advise the patient that they should only order items that they need*

*Check that the patient is not suffering any side effects which may suggest they need a review of their medication*

*Check that the patient's regimen has not been changed since the prescriber authorised the repeatable medication.*

*Check that there has not been any change to the patient's health since prescription was authorised*

*Provide advice and encourage patients with long term, stable medical conditions to discuss repeat dispensing of their medicine with their prescriber.*

*Any interventions, referrals (to the patient's GP or otherwise) or refusal to supply decisions which are deemed to be clinically significant should be recorded on the Intervention and Referral Form which must be shared with the patient's GP.*

*The prescriber must have signed the RA. The RDs will not be signed but will be numbered as appropriate. The RA will detail the specific number of issues and, if appropriate, the dispensing interval.*"

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

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

7.74 The Committee considered whether the Applicant had explained how appropriate advice about the benefits of repeat dispensing is given to any patient who (i) has long term, stable medical condition (that is, a medical

condition that is unlikely to change in the short to medium term), and (ii) requires regular medicine in respect of that medical condition.

7.75 The Committee noted SOP 34 'Repeat Dispensing' states:

7.75.1 "*34.10 Prescription Reception*

*Appropriate advice about the benefits of repeat dispensing must be given to any patient who:*

*has a long term, stable medical condition (that is, a medical condition that is unlikely to change in the short to medium term); and,*

*requires regular medicine in respect of that medical condition, including, where appropriate, advice that encourages the patient to discuss repeat dispensing of that medicine with a prescriber at the provider of primary medical services whose patient list the patient is on.*

*Such advice will be provided by the Pharmacy using its permissible methods of non face-to-face contact with patients.*

*On receipt of a repeatable prescription from the patient, the pharmacy staff should ensure that the patient fully understands the Repeat Dispensing Process and is provided with a patient information leaflet that outlines the benefits of the service. Contact the patient to discuss the service and confirm if they wish to access the information leaflet online, by email or by post.*

*Check to confirm if the patient has a long term, stable medical condition that requires regular medicine in the short to medium term and ensure relevant patients have the scheme explained to them.*"

7.75.2 "*34.11 Pharmaceutical & Legal Assessment*

*The pharmacist should telephone and speak with the patient before issuing a repeat and ensure:*

*… Provide advice and encourage patients with long term, stable medical conditions to discuss repeat dispensing of their medicine with their prescriber.*"

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

Disposal service in respect of unwanted drugs

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

7.78 The Committee noted SOP 24 'Controlled Drugs: Collection and Disposal of Patient Returns' states:

7.78.1 "*24.5 Patient Returned Medication*

*This service is available to all patients living in England.*

*Patients or their representatives may not return and* [sic] *medicines directly to the pharmacy and must follow the procedures set out in this SOP.* [Applicant's emphasis]

*Patients should be referred to the 'Returning unwanted medication' page on the website for information.*

*To arrange the return of unwanted medicines to the Pharmacy the patient must telephone and speak to a member of the dispensary team. For controlled drugs this must always be the pharmacist on duty.*

*The process for returning medication must be explained to the patient.*

*Each return will be made by booking an appointment for the pharmacy's driver to visit the patient's home to collect the returned medication or by sending the appropriate packaging to the patient to arrange for return by Royal Mail – Note the Royal Mail website refers to a prohibition on carrying "controlled drugs" but this refers only to illicit controlled drugs and not those supplied under the direction of a physician.*"

7.78.2 "*24.7 Return by Royal Mail*

*The pharmacist must*

*Speak to the patient about the return and clarify the items being returned.*

*Assess the items for suitability for return by Royal Mail*

*If items are suitable for return by Royal Mail then make a note on the PMR and arrange to send the appropriate packaging to the patient for safe return (refer to bagging up SOP for appropriate packaging)*

*If items are not suitable for return by Royal Mail (eg clinical or contaminated waste) then provide the patient with details of their local procedures for disposal.*

*Send the packaging to the patient along with the instructions for appropriate packing of the goods*

*Contact the patient to ensure that the packaging has been received*

*Provide signposting via phone or email to other pharmacies where the patient prefers to dispose of unwanted medicines locally.*"

7.78.3 "*24.8 Handling Patient-Returned CDs from Delivery Driver*

*Drivers need to:*

*Be aware that they cannot accept patient returns from patients without prior arrangement. The driver must notify the patient to follow the "returning unwanted medication" process as set out on the website.*

*Ensure that appropriate packaging is within the van prior to starting the journey as the patient may not have requested the correct type or there may be a requirement for additional packaging.*

*Pharmacy staff need to:*

*If CDs have been identified, immediately on receipt from the driver, secure them in a bag, clearly marking on 'Patient-returned CDs for destruction' and include the date of return; place the bag in the CD cabinet away from pharmacy stock until they can be destroyed.*

*As soon as possible, Refer to the 'Returned medicines form' to make the entry in the 'Patient returned CD register', to record the CD that require destruction at a later date.*"

7.79 SOP 25 'The Safe and Effective Receipt and Disposal of Medicines' states:

7.79.1 "*25.6 Process for Patients to Return Medication*

*Patient Returned Medication*

*Patients or their representatives MAY NOT return and* [sic] *medicines directly to the pharmacy and must follow the procedures set out in this SOP.*

*This service is available to all patients living in England.*

*Patients can be referred to the 'Returning unwanted medication' page on the website for information.*

*To arrange sending medication back to the Pharmacy the patient must telephone and speak to a member of the dispensary team.*

*Patients may*

*Arrange collection by the Pharmacy driver at an appointed time, or*

*Send unwanted medication back to the Pharmacy via courier (at the pharmacy's cost), or Royal Mail (subject to risk assessment of contents by the RP in advance) or,*

*The Pharmacy can arrange for medication to be collected by our specialist waste management contractor.*

*Advise patient of their other options to dispose of unwanted or expired medication if none of these options is suitable for them (signposting to local pharmacies).*

*Explaining the Process to Patients*

*Check which patient or patients the medication belonged to.*

*Check the relevant PMR to identify any hazardous / dangers drugs or items that have been dispensed and could potentially form part of the return.*

*Ask the patient to identify the type of medication being returned.*

*If there is any item considered dangerous, such as a cytotoxic, inform the patient that we will collect items using the specialist waste management contractor and arrange for that collection to take place at a convenient time.*

*Go through the "unwanted medicines card" (available from the CPE website) over the phone with the patient.*"

7.79.2 "*25.7 Process for accepting patient returns by the Driver*

*Confirm that a collection of unwanted medication for disposal has been booked. Returns without a booking should only happen in exceptional circumstances as this increases the chance that the proper process for segregation of medicine has not been followed.*

*Ensure you are fully equipped with the utensils in your vehicle to accept unwanted medication as patients may have placed unwanted medication into incorrect bags*

*Wear appropriate protective clothing where there is a requirement to handle any returned waste.*

*Identify any controlled drugs (check with the pharmacist if necessary); segregate these and place in a labelled clear bag for the pharmacist for denaturing and disposal. For further guidance read SOP Controlled Drugs: Disposal of Patient returned medication'.*

*Identify any sharps and ask the customer to take these back if it safe to do so, signposting to the most appropriate route of disposal.*

*Identify any cytotoxic or other hazardous waste (check with the pharmacist where necessary).*

*Identify any flammable waste and store separately until this can be removed by the waste contractor.*

*Where large quantities of the same medicine are being returned, then report this to the pharmacist as this could indicate a compliance issue requiring intervention.*

*Complete the 'Patients Returns Sheet' detailing the patients name and address, also if relevant their representatives name.*

*Store returned medicines in the quarantine area of the van for transport.*

*The returnable items can be taken back to the pharmacy for destruction.*

*Ensure medicines are not visible in the vehicle at all times.*"

7.79.3 "*25.9 Return by Royal Mail*

*The pharmacist must*

*Speak to the patient about the return and clarify the items being returned.*

*Assess the items for suitability for return by Royal Mail*

*If items are suitable for return by Royal Mail then make a note on the PMR and arrange to send the appropriate packaging to the patient for safe return (refer to bagging up SOP for appropriate packaging)*

*If items are not suitable for return by Royal Mail (eg clinical or contaminated waste) then provide the patient with details of their local procedures for disposal.*

*Send the packaging to the patient along with the instructions for appropriate packing of the goods*

*Contact the patient to ensure that the packaging has been received*

*Provide signposting via phone or email to other pharmacies where the patient prefers to dispose of unwanted medicines locally.*"

7.79.4 "*25.10 Disposal of returned medicines*

*Use the specialist waste management company to provide safe and secure disposal of unwanted medicines by collection of unwanted medicines from patients and residential homes.*

*Unwanted medicines collected by the driver must be sorted and placed in disposal units / containers provided by the NHSCB or a waste contractor retained by the NHSCB ready for waste management services to collect.*"

7.80 Based on all of the information before it, the Committee was satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 13 - 15 of Schedule 4.

Promotion of healthy lifestyles

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

7.82 The Committee noted that SOP 27 'Promotion of Healthy Living, Lifestyles & Health Campaigns' under the heading 'Health Campaigns & Community Engagement Exercise' states at point 27.4:

7.82.1 "*Terms of Service require participation in a maximum of 2 campaigns per financial year, but you should agree to take part in all campaigns where practicable.*

*The Pharmacy will take part in national health campaigns to promote public health messages to patients across England. This will be achieved by sending out leaflets with prescriptions during specific targeted campaign periods and providing additional advice and learning resources via the website on the health promotion zone.*

*The pharmacy will also take part in at least one approved community engagement exercise in relation to the promotion of health living each financial year.*

*Patients will be directed to the learning resources via email, text and other non face-to-face communication so that they are aware of the campaign.*

*Patients should also be assessed for participation in at least one clinical audit and whichever of the following that the NHSCB specifies—*

*(i) a clinical audit carried out in a manner which is compatible with the NHSCB's arrangements for the receiving and processing of data from the audit, or*

*(ii) a policy based audit (to support the development of the commissioning policies of the NHSCB) carried out in a manner which is compatible with the NHSCB's arrangements for the receiving and processing of data from the audit.*

*We will also offer help and support on our website and direct patients to appropriate links for the health campaigns. This will ensure that patients across the UK are able to easily access information about health campaigns at all times.*"

7.83 Further, in SOP 27, under the heading 'Identification of patients for promotion of Healthy lifestyles' states at point 27.3:

7.83.1 "*Leaflets will be delivered to patients with their medication. Those identified as having medical conditions such as diabetes, coronary*

*heart disease, COPD, Asthma, high blood pressure, smokers, overweight individuals, etc. or being at risk from them or other conditions will also receive targeted campaigns. The website, app and email newsletters will also be used to promote healthy lifestyles via the health promotion zone.*"

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

Prescription linked intervention

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

7.86 The Committee noted SOP 27 'Promotion of Healthy Living, Lifestyle & Health Campaigns' at point 27.3 under the heading 'Identification of patients for promotion of Healthy Lifestyles' states:

7.86.1 "*Identification can take three forms, namely, passive, active, or as part of the repeat (or normal) dispensing process.*

***Active patients** will be those who have chosen to access the Lifestyle Questionnaires via the website or returned them by post and who are then identified from the results as patients to whom further information should be sent, or who should be called to follow up on the results and offer additional support and information. All patients who have prescriptions dispensed or purchase medicines from the pharmacy will be asked to fill in the Lifestyle Questionnaire which will ask for details such as existing medical conditions, height, weight and also lifestyle questions such as whether a patient is a smoker and how much exercise they normally have on a weekly basis.*

***Passive patients** are those where the identification happens as part of another interaction with the patient, but where the patient does not appear to be actively seeking additional assistance. For example, the dispensing of a prescription which identifies the patient as having high blood pressure / diabetes etc.*

***As part of repeat dispensing process (or during any other interaction with a patient)** staff should record the information provided by patients on the PMR system. Where a patient provides information that indicates that they would benefit from promotion of healthy lifestyles they should be recorded as a 'target patient' and the appropriate information that is relevant to them should be provided.*

*Leaflets will be delivered to patients with their medication. Those identified as having medical conditions such as diabetes, coronary heart disease, COPD, Asthma, high blood pressure, smokers, overweight individuals, etc. or being at risk from them or other conditions will also receive targeted campaigns. The website, app and*

*email newsletters will also be used to promote healthy lifestyles via the health promotion zone.*"

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

Health campaigns

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

7.89 The Committee noted that SOP 27 'Promotion of Healthy Living, Lifestyle & Health Campaigns' under the heading 'Health Campaigns & Community Engagement Exercise', at point 27.4 states:

7.89.1 "*The Pharmacy will take part in national health campaigns to promote public health messages to patients across England. This will be achieved by sending out leaflets with prescriptions during specific targeted campaign periods and providing additional advice and learning resources via the website on the health promotion zone.*

*The pharmacy will also take part in at least one approved community engagement exercise in relation to the promotion of health living each financial year.*

*Patients will be directed to the learning resources via email, text and other non face-to-face communication so that they are aware of the campaign. …*

*We will also offer help and support on our website and direct patients to appropriate links for the health campaigns. This will ensure that patients across the UK are able to easily access information about health campaigns at all times.*

*The Pharmacy will use the opportunity when dispensing prescriptions for patients who have conditions such as diabetes, heart disease, obesity and high blood pressure, to offer health advice over the phone or provide them with leaflets about their conditions. Patients will also be able to speak to the pharmacist regarding information about the campaigns. Advice and help will be available to patients during opening hours of the pharmacy and patients can access information on our pharmacy website at all times. This ensures the uninterrupted provision of the service to patients across England.*"

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

Signposting

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

7.92 The Committee noted that in SOP 26 'Support for Self-Care, Signposting and Health Promotion' under the heading 'Signposting' states:

7.92.1 "*26.10 Other Provider Organisations and Support Details*

*Details of local health and social care providers to whom patients can be referred as well as contact details for local patient and support groups can should be provided to patients via written mailshots, flyers sent with prescription deliveries, our website and by telephone or email.*"

7.92.2 "*26.12 Signposting*

*Service description*

*To minimise inappropriate use of health and social care services and support services, patients who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person must be given sufficient information to enable them to access those services. Where appropriate, this may take the form of a referral.*

*Aims and intended service outcomes*

*To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations.*

*To enable people to contact and/or access further care and support appropriate to their needs.*

*To minimise inappropriate use of health and social care services and support services*"

7.92.3 "*26.13 Patient Identification*

*Identification can take place during any interaction that the patient has with the pharmacy staff. In particular, staff should consider the results from the identification of patients for the promotion of healthy lifestyles and those who have filled in the Lifestyle Questionnaire on the website.*

*Staff should always consider that in order to minimise inappropriate use of health and social care services and of support services and person who:*

*requires advice, treatment or support that we cannot provide; but*

*we are aware of another provider of health services who is likely to be able to provide that advice, treatment or support.*

*We must provide the patient with contact details of that provider and, where appropriate, refer the person to the provider. At least two providers should be identified if this is possible.*"

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

Support for self-care

7.94 The Committee considered whether the Applicant had explained or otherwise demonstrated how it will provide advice and support for people caring for their families.

7.95 The Committee noted the Applicant's SOP 26 'Support for Self-Care, Signposting and Health Promotion', point 26.9 under the heading 'Service outline' states:

7.95.1 "*Upon receipt of a request for help with the Support for Self-Care, including treatment of minor illness and long-term conditions, pharmacy staff should consider available resources and provide general information and advice on how to manage illness.*

*If appropriate, access the patient's Summary Care Record / National Care Records Service to see if it assists in delivery of the service. …*

*The pharmacist should provide advice on the appropriate use of non-prescription medicines which can be used in the self-care of the relevant minor illness and / or long-term conditions.*"

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

Discharge medicines service

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

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

7.99 The Committee noted the Applicant's SOP 28 'Discharge Medicines Service("DMS")' states:

7.99.1 "*28.3 Process*

*Every day the RP must check the pharmacy's NHS.net Connect system, PharmOutcomes and Refer to Pharmacy for referrals to the DMS. Pharmacy contractors must consider any communication in the following form and manner as constituting a referral: "Any written patient information received by a community pharmacy via secure electronic message from an NHS trust or other provider of NHS services concerning a patient's discharge to usual primary care services and their medicines regimen".*"

7.99.2 "*28.4 Consent*

*Obtain and record the informed consent from the patient prior to provision of the service using the consent form. As part of obtaining consent discuss the requirements for data sharing. Inform the patient that any information discussed as part of the service may be shared with their GP.*"

7.99.3 "*28.5 DMS Stages*

*It is expected that all patients referred to the pharmacy will receive all three stages of the service. Note that stages 1, 2 and 3 of the service may occur in parallel and first contact with the patient (as defined in the NHS Discharge Medicines Service toolkit) could happen at any stage in the process.*"

7.99.4 "*28.6* ***DMS Stage 1 (within 72 hours of referral excluding times when the pharmacy is not open)***

*The community pharmacy receives a discharge referral. A clinical review is undertaken by a community pharmacist following receipt of a patient referral. The community pharmacy team may contact the referring NHS trust contact or the PCN pharmacy team to discuss any concerns (eg an important medicine the patient usually takes is omitted on the discharge referral) and to seek clarification about the discharge referral.*"

7.99.5 "*28.7 Considering the appropriateness of any medication changes prior to discharge*

*DMS requests will not necessarily all be in the same form.*

*Summary Care Record / National Care Records Service Access - If appropriate, access the patient's Summary Care Record / National Care Records Service to see if it assists in providing the service*

*The pharmacist must review the actions requested in the DMS and consider whether the actions requested are, in the pharmacists clinical judgement, appropriate.*

*For actions that are considered appropriate the pharmacist must;*

*Use the information in the referral, to compare (as far as possible) the patient's medicines at discharge to those they were taking before admission to hospital.*

*Check any prescriptions issued to be dispensed to assess whether any changes are appropriate and identify any areas of concern.*

*Where necessary, discuss changes that may be appropriate or raise any issues of concern identified, to the extent that in accordance with the pharmacist's clinical judgement, it appropriate to do so with—*

*(i) the staff of the hospital or other provider of NHS services that made the referral, and*

*(ii) any provider of primary medical services on whose patient list the patient is; and*

*keep and maintain records of the DMS referrals received and of any actions taken, as appropriate (in particular, to support delivery of stages 2 and 3 of the service).*"

7.99.6 "*28.8 DMS Stage 2*

*The community pharmacy receives the first prescription following discharge. The pharmacist or pharmacy technician will ensure medicines prescribed post-discharge take account of the appropriate changes made during the hospital admission. If there are discrepancies, the pharmacy team will try to resolve them with the general practice, utilising existing communication channels. Alternatively, the community pharmacist may refer the patient to the PCN pharmacy team for a Structured Medication Review or other intervention.*

*If the pharmacy receives either a written or electronic prescription (or repeatable prescription) or EPS token and the pharmacy as received a request for Stage 2 of the DMS service either from Stage 1 or*

*Even without a referral to Stage 2, the pharmacy receives such a prescription as described above and the pharmacy is aware as a result of an earlier referral to Stage 2 or Stage 3 that this is the first prescription for a medicinal product following the patient's discharge from hospital, or a transfer of the patient's care from another NHS service provider, AND*

*The pharmacy is aware that either the patient, or their carer wishes the pharmacy to provide Stage 2 of the DMS service then the pharmacy must provide the following service as part of Stage 2*

*Then the pharmacist must:*

*Review / perform a further review of any prescription*

*Summary Care Record / National Care Records Service Access - If appropriate, access the patient's Summary Care Record / National Care Records Service to see if it assists in providing the service.*

*Specifically consider if in your clinical judgement appropriate account has been taken to any changes in the medication regimen during the patient's stay in hospital or prior to the transfer of the DMS from another pharmacy.*

*Where you see areas of concern, raise those issues as appropriate with the patient's GP*

*Keep and maintain records of the DMS referrals received and of any actions taken, as appropriate (in particular, to support delivery of stage 3 of the service).*"

7.99.7 "*28.9 DMS Stage 3*

*The NHS Discharge Medicines Service should also be used as an opportunity to engage with patients about their medicines on a shared decision-making basis. Whether the patient or their carer makes contact themselves for advice, a referral is received from an NHS trust on discharge or a prescription is received following prescribing changes, the pharmacist or pharmacy technician should take the opportunity to establish the patient's understanding of their condition(s), their associated medications and how each medicine can be best administered to get optimum benefit and reduce unwanted side effects.*

*The community pharmacy checks the patient's understanding of their medicines regimen. The pharmacist or pharmacy technician will hold a discussion, adopting a shared decision-making approach, with the patient (or the carer if appropriate) to check their understanding of their post-discharge medicines' regimen. The pharmacist or pharmacy technician will identify any adherence, clinical issues, outstanding questions or needs the patient may have regarding their medicines.*"

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

Websites and health promotion zones

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

7.102 The Committee noted SOP 26 'Support for Self-Care, Signposting and Health Promotion' states:

7.102.1"*26.11* ***Health promotion zone on our website***

*The website allows patients to access pharmaceutical services via our interactive page.*

***Explaining the Interactive Page to Patients***

*The interactive page is promoted on the website so that when a patient first visits the website they are signposted to a range of up to date materials that promote healthy lifestyles.*

*The Superintendent Pharmacist is responsible for ensuring that a reasonable range of materials are accessible via the interactive page and that they address a reasonable range of health issues.*

*The health promotion zone may also includes details of current health campaigns and other information to promote healthy lifestyle choices as well as providing access to the Lifestyle Questionnaire that is used to target health information to patients.*"

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

*Other matters*

7.104 The Committee noted Temple Bright LLP's comment that *"In respect of some forms of communication, the "SOPs" detail how patient confidentiality will be maintained (pages 21 to 24). However, no such information is given in relation to maintaining patient confidentiality where text messaging is used.*" The Committee noted the Applicant's response that "*Text messaging is used across the NHS to contact patients and is via a company account (ie desktop pc) rather than a normal phone.*" The Committee was satisfied that a text can be sent without containing patient sensitive information.

7.105 The Committee noted Temple Bright LLP's concerns regarding delivery time and method of delivery for the Pharmacy First Service. The Committee noted that deliveries arising from Pharmacy First consultations are covered under SOP 19 'Order Delivery'. The Committee also noted and concurred with the Applicant's comment that "*As with any delivery, the Responsible Pharmacist will determine which delivery method is most suitable depending on the specific circumstances and liaise with the patient. The requirement to provide a patient with an estimate of delivery time is found at the Order Delivery SOP 19.8*".

7.106 The Committee noted Temple Bright LLP's concerns regarding how patients may complete and return an EPS nomination form and had regard to the Applicant's response that "*Page 62 of the SOPs clearly states that nomination forms are available on the pharmacy's website. Patients who choose to use a distance selling pharmacy will be choosing to access a pharmacy that operates online. Patients can also change their nomination using the NHS app (page 63,*

*12.10). Forms can be emailed to the pharmacy.*" The Committee was satisfied that the completion of nomination forms would be achieved on a non-face to face basis.

7.107 The Committee noted Temple Bright LLP's comment that "*The "SOP" for repeat dispensing (page 143) states that "The supplies of medicines are managed by the patient's pharmacy of choice and the patient or representative must visit the same pharmacy for each supply under the service." Since it is not permitted for patients (or their representatives) to "visit" a distance selling pharmacy, this statement demonstrates a clear breach of the distance selling provisions.*" In response, the Applicant states "*The statement that the patient "must visit the same pharmacy for each supply" is a minor drafting error that should instead say that the patient must "use" the same pharmacy for each supply. The SOP will be updated to ensure clarity. There are multiple references throughout the SOPs that make it clear that patients cannot access (or visit) the pharmacy for any service or any reason.*" The Committee accepted the intention of the phrase used by the Applicant and noted that it would be updated to clarify this. The Committee was satisfied that repeat dispensing would be achieved on a non-face to face basis.

*Summary*

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

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

7.109.1 confirm the Commissioner's decision;

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

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

7.110 Given that the Committee had considered updated information and reached a different determination to that of the Commissioner, it determined that the decision of the Commissioner must be quashed.

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

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

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

## 8 Decision

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

8.2 The Committee:

8.2.1 quashes the decision of the Commissioner; and

8.2.2 redetermines the application as follows -

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

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

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

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

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

8.2.3 The application is granted.

**Case Manager**
**Primary Care Appeals**