NHS Resolution

9 July 2026

REF: SHA/26927

8th Floor
10 South Colonnade
Canary Wharf
London
E14 4PU

Tel: 020 3928 2000
Email: nhsr.appeals@nhs.net

APPEAL AGAINST MID AND SOUTH ESSEX ICB DECISION TO REFUSE AN APPLICATION BY ROWAN PHARMA LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT 131 FURTHERWICK ROAD, CANVEY ISLAND, ESSEX, SS8 7AT 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 Rowan Pharma Ltd
Temple Bright on behalf of Laville Ltd
Britannia Pharmacy
Community Pharmacy Essex
PCSE on behalf of Mid and South Essex ICB

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1 The Application

By application dated 4 June 2025, Rowan Pharma Ltd ("the Applicant") applied to Mid and South Essex ICB ("the Commissioner") for inclusion in the pharmaceutical list at 131 Furtherwick Road, Canvey Island, Essex, SS8 7AT under Regulation 25. In support of the application it was stated:

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

1.1.1 "Drug Tariff Part IX* (*Except items that require measuring or fitting)."

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

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

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

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

Pharmacy procedures

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

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

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

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

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

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

1.8 "See attached information"

1.9 [SOPs were provided with the application which have since been superseded by those provided on appeal.]

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.

2.1 RUSHPORT ADVISORY LLP ON BEHALF OF THE APPLICANT

2.1.1 "Thank you for your letter of 29 July 2025. I act for Rowan Pharma Ltd in the above application and have been instructed by my client to submit the following reply to the consultation comments received.

Preliminary Point

2.1.2 As the Committee will be aware, my client's application was submitted on 5 June 2025. On 23 June 2025 regulation 25 was amended and the legal test to be applied was changed. The amendment to regulation 25 has required my client to make adjustments to their SOPs to ensure that they correctly reflect the new legal test.

2.1.3 The updates have the following effect

2.1.4 1. Clarify that no NHS pharmaceutical services will be provided to patients at the premises. See SOP 3 – Procedures For NHS Pharmaceutical Services

2.1.5 2. Include SOPs for the remote provision of both NMS and Pharmacy First – See SOPs 7 and 8. Pharmacy First has not been applied for it will not be provided, but the SOP is included for completeness in case the service is applied for at a later date.

2.1.6 3. Remove references to essential services and replace those with references to pharmaceutical services.

2.1.7 4. Other small minor and typographical changes.

2.1.1 We have attached a copy of the updated SOPs with this reply and they have been approved by my client. [SOPs not enclosed as have been superseded on appeal.]

Laville Limited

2.1.2 Dealing with the points raised by Laville Limited in order we reply as follows.

Premises

2.1.3 My client will operate from premises that use a controlled entry system. Patients will not be able to walk into the pharmacy or receive any services at the pharmacy premises.

2.1.4 SOP 3.2 details how any request for face to face services will be dealt with and has been updated.

2.1.5 It is incorrect to claim that telling a patient where an alternate pharmacy is located is providing the NHS service of “signposting”. Signposting refers to providing information relating to other health and social care providers or support organisations who may be able to assist the patient where a pharmacy cannot provide the service. This is clear from the service specification.

2.1.6 A patient information leaflet or a practice leaflet is not an offer to provide services in the same way that a restaurant menu is not an offer to provide food. It is currently a requirement to produce such a leaflet. However, as the requirement to produce practice leaflets is to be removed we have removed the reference from the amended SOPs.

SOPs

2.1.7 It is common for pharmacies to use SOPs written by third party organisations and this argument has been made by Laville Limited’s representative and rejected by Primary Care Appeals on many occasions.

2.1.8 The SOPs have been approved by my client for use in their pharmacy.

2.1.9 With reference to the numbered points in the objection letter we reply using the same numbering below.

2.1.10 1. This is simply an incorrect inference. The (rather obvious) point being made is that the ICB does not assess an application by reference to the GPhC standards as the ICB is not the regulator.

2.1.11 2. We are grateful for the comment regarding CCGs and this reference has been updated.

2.1.12 3. This point is simply incorrect as we have already stated above.

2.1.1 4. As per the preliminary point raised at the start of this letter, there is now a requirement to provide an SOPs for any advanced or enhanced service and the NMS SOP has now been provided. The same requirement did not exist when the original application was submitted.

2.1.2 5. My client has not decided whether or not to offer online sales of medicines and has removed the reference to online sales from their SOPs. In any event, online sales do not form part of the legal test that the ICB will apply as it is not an NHS service.

2.1.3 6. This typo has been corrected and we are grateful that it was pointed out.

2.1.4 7. Updated guidance on valproate medicines was issued on 10 June 2025 after my client submitted their application. The SOPs have been updated to reflect the new guidance.

2.1.5 8. The SOP relating to insulin is clear. However, we always seek any opportunity to provide more clarity and have made some small amendments that we believe are self-explanatory.

2.1.6 9. We trust that the ICB will not be confused by the delivery SOPs in the same way that Laville Limited's representative claims to be. We have made some minor changes to the SOPs to attempt to make it as clear as is possible how each delivery method is used. Royal Mail would not be used for emergency supplies as a delivery by courier or the pharmacy's driver would be more appropriate in those circumstances.

2.1.7 10. Deliveries by Royal Mail are standard across many DSPs and are accepted as part of signing up to the pharmacy's service. A Royal Mail delivery is therefore considered to be supplying medicines with reasonable promptness.

2.1.8 11. SOP 17.2 of the original SOPs and 20.8 of the updated SOPs 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*."

2.1.9 12. No cold chain provider has been appointed because the pharmacy does not yet exist.

2.1.10 13. No controlled drugs courier has been appointed as the pharmacy does not yet exist.

2.1.11 14. It is not clear what this objection or point is referring to. The objector references different parts of the SOPs and attempts valiantly to confuse itself. Read properly there is no confusion.

Britannia Pharmacy

2.1.12 As the ICB will be aware, regulation 31 relates to premises that are either the same or adjacent to existing premises. The word adjacent in this context is interpreted as meaning next to or touching. Regulation 31 therefore does not apply in this case.

Well, Boots and the LMC

2.1.13 These comments do not require any reply.

Community Pharmacy Essex

2.1.1 The points raised by Community Pharmacy Essex have been dealt with above.

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

2.2 RUSHPORT ADVISORY LLP ON BEHALF OF THE APPLICANT

2.2.1 "Thank you for your letter of 12 November 2025. I act for Rowan Pharma Ltd in the above application and have been instructed by my client to submit the following reply to the consultation comments received.

Laville Limited

2.2.2 Dealing with the points raised by Laville Limited in order we reply as follows.

Premises

2.2.3 My client will operate from premises that use a controlled entry system. Patients will not be able to walk into the pharmacy or receive any services at the pharmacy premises.

2.2.4 SOP 3.2 details how any request for face to face services will be dealt with and has been updated.

Practice Leaflet

2.2.5 The requirement to produce practice leaflets no longer applies and has been removed from the Terms of Service.

SOPs

2.2.6 It is common for pharmacies to use SOPs written by third party organisations and this argument has been made by Laville Limited's representative and rejected by Primary Care Appeals on many occasions.

2.2.7 The SOPs have been approved by my client for use in their pharmacy.

2.2.8 With reference to the numbered points in the objection letter we reply using the same numbering below

2.2.9 1. This is simply an incorrect inference. The (rather obvious) point being made is that the ICB does not assess an application by reference to the GPhC standards as the ICB is not the regulator.

2.2.10 2. We are grateful for the comment regarding CCGs and this reference has been updated.

2.2.11 3. This point is simply incorrect as we have already stated above.

2.2.12 4. As per the preliminary point raised at the start of this letter, there is now a requirement to provide an SOPs for any advanced or enhanced service and the NMS SOP has now been provided. The same requirement did not exist when the original application was submitted.

2.2.13 5. My client has not decided whether or not to offer online sales of medicines and has removed the reference to online sales from their SOPs. In any event, online sales do not form part of the legal test that the ICB will apply as it is not an NHS service.

2.2.14 6. This typo has been corrected and we are grateful that it was pointed out.

2.2.15 7. Updated guidance on valproate medicines was issued on 10 June 2025 after my client submitted their application. The SOPs have been updated to reflect the new guidance.

2.2.16 8. The SOP relating to insulin is clear. However, we always seek any opportunity to provide more clarity and have made some small amendments that we believe are self-explanatory.

2.2.17 9. We trust that the ICB will not be confused by the delivery SOPs in the same way that Laville Limited's representative claims to be. We have made some minor changes to the SOPs to attempt to make it as clear as is possible how each delivery method is used. Royal Mail would not be used for emergency supplies as a delivery by courier or the pharmacy's driver would be more appropriate in those circumstances.

2.2.18 10. Deliveries by Royal Mail are standard across many DSPs and are accepted as part of signing up to the pharmacy's service. A Royal Mail delivery is therefore considered to be supplying medicines with reasonable promptness.

2.2.19 11. SOP 17.2 of the original SOPs and 20.8 of the updated SOPs 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."

2.2.20 12. No cold chain provider has been appointed because the pharmacy does not yet exist.

2.2.21 13. No controlled drugs courier has been appointed as the pharmacy does not yet exist.

2.2.22 14. It is not clear what this objection or point is referring to. The objector references different parts of the SOPs and attempts valiantly to confuse itself. Read properly there is no confusion.

Britannia Pharmacy

2.2.23 As the ICB will be aware, regulation 31 relates to premises that are either the same or adjacent to existing premises. The word adjacent in this context is interpreted as meaning next to or touching. Regulation 31 therefore does not apply in this case.

Well, Boots and the LMC

2.2.24 These comments do not require any reply.

Community Pharmacy Essex

2.2.25 The points raised by Community Pharmacy Essex have been dealt with above.

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

3 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 20 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."

Extract from the decision report:

3.2 **"Rowan Pharma Ltd - DS - SS8 7AT - CAS-368364-L1G4X9**

3.3 The 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").

3.4 **Application in respect of distance selling premises (DSP): Rowan Pharma Ltd, 131 Furtherwick Road, Canvey Island, Essex SS8 7AT.**

3.5 The Committee noted that the application had been submitted by Rushport Advisory LLP on behalf of the applicant.

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

Regulation 31: Refusal: same or adjacent premises.

3.7 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.

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

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

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

Regulation 25: Distance selling premises applications.

Regulation 25(2)(a)

3.10 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:

"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."

3.11 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.

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

Regulation 25(2)(b)

3.13 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.

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

3.15 As of June 2025, the Regulations were amended and therefore 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.

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

3.16.1 Annex 1 - Application Form

3.16.2 SOPs – Rowan Pharma Ltd

Representations

3.17 The Committee noted the full representations/comments made and the summaries below:

3.18 **Well Pharmacy** – who solely asked the ICB to be assured that this application fully satisfies Regulation 25 and Regulation 64 before it should be granted.

3.19 **North & South Essex Local Medical Committees** – who solely sought assurances that NHS England will clarify that all provisions set out in Regulation 25 would be met before granting the application and in respect of additional and enhanced services as amended on 1st October 2025.

3.20 **Community Pharmacy Essex (CPE)** – who noted that *"…the applicant has directors and persons of interest in common with another pharmacy body corporate on the pharmaceutical list in the Essex health and wellbeing board area, Promising Healthcare Ltd…."*

3.21 CPE were also "…*aware of ongoing complaints regarding this pharmacy, in particular regarding provision of face-to-face services on the premises and direction of prescriptions."*

3.22 CPE also noted *"…the proposed premises are in a small terrace of shops on Canvey Island, which was previously a photography studio. The ICB committee may wish to consider whether this could lead the public to think that the pharmacy, if approved, is operating as a conventional "bricks and mortar" pharmacy premises, and we would request that this is monitored should the application be approved."*

3.23 CPE also noted *"…the extensive documentation, produced by the applicant's representative, supplied with the application. There are some minor inaccuracies within this. The ICB committee will need to ensure that the documentation provides sufficient assurance that essential services will be provided to anyone in England who requests them, without face-to-face contact. Given that the pharmacy premises are in a terrace of shops, the ICB committee may also wish to consider how the pharmacy will manage situations where a need for an essential service arises, for example a customer asking for advice, or where it is necessary to signpost a customer to another provider of health services."*

3.24 **Britannia Pharmacy** – who confirmed they *"…run a "Bricks and Mortar" pharmacy which is located at 236 Furtherwick Road, Canvey Island, SS8 7BY. This pharmacy has been open since 1985 and operates between the hours of 9AM to 7PM Monday to Friday and 9AM to 6PM on a Saturday. All essential*

services are provided from this branch as well as many of the Advanced and locally Enhanced services. Patient deliveries are also provided to patients free of charge."

3.25 Britannia Pharmacy commented that, *"the applicant has dismissed the posed question, of "5. Application in relation to premises that are in close proximity to other listed chemist premises," responding.*

3.26 *"In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons;*

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

3.28 Britannia Pharmacy further explained, *"The Collins online dictionary defines adjacent as being near or close, and as such, there are already three other "Bricks and Mortar" Pharmacies on Furtherwick Road, the same road for the applicants proposed DSP site, thus the applicant is providing the impression of being a bricks and mortar pharmacy."*

3.29 Those pharmacies are Well Pharmacy, Boots the Chemist and themselves, Britannia Pharmacy. Britannia Pharmacy further confirmed that as the proposed location is 131 Furtherwick Road, Canvey Island, they categorically state that the proposed location is in *"close proximity to other listed chemist premises."*

3.30 Britannia Pharmacy provided a Google Map detailing the distances between the sites.

3.31 Britannia Pharmacy further explained, in addition to the above, that the applicant, *"…has chosen to site their DSP within a busy parade of shops – which is designed to be highly visible to the public. Although a DSP cannot provide face to face patient services on site, we believe this location will result in confusion for patients as historically speaking DSPs have been located away from public highstreets in order to adhere to their designated purpose of being distance selling."*

3.32 Britannia Pharmacy believed that for those reasons the application should be refused.

3.33 **Temple bright on behalf of Laville Limited, t/a Britannia Pharmacy** – provided detailed representations against the application as summarised below:

3.34 1. Regulatory Framework

3.34.1 The application is made under Regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

3.34.2 The applicant must demonstrate procedures for uninterrupted, safe, and effective provision of services without face-to-face contact, applicable across England.

3.35 2. Inadequacy of Submitted SOPs

3.35.1 The applicant refers to generic SOPs from Rushport Advisory LLP, which are not tailored to the specific premises or applicant.

3.35.2 These SOPs:

3.35.2.1 Are not clearly authorised by the applicant's superintendent pharmacist.

3.35.2.2 Contain outdated references (e.g., to abolish CCGs).

3.35.2.3 Include contradictory information (e.g., about NMS provision).

3.35.2.4 Do not comply with GPhC or MHRA guidance in several areas (e.g., Valproate, insulin, cold chain logistics).

3.36 3. Breach of Regulation 64

3.36.1 Regulation 64 prohibits offering services to persons present at or near the premises.

3.36.2 The proposed premises are in a high street location with a shopfront, likely to attract walk-in patients.

3.36.3 SOPs suggest actions (e.g., handing out practice leaflets, signposting to other pharmacies) that would constitute a breach of Regulation 64.

3.37 4. Specific Concerns with SOP Content

3.37.1 Delivery logistics are inconsistently described (e.g., use of Royal Mail vs. courier).

3.37.2 Cold chain and CD couriers are not identified, raising concerns about compliance and safety. No clear procedures for:

3.37.3 Timely delivery of prescriptions.

3.37.4 Informing patients of delivery times.

3.37.5 Identity checks for online OTC sales.

3.37.6 Proper handling of controlled drugs.

3.38 5. Conclusion

3.38.1 The applicant has not provided sufficient or specific information to satisfy NHS England that it can meet the requirements of Regulation 25.

3.38.2 The SOPs are generic, unclear, and contradictory, and do not demonstrate how essential services will be delivered safely and

effectively. The representation urges NHS England to refuse the application.

3.39 **Boots UK Limited** – who commented, *"…respectfully request that members of the deciding committee are satisfied that this application fully meets the criteria set out in Regulation 25 and the conditions set out in Regulation 64 when determining this application."*

Response to Representations

3.40 The Committee noted that Rushport Advisory LLP responded on behalf of the applicant to the representations made.

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

3.42 The Committee considered the full document and noted the summary below:

1. Preliminary Update

3.42.1 Regulation 25 was amended on 23 June 2025, after the application was submitted.

3.42.2 SOPs had been updated to reflect the new legal test to: -

3.42.3 Clarify that no NHS services would be provided at the premises.

3.42.4 Included SOPs for remote provision of NMS and Pharmacy First (though Pharmacy First is not currently applied for).

3.42.5 Replaced references to "essential services" with "pharmaceutical services".

3.42.6 Minor typographical corrections made.

2. Response to Laville Limited's Representation

Premises

3.42.7 Controlled entry system would prevent walk-in access.

3.42.8 SOP 3.2 updated to clarify handling of face-to-face service requests.

3.42.9 Denied that informing patients of nearby pharmacies constitutes 'signposting'.

3.42.10 Practice leaflets are not considered offers of service; references removed due to upcoming regulatory change.

SOPs

3.42.11 Use of third-party SOPs is common and accepted; SOPs had been approved by the applicant.

3.42.12 Specific responses to numbered objections:

3.42.13 Incorrect inference regarding GPhC standards; ICB is not the regulator.

3.42.14 References to CCGs have been updated.

3.42.15 Reiterates that SOPs do not breach Regulation 64.

3.42.16 NMS SOP now included as per updated requirements.

3.42.17 References to online sales have been removed, not relevant to NHS service provision.

3.42.18 Typographical error corrected.

3.42.19 SOPs updated to reflect new MHRA guidance on valproate (issued 10 June 2025).

3.42.20 Minor clarifications added to insulin SOP.

3.42.21 Delivery SOPs clarified; Royal Mail not used for emergency supplies.

3.42.22 Royal Mail deliveries are standard and considered prompt.

3.42.23 SOPs include confirmation messages with estimated delivery times.

3.42.24 Cold chain courier not yet appointed as pharmacy is not operational.

3.42.25 Controlled drugs courier also not yet appointed.

3.42.26 Denies confusion in SOPs; claims objector misinterpreted content.

3. Response to Other Representations

Britannia Pharmacy

3.42.27 Regulation 31 (adjacent premises) does not apply; premises are not adjacent.

Well, Boots, and the LMC

3.42.28 No reply deemed necessary.

Community Pharmacy Essex

3.42.29 Points raised are addressed in the above responses.

4. Conclusion

3.42.30 Applicant asserts that the updated SOPs demonstrate full compliance with the amended legal test under Regulation 25.

3.43 Requests that the application be approved.

3.44 The Committee considered each essential service in paragraphs 3 to 28C of Schedule 4 of the Regulations as this is the approach of NHS Resolution (NHSR).

3.45 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:

3.45.1 Dispensing of drugs and appliances

3.45.2 Urgent supply without a prescription

3.45.3 Preliminary matters before providing ordered drugs or appliances

3.45.4 Providing ordered drugs or appliances

3.45.5 Refusal to provide drugs or appliances ordered

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

3.45.7 Disposal service in respect of unwanted drugs

3.45.8 Promotion of healthy lifestyles

3.45.9 Prescription linked intervention

3.45.10 Health Campaigns

3.45.11 Signposting

3.45.12 Support for self-care

3.45.13 Discharge Medicine Service

3.45.14 Websites and health promotion zones

1. Dispensing of Drugs and appliances

3.46 The Committee considered whether the applicant had explained how non-electronic prescriptions would be presented by the patient and how products would be provided. The Committee noted the SOP set out the process for handling prescriptions received by post and ensuring safe provision of medicines and noted the key points below:

Presentation of Non-Electronic Prescriptions:

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

3.48 *"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).

3.49 On receipt:

3.50 *"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 25-26)

3.51 Prescriptions should arrive within 5 working days; if not, the patient is contacted and may need to request a new prescription from their GP.

3.52 **Verification and Legal Checks:**

3.53 *"Check the patient's details on the prescription. They must include: Full name, Address including postcode, Date of birth."* (Page 26)

3.54 *"Check the prescriber has signed the prescription and it is in date."* (Page 26).

3.55 **Provision of Products**

3.56 The SOP detailed the delivery process under the "Order Delivery" and "Bagging-Up" sections:

3.56.1 *"Prescriptions are delivered safely and securely… Medication is properly delivered… Patients are aware of missed deliveries and can easily arrange re-delivery." (Page 82)*

3.57 The Committee referred to the "Order Delivery" section, pages 82-86 for full details.

3.58 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.

2. Urgent supply without a prescription

3.59 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

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

3.60.1 Conditions for Urgent Supply:

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

3.60.3 ***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 74-75)

3.60.4 "***Emergency*** *– The Pharmacist is satisfied that a prescription cannot be supplied immediately due to an emergency.*" (Page 75)

3.60.5 "***Prescription*** *– The Prescriber agrees to provide a written prescription within 72 hours.*" (Page 75)

3.60.6 "***Directions*** *– The medication is supplied in accordance with the prescriber's directions.*" (Page 75)

3.60.7 "***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 75)

3.61 **Record-Keeping Requirements:**

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

3.62.1 *The date the supply was made.*

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

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

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

3.62.5 *The date on the prescription.*

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

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

3.62.8 *The nature of the emergency (i.e. the reason for request)."* (Page 75)

3.63 Additional Safeguards:

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

Summary

3.65 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.

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

3. Preliminary matters before providing ordered drugs or appliances

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

3.68 The SOP set out a structured approach to verifying and recording exemption status:

3.68.1 Objective and Evidence Collection:

3.68.2 *"Prescription charge exemption is verified with scanned/posted evidence and records maintained."* (Page 25)

3.68.3 Patients may send evidence by post or electronically (e.g., scanned copies). The pharmacy maintains records of this evidence for audit and compliance.

3.68.4 Recording Exemption Status:

3.68.5 *"If the prescription charge exemption status is known then this should be entered accurately at the time of dispensing."* (Page 66)

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

3.68.7 Process for Missing or Doubtful Evidence:

3.68.8 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).

3.68.9 Risk Management:

3.68.10 *"Known Risks – Exemption details are not accurate."* (Page 25)

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

Summary

3.69 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 was missing or doubtful, the SOP outlined steps to contact the patient and mark prescriptions appropriately

3.70 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 7(3) of Schedule 4.

4. Providing ordered drugs or appliances

3.71 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).

3.72 **Cold Chain Maintenance**

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

3.74 *"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."*

3.75 Packaging and temperature control requirements:

3.76 *"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."*

3.77 Breach protocol:

3.78 *"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 85)

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

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

3.81 Dispensing:

3.82 Delivery:

3.83 *"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 91).

3.84 *"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 94–96).

3.85 *"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 97).

3.86 The SOP also addressed record-keeping and security:

3.87 *"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 97).

Summary

3.88 The applicant had explained procedures for:

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

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

3.89 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.

5. Refusal to provide drugs or appliances ordered

3.90 The Committee considered how the applicant had satisfied the test that when dispensing a repeatable prescription other than on the first occasion, 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 have been no changes to the patient's health, which may indicate the desirability to review the patients treatment.

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

3.91.1 Verification Steps Before Dispensing:

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

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

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

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

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

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

3.91.8 *Provide advice and encourage patients with long term, stable medical conditions to discuss repeat dispensing of their medicine with their prescriber."* (Pages 144–145).

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

3.92.1 *"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 145).

3.93 Professional Oversight:

3.94 The SOP emphasised that, *"The pharmacist must be satisfied that the supply of medicines is clinically appropriate"* (Page 145).

Summary

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

3.96 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.

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

3.97 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.

3.98 The SOP set out requirements for advising patients:

3.99 Advice Obligation:

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

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

3.100.2 *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 144)

3.101 Method of Providing Advice:

3.102 *"Such advice will be provided by the Pharmacy using its permissible methods of non face-to-face contact with patients."* (Page 144)

3.103 Supporting Information:

3.104 *"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 144)

3.105 Additional Checks and Records:

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

Summary

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

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 10(1) of Schedule 4.

7. Disposal service in respect of unwanted drugs

3.109 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.

3.110 **Patient Returns – Acceptance Process**

3.110.1 *"Patients or their representatives may not return and medicines directly to the pharmacy and must follow the procedures set out in this SOP"* (Page 99).

3.110.2 *"To arrange sending medication back to the Pharmacy the patient must telephone and speak to a member of the dispensary team"* (Page 103).

3.111 Options for return:

3.112 *"Patients may:*

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

3.112.2 *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*

3.112.3 *The Pharmacy can arrange for medication to be collected by our specialist waste management contractor"* (Page 103).

3.113 **Safety Measures**

3.114 *"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)."* (Page 103)

3.115 *"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."* (Page 104)

3.116 *"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 104)

3.117 **Disposal Process**

3.118 *"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."* (Page 106)

3.119 *"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."* (Page 106)

3.120 Hazardous and controlled drugs:

3.121 *"A list of medicines classed as hazardous that need to be handled with care and separated for disposal can be found at:* http://www.cdc.gov/niosh/docs/2012-150/pdfs/2012-150.pdf*"* (Page 106). *"Refer to SOP Controlled Drugs: Disposal of Patient Returns. "* (Page 106)

Summary

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

3.122.1Controlled access (no direct returns to premises).

3.122.2Pre-arranged collection or postal return with risk assessment.

3.122.3Specialist handling for hazardous items and controlled drugs.

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

3.124 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.

8. Promotion of healthy lifestyles

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

3.126 **Objectives and Scope**

3.127 *"Implementing this SOP will ensure:*

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

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

3.127.3 *Opportunistic provision of health promotion advice to encourage patients to take action to improve their health"* (Page 109).

3.128 **Methods of Delivery**

3.129 *"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 114)

3.130 *"The website, app and email newsletters will also be used to promote healthy lifestyles via the health promotion zone."* (Page 114).

3.131 *"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 choice."* (Page 111).

3.132 **Patient Identification**

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

3.134 *"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 113).

3.135 **Community Engagement**

3.136 *"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 114).

Summary

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

3.137.1 Opportunistic advice during interactions.

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

3.137.3 Use of lifestyle questionnaires to identify patients needing support.

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

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

3.138 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.

9. Prescription linked intervention

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

3.140 Specific Patient Groups for Intervention:

3.141 *"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 116).

3.142 Identification Methods: Active patients:

3.143 Passive patients:

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

3.145 *"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."*

3.146 *"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 116).

3.147 **Recording and Follow-Up:**

3.148 *"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 116).

3.149 Supporting Materials and Campaigns:

3.150 *"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).

Summary

3.151 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 would be maintained in the PMR system for continuity and audit.

3.152 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.

10. Public health campaigns

3.153 The Committee considered whether the applicant had explained how it would safely and effectively participate in public health campaigns, if and to the extent required by NHS England.

3.154 Commitment to Campaigns:

3.155 *"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 114).

3.156 Method of Participation:

3.157 *"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 114).

3.158 Community Engagement:

3.159 *"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 114).

3.160 Safe Delivery and Confidentiality:

3.161 *"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 114).

3.162 Integration with Dispensing:

3.163 *"Leaflets will be delivered to patients with their medication… The website, app and email newsletters will also be used to promote healthy lifestyles"* (Page 116).

Summary

3.164 The applicant had explained that it will participate in NHS England's required public health campaigns by:

3.164.1 Distributing campaign materials with prescription deliveries.

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

3.164.3 Maintaining confidentiality and compliance with distance selling requirements.

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

3.165 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.

11. Signposting

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

3.167 Purpose of Signposting:

3.168 *"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 111).

3.169 Aims and intended service outcomes:

3.170 *"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 111).

3.171 Identification and Referral Process:

3.172 *"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 111-112).

3.173 Special Cases:

3.174 *"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 112).

Summary

3.175 The applicant had explained that signposting would be carried out by:

3.175.1 Identifying patients who need services the pharmacy cannot provide.

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

3.175.3 Making referrals where appropriate.

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

3.176 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.

12. Support for self-care

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

3.178 Commitment to Supporting Carers:

3.179 *"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 117)

3.180 **Support of Self-Care Scope (Page 109-112):**

3.181 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:

3.181.1 Offering advice on medicine use.

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

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

3.182 Practical Support for Carers:

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

3.183.1 Confirm consent before sharing information.

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

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

Summary

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

3.184.1 Confidential communication channels.

3.184.2 Written and digital resources.

3.184.3 Active engagement in medication reviews and health promotion. Signposting to other providers where necessary.

3.185 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.

13. Discharge Medicine Service (DMS)

3.186 The Committee considered whether the applicant had explained how it would 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.

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

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

3.189 *"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 117).

3.190 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.

3.191 *"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 119–120).

3.192 **Procedures for Checking Referral**

3.193 *"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 117).

3.194 The SOP also detailed:

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

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

3.194.3 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.

Summary

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

3.195.1 Daily checks for referrals via secure NHS systems.

3.195.2 Verification against Summary Care Records.

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

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

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

14. Websites and health promotion zones

3.197 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.

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

3.199 *"The website, app and email newsletters will also be used to promote healthy lifestyles"* (Page 116).

3.200 *"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 111).

3.201 The SOP also stated that the website would:

3.201.1 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).

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

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

Summary

3.202 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 would be supported by targeted campaigns and digital engagement tools to ensure accessibility and compliance with NHS requirements. The Committee was satisfied that it has been provided with information sufficient to show that there would be compliance with paragraph 28C of Schedule 4.

3.203 **Advanced and Enhanced Services**

3.204 The Committee considered any advanced or enhanced services proposed. These are:

3.204.1 New Medicine Service

3.205 The Committee noted that the SOP included the process for the Pharmacy First Service (Section 8, pages 38–47). The applicant had confirmed that this service would not be provided at present and had included the section for completeness in case the service is applied for in the future. Accordingly, that section had not been reviewed and would not form part of the determination of this application.

3.206 The Committee paid particular attention to the following aspects taken from the New Medicine Service (NMS) specification, which are considered more difficult to provide without face-to-face contact in a distance selling context.

3.207 **5.2 How will the applicant gain the patient's informed verbal consent prior to providing the service?**

3.208 *"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 3).

3.209 **5.2 How will the applicant advise the patient of the following information sharing that may take place?**

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

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

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

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

3.211 **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?**

3.212 In the first section of the NMS SOP, under "Objective," the applicant stated:

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

3.214 The Committee noted that although the SOP did not explicitly detail how the applicant would obtain informed verbal consent from the patient's carer or guardians, carers, it was 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.

3.215 **5.4 If the patient is not registered with a GP practice, how will the applicant recommend registration and advise how to do this?**

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

3.217 **5.5 How will the applicant gain the patient's consent to check the national care record and/or locally available clinical records?**

3.218 *"Reconfirm patient consent to information sharing and to the NMS service"* (Page 4).

3.219 The Committee noted that while the Summary Care Record (SCR) access is implied as part of clinical checks on page 3, explicit mention of SCR consent was not detailed in the SOP.

3.220 **5.6 How will the applicant provide opportunistic advice on healthy living/public health topics and signpost further support?**

3.221 *"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 5). *"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 6).

3.222 **5.10 How will the applicant agree the method and date of each consultation with the patient?**

3.223 *"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 4).

3.224 **5.12 How will patients be recruited to the service?**

3.225 *"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 2).

3.226 **5.16 How will patients be given information on the service at the engagement stage?**

3.227 *"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 3).*

3.228 **5.17 How will the consultations be held?**

3.229 *"All stages of the NMS consultation must be undertaken by telephone or video consultation"* (Page 3).

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

3.230.1 *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.*

Regulation 66 - Conditions relating to providing directed services

3.231 The Committee noted that Regulation 66 would need to be considered if the application were granted.

3.232 The applicant had listed the following service within the application form.

3.232.1 New Medicines Service (NMS)

3.233 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 HWB would be subject to the condition set out in Regulation 66(5).

3.234 The Committee noted that the service listed is an advanced service. The Committee considered whether or not to specify a date by which the condition to provide this service is to take effect if the application were granted.

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.

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

Decision

3.236 The Committee refused the application from Rowan Pharma Ltd as not all the requirements set out in Regulation 25 had been met:

3.236.1 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.

3.236.2 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.

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

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

3.236.5 The Committee was not satisfied that all pharmaceutical services are likely to be secured in a safe and effective manner as the NMS service specification at section 5.4 had not been covered.

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

3.237 The Committee agreed that Rowan Pharma Ltd, 131 Furtherwick Road, Canvey Island, Essex SS8 7AT has the right of appeal."

4 The Appeal

In a letter dated 3 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 Rowan Pharma Ltd 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 [see Appendix A for Committee]. The SOPs deal with all points identified by the Commissioner for refusing the application and incorporate a number of other best practice changes. 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. [see Appendix B for Committee].

4.4 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."

5 Summary of Representations

This is a summary of representations received on the appeal.

5.1 THE COMMISSIONER

5.1.1 "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.

5.1.2 Thank you for your letter advising that Rowan Pharma 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).

5.1.3 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.

5.1.4 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."

5.2 TEMPLE BRIGHT ON BEHALF OF LAVILLE LTD

5.2.1 "I continue to act for Laville Limited which is included in the pharmaceutical list for premises trading as Britannia Pharmacy at 236 Furtherwick Road, Canvey Island, Essex, SS8 7BY.

5.2.2 On behalf of my client I write further to your letter of 10th March 2026 and in order to submit representations to NHS Resolution in relation to an appeal by Rowan Pharma Limited against a decision of NHS England to refuse its application for inclusion in the pharmaceutical list in respect of distance selling premises at 131 Furtherwick Road, Canvey Island, Essex, SS8 7AT.

5.2.3 As NHS Resolution will be aware, the application was originally submitted together with template SOPs provided by Rushport Advisory LLP. On behalf of Laville Limited, I provided written submissions to NHS England to the effect that the Rushport SOPs were not sufficient to satisfy the relevant regulatory test by letter dated 24th July 2025. I trust that NHS Resolution has been provided with a copy of those representations by NHS England. If not, a copy can be provided since my client relies upon those submissions in support of its representations on the appeal.

5.2.4 NHS England determined, and refused, the application at first instance. 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.

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

5.2.6 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.

Regulation 25

5.2.7 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 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.

5.2.8 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 in support of other applications for distance selling pharmacies.

5.2.9 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.

Proposed premises

5.2.10 As a starting point, neither the previously provided information nor the new "SOPs" address the issues identified in my client's letter of 24th July 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. My client relies upon the contents of the 24th July 2025 letter in support of its representations on the appeal and does not intend to repeat the contents of that letter at this stage.

5.2.11 Indeed, the position is now more confused because the new "SOPs" give a different explanation in respect of face-to-face service provision by the proposed pharmacy compared to those provided with the application form.

5.2.12 In the Rushport SOPs provided with the application form, the applicant stated as follows in relation to patients who present at the proposed pharmacy:

"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 Essential Service face to face on or in the vicinity of the premises then they must;

Inform the person that no face-to-face contact may occur between the patient or their representative and any member of staff.

Provide the person with a copy of our patient information leaflet that explains what services the pharmacy provides and why they cannot be carried out face-to-face.

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

Establish where the person is located in England and which services they require.

Explain that due to NHS Regulations we are unable to provide face-to-face provision of NHS Essential Services.

Use the NHS Choices website to find suitable service providers near to the patient and offer them their details to contact them (note this is not "signposting" as an NHS service and is simply providing proper patient care in accordance with GPhC standards)."

5.2.13 However, the new "SOPs" say something completely different, stating as follows (at page 17):

"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

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

5.2.14 Not only is this the information provided by the applicant with its letter of appeal contradictory to the information previously provided, but it is self-evidently generic in nature and not related to the proposed premises. I provided NHS England with a google streetview image of the proposed premises with my letter of 24th July 2025. It can be clearly seen from that image that, contrary to the assertion made in the SOPs provided with the letter of appeal, the proposed premises are not "self-contained" but are simply a standard retail unit within a parade of shops. Without addressing the fact-specific issues that apply to the applicant's

proposed premises, it is submitted that NHS Resolution cannot possibly be assured that the risk of patients being provided with, or offered, pharmaceutical services whilst present at, or in the vicinity of, the proposed premises has been adequately mitigated.

5.2.15 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, neither of which are specific to the risks raised by the actual premises for which the applicant applies.

5.2.16 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.

NHS England reasons for refusal

5.2.17 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:

New Medicines Service (pages 31 to 38 of the SOPs)

5.2.18 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:

i. signposted by general practice and other primary care practitioners

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

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

5.2.20 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.

5.2.21 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 (page 34). 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.

5.2.22 The SOP states that a follow up consultation will be scheduled "typically between 14 and 21 days after the intervention" (page 36). 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.

5.2.23 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.

5.2.24 The SOPs do not detail how compliance with the following part of the service specification will be achieved:

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.

Comments on SOPs generally

5.2.25 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:

5.2.26 1) In its application form, the applicant listed the services that it proposes to provide from the DSP. Only the New Medicines Service was listed. However, the Rushport SOPs also refer to the provision of the Pharmacy First service. It is therefore not clear whether the applicant does, in fact, intend to provide services other than those listed in its application form, including the Pharmacy First service.

5.2.27 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.

5.2.28 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.

5.2.29 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:

5.2.29.1 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.

5.2.29.2 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

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

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

5.2.30 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.

5.2.31 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.

5.2.32 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.

5.2.33 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.

5.2.34 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.

5.2.35 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.

Conclusion

5.2.36 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.

5.2.37 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.

5.2.38 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.

5.2.39 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.

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

5.3 BRITANNIA PHARMACY

5.3.1 “This is further to your letter dated 10th March 2026, regarding the above, and I am responding on behalf of our branches at, 363 Long Road and 193 High Street, Canvey Island.

5.3.2 Please see below our response to the appeal.

5.3.3 i) The appellant has submitted updated SOPs as part of this appeal that were not provided before the Committee at the time of its original decision. This should be viewed with caution, as allowing applicants to continually revise documentation until it passes scrutiny undermines the integrity of the application process.

5.3.4 ii) There remain unresolved concerns with the appellants SOPs, namely;

5.3.4.1 Cold chain and controlled drug couriers - The applicant has still not identified or appointed the couriers required for cold chain and controlled drug deliveries. This is not merely a procedural gap - it goes as to whether services can be delivered safely and effectively which is the test being examined.

5.3.4.2 Generic SOPs - The SOPs provided are "Rushport Advisory LLPs" template documents and not tailored to the specific premises, staff, or operational realities of 131 Furtherwick Road. The superintendent pharmacist's authorisation of these documents therefore remains unclear, and one has to question whether the appellant truly understands their responsibilities in regards to this, as they themselves have not verified it, especially considering these were a later submission.

5.3.5 iii) The proposed premises are located on a High-street retail parade on Furtherwick Road, Canvey Island - the same road as three existing "bricks and mortar" pharmacies. This raises a concern that goes beyond Regulation 31:

5.3.5.1 The shopfront location is likely to attract members of the public seeking face-to-face services.

5.3.5.2 The SOPs, while stating that face-to-face contact is prohibited, do not provide sufficiently robust procedures for managing situations where members of the public attend the premises - particularly given the High-street setting.

5.3.6 iv) Community Pharmacy Essex (CPE) noted in its representations, concerns about the pharmacy's related entity (Promising Healthcare Ltd) and ongoing complaints about face-to face provision and prescription direction These concerns have not been addressed in the appeal.

5.3.7 Firstly, CPE noted that the applicant shares directors and persons of interest with Promising Healthcare Ltd, another pharmacy body corporate on the pharmaceutical list in the Essex Health and Wellbeing Board area.

5.3.8 Secondly, and more significantly, CPE stated that it was "aware of ongoing complaints regarding this pharmacy, in particular regarding provision of face-to-face services on the premises and direction of prescriptions".

5.3.9 This is a direct allegation that a pharmacy under common control with the applicant has been operating in breach of the fundamental obligations that apply to distance selling pharmacies.

5.3.10 Rushport Advisory LLP, stated simply that CPE's points were "addressed in the above responses" - however, nowhere in the response were the complaints about face-to-face provision or prescription direction at Promising Healthcare Ltd directly engaged with, denied, or explained. This is a significant omission.

5.3.11 Questions thus arise now whether there is sufficient assurance that services will in practice be delivered safely, effectively, and without face-to-face contact. In assessing this question, the track record and conduct of a connected entity is plainly relevant.

5.3.12 A pattern of non-compliance with the DSP obligations at a commonly controlled pharmacy by the applicant, raises a legitimate and serious question about whether the applicant can be trusted to comply with the NHS DSP obligations at the proposed premises and provides further reason to dismiss the appeal.

5.3.13 It would be wholly inappropriate to grant an application where credible, unaddressed concerns exist about the applicant's track record of compliance with the very regulations the application is designed to test.

5.3.14 In conclusion;

5.3.14.1 We believe the ICB's original decision to refuse the application was indeed correct and proportionate.

5.3.14.2 The deficiencies identified in the original application were not "very minor" as alluded to by Rushport Advisory, but rather contributed to a case that does not provide sufficient assurance that patients across England will receive safe and effective pharmaceutical services from these premises.

5.3.14.3 NHS resolution should therefore dismiss this appeal and uphold the original refusal by the ICB."

5.4 COMMUNITY PHARMACY ESSEX

5.4.1 "Thank you for inviting the committee's comments in respect of the above appeal. We note that the deadline for submissions is 9th April 2026 and trust you will acknowledge receipt on this date.

5.4.2 We note that the applicant has submitted a suite of Standard Operating Procedures, these appear to be standard templates and do not appear to be bespoke to the application.

5.4.3 We note that there are references to patients and others in 6.8 reasons for refusing prescriptions

"The RP or other persons on the premises are subjected to or threatened with violence by the person presenting the prescription form" and "the person presenting the prescription form …or any other person accompanying that person…"

5.4.4 Which suggests attendance at the premises for provision of services face-to-face.

5.4.5 We also note that the Standard Operating Procedure for return of unwanted medicines (page 102 onwards) does not appear to meet the requirements of this service, placing responsibility on the patient/representative to separate any controlled and/or cytotoxic drugs. This not only deviates from the service specification but may also be distressing eg to recently bereaved persons. There is also a reference to signposting to local pharmacies to return unwanted medicines.

5.4.6 Given that the original application was refused because of shortcomings in the SOPs provided to support that application it is concerning that further errors have been noted, and suggests that the decision to refuse was correct.

5.4.7 We look forward to receiving your decision, and would wish to attend any oral hearing if determined necessary."

6 Summary of Observations

This is summary of observations received.

6.1 RUSHPORT ON BEHALF OF THE APPLICANT

6.1.1 "I act for Rowan Pharma Ltd and have been instructed by my client to submit this reply to comments from Interested Parties on the above appeal.

Temple Bright for Laville Ltd

SOPs

6.1.2 SOPs are supposed to be "living" documents, in that they should be regularly updated to reflect best practice and my client has demonstrated that have and will continue to do exactly that. There is nothing "confusing" about updating a document. It is normal for pharmacy contractors to use SOPs provided by third parties, whether that be the NPA, Numark, Rushport or any other party.

Premises

6.1.3 My client's SOPs provide detail for how any request for face to face services will be dealt with. My client's floor plan shows that the premises

are not retail premises. My client will not provide services to patients face to face at the premises and patients will not be able to access the premises.

NHS England Reasons for Refusal

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

6.1.5 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.

6.1.6 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 point 3 in the SOP table.

6.1.7 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.

6.1.8 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 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)"*

Comments on SOPs Generally

6.1.10 Temple Bright correctly states that my client's SOPs include an SOP for Pharmacy First that was not applied for. Temple Bright ignores the wording that appears in bold and in capitals at the start of the Pharmacy First SOP that states;

THIS SOP IS INCLUDED IN OUR SUITE OF SOPS HOWEVER THE SERVICE MAY ONLY BE PROVIDED IF APPROVAL FOR IT HAS BEEN OBTAINED FROM THE ICB AND THE PHARMACIST HAS COMPLETED THE REQUIRED TRAINING ON THE SERVICE

6.1.11 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.

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*."

6.1.12 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*."

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".

6.1.13 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

6.1.14 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."*

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:

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.

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

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

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

6.1.15 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.

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

6.1.17 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*."

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."

6.1.18 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.

6.1.19 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. "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".

6.1.20 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)

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."

6.1.21 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.

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."

6.1.22 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.

9. 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."

6.1.23 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.

10. "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."

6.1.24 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.

LPC

6.1.25 The LPC references SOP 6.8 which deals with reasons for refusing to supply. The wording for this SOP is taken from the Terms of Service. For a high street pharmacy a prescription is typically "presented" electronically (as 99% of prescriptions are now received electronically for an average pharmacy). For a DSP it would likewise be expected that 99% of prescriptions would be "presented" electronically, but some may be posted or collected from a surgery. Once a prescription is received by the pharmacy, then the patient has "presented" it. In the context of a distance selling pharmacy, if the patient (or anyone with that patient) were to contact the pharmacy, for example by phone or via video call and threaten violence to pharmacy staff, then the pharmacy has the right to refuse to dispense the prescription. The SOPs are very clear that prescriptions cannot be presented in person as there is no access to pharmacy for the public.

6.1.26 The LPC comments with regard to Disposal of Unwanted Medicines are simply wrong. If a patient requests a DSP to arrange collection of unwanted medicines then it is absolutely correct to require controlled drugs or cytotoxics to be clearly separated. This is a matter of safety and is important. To suggest otherwise would be to compromise the safety of couriers and pharmacy staff.

6.1.27 If a patient does not wish to separate medicines then they are permitted to return medicines in person to any high street pharmacy even if that pharmacy did not provide the medicines and my client can signpost them to alternate pharmacy contractors who can ask about the content of returned medicines when the patient returns them.

Britannia Pharmacy

6.1.28 Items i, ii and iii from Britannia Pharmacy are all addressed above. Item iv relates to a different legal entity and / or ftp issues for a different legal entity that are not the subject of this appeal.

6.1.29 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.

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").

7.5 The Committee noted the comments from parties with regard to ongoing concerns about the Applicant and another entity and noted the response from the Applicant to these concerns. The Committee noted that whilst there was some commonality of directors, the concerns related to a different legal entity. The Committee was of the view this is not the appropriate forum for these concerns to be raised and further that this was not a relevant consideration before it which it could have regard to and proceeded to consider the instant application which was before it.

Regulation 31

7.6 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).

7.7 The Committee noted that the Applicant had stated "*not applicable as no other pharmacy in same or adjacent premises"* in response to the question of Regulation 31. The Committee noted that the comments to the Commissioner from Britannia Pharmacy however the Commissioner had noted that "*there is no person on the pharmaceutical list providing or undertaking to provide pharmaceutical services from or adjacent to the premises"* and had gone on to conclude that it "*was not required to refuse the application under the provisions Regulation 31*". The Committee noted that the provisions of Regulation 31 had not been disputed either on appeal or in subsequent representations. Based on the information provided, the Committee determined that it 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 As far as Regulation 25(2)(a) is concerned, the Committee had regard to the application form in which the Applicant states "*Application is not on the same*

site or in the same building as the premises of a provider of primary medical services with a patient list." The Commissioner, in its decision report had 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"* and had "*agreed it is not required to refused the application under the provisions of Regulation 25(2)(a)"*. The Committee noted that this had not been disputed and that it had not been provided with any information to persuade it otherwise. The Committee was therefore satisfied that the proposed premises were not on the same site as, or in the same building as the premises of a provider of primary medical services with a patient list.

Regulation 25(2)(b)

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 the updated SOPs as provided with the appeal which the Applicant has prepared or commissioned. The Committee noted the comments from parties with regard to the generic nature of the SOPs, however there was nothing in the information before it which would lead the Committee to the conclusion that the SOPs were not owned by the Applicant or that they would not be following the SOPs as provided if the application was to be granted and the pharmacy was to open.

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 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 first considered how the Applicant would provide essential services without interruption.

7.18 The Committee noted the following information in the Applicant's SOPs:

7.19 SOP 1: "Introduction and Background to SOPs"

7.19.1 "*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.

7.20 SOP 33: "The Responsible Pharmacist"

7.20.1 "*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."

7.21 Based on the information before it, the Committee was of the view that the provision of essential services would be without interruption.

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

7.23 SOP 1: "Introduction and Background to SOPs"

7.23.1 "*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."

7.24 SOP 3: "Procedures for NHS Pharmaceutical Services"

7.24.1 "*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.*"

7.25 As well as the assurance in the "overriding provisions" in SOP 1, as set out above with regard to pharmaceutical services being available to patients anywhere in England, the Committee noted references throughout the rest of

the SOPs to delivery being made by couriers and Royal Mail as well as the Applicant's own delivery driver.

7.26 The Committee was of the view, based on all of the information before it, that the services would be provided to persons anywhere in England, who requested those services.

7.27 The Committee next considered how the Applicant would provide pharmaceutical services without face to face contact.

7.28 The Committee noted the comments from parties with regard to the location of the premises and that it was in a high street setting in a parade of shops. The Committee noted the comments from the Applicant in response and how they would ensure that pharmaceutical services would be provided without face to face contact.

7.29 The Committee further noted the comments from Community Pharmacy Essex with regard to "*references to patients and others in 6.8 reasons for refusing prescriptions*." The Committee noted that SOP 6 "Prescription Receipt & Exemption Checking" states:

7.29.1 *"…The RP or other persons on the premises are subjected to or threatened with violence by the person presenting the prescription form or repeatable prescription or requesting the provision of drugs or appliances in accordance with an electronic prescription form or a repeatable prescription, or by any person accompanying that person;…"*

7.30 The Committee upon reading the SOP was of the view that "*other persons on the premises*" referred to other members of staff in addition to the Responsible Pharmacist who could be on the premises. With regard to "*presenting the prescription form*" the Committee was of the view that the prescription could be "*presented*" in a number of ways, as explained by the Applicant. The Committee noted the various references throughout the SOPs that the provision of pharmaceutical services would be other than by any face to face means.

7.31 The Committee noted the following information in the Applicant's SOPs:

7.32 SOP 1: "Introduction and Background to SOPs"

7.32.1 "*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."

7.33 SOP 3: "Procedures for NHS Pharmaceutical Services"

7.33.1 "*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.

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."

7.33.2 "*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."

7.34 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.

7.35 In its application the Applicant stated that it intended to provide "*NMS (remotely with consent where required)*".

7.36 The Commissioner, in its decision report stated:

7.36.1 "*The Committee was not satisfied that all pharmaceutical services are likely to be secured in a safe and effective manner as the NMS service specification at section 5.4 has not been covered.*"

7.37 Section 5.4 of the NMS Service specification states:

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

7.38 The Committee had regard to the SOPs and noted SOP 3 'Procedures for NHS Pharmaceutical Services' states:

7.38.1 "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)."

7.39 The Committee noted the updated SOP 7 'The New Medicine Service ("NMS")' which states "*The service must be provided remotely by phone or video call.*"

7.40 SOP 7 goes on to state:

7.40.1 "7.6 Process

1. Patients may be referred to the pharmacy for this service by …

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)

…"

7.41 In its decision report, the Commissioner went on to state:

7.41.1 *"The Committee noted that while the Summary Care Record (SCR) access is implied as part of clinical checks on page 3, explicit mention of SCR consent was not detailed in the SOP."*

7.42 The Committee noted SOP 7 "New Medicine Service (NMS)" states:

7.42.1 *"Patient Engagement: Day 1*

All stages of the NMS consultation must be undertaken by telephone or video consultation

…

Prior to provision of the service, informed verbal consent (phone call or video call) must be sought from the patient or their carer and recorded

in the pharmacy's clinical record for the service. This consent covers the provision of the service, and the patient should also be advised of the following information sharing that may take place:

…

the pharmacy may access the patients Summary Care Record."

7.43 The Committee noted the comments from Temple Bright with regard to the provision of SOP 8 "The Pharmacy First Service" and confirmation of the "delivery time". The Committee noted that in the original application form the Applicant had not indicated that it was going to provide the Pharmacy First Service and further noted the wording on SOP 8 which states:

7.43.1 ***"THIS SOP IS INCLUDED IN OUR SUITE OF SOPS HOWEVER THE SERVICE MAY ONLY BE PROVIDED IF APPROVAL FOR IT HAS BEEN OBTAINED FROM THE ICB AND THE PHARMACIST HAS COMPLETED THE REQUIRED TRAINING ON THE SERVICE"***

7.44 The Committee was of the view that the Applicant was not seeking to apply to provide this Advanced Service, however it 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 and again noted that the Applicant had confirmed that they were not seeking to provide this service.

7.45 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.

7.46 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.

7.47 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

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

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

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

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

7.50.1 "*6.2 Scope*

All online services including the following:

… NHS Prescriptions."

7.50.2 "*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…"

7.51 SOP 19 'Order Delivery' states:

7.51.1 "*19.6 Choice of Delivery Method*

For items other than 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]."

7.52 The Committee noted the comments from Temple Bright that the EPS Dispensing process SOP refers to prescriptions being collected from patient's GP surgery by the pharmacy, but that this method is not mentioned in the SOP for prescription reception. The Committee noted the Applicant's response 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.*"

7.53 The Committee was satisfied as to how patients throughout England would present their prescriptions and that the Applicant was proposing to offer products and services to all of England, as per the information contained in the SOPs.

7.54 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

7.55 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.

7.56 The Committee noted the information in the Applicant's SOPs under the heading 'Emergency Supply and Urgent Supply' (SOP 16) 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.

7.57 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

7.58 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.

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

7.59.1 "*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."

7.60 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.

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

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

7.62.1 "*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."

7.63 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

7.64 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).

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

7.65.1 "*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."

7.65.2 "*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."

7.65.3 "*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."

7.65.4 "*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."

7.65.5 "*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."

7.65.6 *"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."

7.65.7 "*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."

7.65.8 "*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."

7.65.9 "*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."

7.66 SOP 23 'Controlled Drugs: Delivery' states:

7.66.1 "*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."

7.66.2 "*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."

7.66.3 "*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."

7.66.4 "*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."

7.66.5 "*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."

7.67 The Committee noted the comments from parties that the Applicant had not explained how items would be delivered with reasonable promptness by Royal Mail. The Committee noted the response from the Applicant "*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 noted that SOP 16.11 describes how the Applicant would deal with the delivery of urgent and emergency supply items.

7.68 The Committee further noted SOP 19 "Order Delivery" which states:

7.68.1 "*19.8 Preparation for delivery*

…

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."

7.69 The Committee concurred with the Applicant that patients choosing to use a distance selling pharmacy will be aware that items will need to be delivered and

that there will therefore be a longer wait than if they had chose to use a non-distance selling pharmacy.

7.70 The Committee also noted the comments from parties that neither a courier for cold chain deliveries or for the delivery of controlled drugs had been named within the SOPs. The Committee noted the response from the Applicant that this is not a requirement of the Regulations. The Committee concurred with the Applicant that it did not have to have a named courier service in place as this was not a relevant consideration under the Terms of Service. The Committee was of the view that an Applicant had to be able to demonstrate that it had the processes in place to ensure that any medication delivered would be achieved in a safe and effective manner, as set out in the Regulations.

7.71 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.

7.72 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.

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

7.74 The Committee noted the Applicant's SOPs state:

7.75 SOP 9 'Pharmaceutical & Legal Assessment':

7.75.1 "*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)"

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

7.76.1 "*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)"

7.77 The Committee was of the view, that whilst the Applicant would not be able to provide any appliances, it had been provided with information sufficient to show that there would be compliance with paragraph 8(4) of Schedule 4.

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

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

7.79.1 "*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 [sic] 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]

7.80 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

7.81 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.

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

7.82.1 "*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."

7.82.2 "*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."

7.83 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

7.84 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.

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

7.85.1 "*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, 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.

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."

7.85.2 "*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."

7.86 The Committee noted the comments from parties with regard to patients "visiting" the pharmacy and further noted the comments from the Applicant in response. The Committee noted the numerous references throughout the SOPs to patients being unable to access services at the pharmacy premises, including at SOP 34.10 which states "…*such advice will be provided by the Pharmacy using its permissible methods of non face to fact contact with patients."*

7.87 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

7.88 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.

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

7.89.1 "*24.5 Patient Returned Medication*

This service is available to <u>all</u> patients living in England.

Patients or their representatives <u>may not</u> return and 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."

7.89.2 "*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."

7.89.3 "*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."

7.90 SOP 25 ‘The Safe and Effective Receipt and Disposal of Medicines’ states:

7.90.1 “*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”

7.90.2 "*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."

7.90.3 "*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."

7.90.4 "*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."

7.91 The Committee noted the comments from Community Pharmacy Essex that it is not for the patient to separate medicines and the response from the Applicant with regard to this. The Committee further noted the comments from the Applicant with regard to signposting patients to alternative pharmacies.

7.92 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

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

7.94 The Committee noted SOP 27 'Promotion of Healthy Living, Lifestyle & Health Campaigns' states:

7.94.1 "*27.3 Identification of patients for promotion of Healthy Lifestyles*

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."

7.94.2 "*27.4 Health Campaigns & Community Engagement Exercise*

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.

…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."

7.95 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

7.96 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.

7.97 The Committee noted SOP 27 'Promotion of Healthy Living, Lifestyle & Health Campaigns' states:

7.97.1 "*27.6 Long Term Conditions*

If it is appropriate to provide advice the pharmacist should provide any advice necessary and within their area of competency. Where advice is provided it should be recorded on an Intervention & Referral form. Any advice given should always aim to include counselling on healthy lifestyle as well as management of the long-term condition.

If it is not appropriate to provide advice the patient should be referred to the appropriate health or social care provider or support organisation (see Signposting SOP). Where advice cannot be provided it should be recorded on an Intervention & Referral form along with the referral organisation.

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."

7.97.2 "*27.7 Identification of patients for Support with Long Term Conditions*

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."

7.98 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

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

7.100 The Committee noted SOP 27 'Promotion of Healthy Living, Lifestyle & Health Campaigns' states:

7.100.1"*27.4 Health Campaigns & Community Engagement Exercise*

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.

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."

7.101 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

7.102 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.

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

7.103.1"*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 [sic] *be provided to patients via written mailshots, flyers sent with prescription deliveries, our website and by telephone or email.*"

7.103.2"*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."

7.103.3"*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."

7.104 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

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

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

7.106.1"*26.8 Patient Identification*

As part of repeat dispensing process / medicine sale 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 support for self-care they should be recorded as a 'target patient' and the appropriate information that is relevant to them should be provided and should include:

treatment options, including advice on the selection and use of appropriate drugs which are not prescription only medicines; and

on changes to the patient's lifestyle."

7.106.2"*26.9 Service outline*

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."

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

Discharge medicines service

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

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

7.110 The Committee noted SOP 28 'Discharge Medicines Service ("DMS")' states:

7.110.1"*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".

7.110.2"*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."

7.110.3"*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."

7.110.4"*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."

7.110.5"*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).

REQUIRED ACTIONS AS PER NHS GUIDANCE"

7.110.6"*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 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)."

7.110.7"*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."

7.111 The Committee noted the comments from parties with regard to the use of the word "typically" contained within SOP 28 "Discharge Medicine Service (DMS)" and the response from the Applicant. The Committee was mindful that it is not for it to "approve" or "disapprove" the SOPs as provided to it, but it is concerned with ensuring, in accordance with the Terms of Service that is has been provided with information sufficient to show that there would be compliance with the Regulations.

7.112 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 22B and 22C of Schedule 4.

Websites and health promotion zones

7.113 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.

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

7.114.1"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 [sic] 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."

7.115 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

7.116 With regard to the comment from parties that the SOPs do not reflect how patient confidentiality will be maintained for text messages, the Committee noted the Applicant's confirmation 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."* In addition, the Committee considered that a text can be sent without containing patient sensitive information.

7.117 The Committee further noted the comments with regard to the handling of EPS nominations and patient interactions are reflected in 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*." (SOP 12). The Committee was satisfied that the completion of nomination forms would be achieved on a non-face to face basis.

Summary

7.118 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).

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

7.119.1 confirm the Commissioner's decision;

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

7.119.3 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.

7.120 In those circumstances, given the Committee has reached a different conclusion to the Commissioner, it determined that the decision of the Commissioner must be quashed.

7.121 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.

7.122 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.

7.123 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