NHS Resolution

20 August 2026

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REF: APL-4435 [SHA/26976]

APPEAL AGAINST MID AND SOUTH ESSEX ICB DECISION TO REFUSE AN APPLICATION BY GLOBAL PHARMA SOURCING LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST AT UNIT 42B, BOWLERS CROFT, BASILDON, ESSEX, SS14 3ED UNDER REGULATION 25

1 Outcome

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

1.2 The Committee determined that the application should be refused.

A copy of this decision is being sent to:

Global Pharma Sourcing Ltd
Temple Bright on behalf of Laville Limited (t/a Britannia Pharmacy)
PCSE on behalf of Mid and South Essex ICB

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1 The Application

By application dated 31 March 2025, Global Pharma Sourcing Ltd ("the Applicant") applied to Mid and South Essex ICB ("the Commissioner") for inclusion in the pharmaceutical list at Unit 42b Bowlers Croft, Basildon, Essex, SS14 3ED 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 "Hosiery/stockings

1.1.2 Bandages

1.1.3 Contraceptive devices

1.1.4 Dressings

1.1.5 Gauze Tissues

1.1.6 Protectives e.g gloves

1.1.7 Stockinettes *Some may be subject to a medical prescription

1.1.8 Swabs

1.1.9 Trusses"

1.2 In response to why the application should not be refused pursuant to Regulation 31 the Applicant stated "n/a".

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

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 "n/a"

1.9 [The Applicant provided SOPs which have since been superseded.]

In a letter dated 10 July 2025 addressed to PCSE entitled "Response to Request for Clarification – Distance Selling Premises Application" the Applicant stated:

1.10 "Thank you for your letter dated 10th July 2025 regarding our application for inclusion in the pharmaceutical list in respect of our proposed Distance Selling Premises at Unit 42b, Bowlers Croft, Basildon, Essex, SS14 3ED.

1.11 We wish to confirm the following in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, including the most recent amendments effective from 23 June 2025:

1.11.1 No advanced or enhanced services will be provided face-to-face or on-site from this premises.

1.11.2 No essential, advanced or enhanced services will be provided to any person present at or in the vicinity of the premises.

1.11.3 All pharmaceutical services from this Distance Selling Premises (DSP) will be delivered entirely via non-face-to-face means, in compliance with Regulation 25 of the above regulations.

1.12 In regard to the Pharmacy First service, we confirm that:

1.12.1 No Pharmacy First services will be provided face-to-face or on-site.

1.12.2 Where explicitly permitted by NHS England and the local Integrated Care Board (ICB), we may provide remote consultations aligned with

the Pharmacy First framework, strictly for advice and triage purposes only, and not involving PGD-based supply or in-person assessment.

1.12.3 All such services will be provided in a compliant, clinically safe, and fully remote manner, with no patient access or interaction at or near the premises.

1.13 To support safe delivery of these services, our remote consultation protocols are based on CQC guidance, GPhC standards for registered pharmacies, and GP practice documentation methods. We use a structured Minor Illness Remote Consultation Form aligned with the CQC's five key lines of enquiry (Safe, Effective, Caring, Responsive, Well-led). This ensures consistent documentation of patient identity, consent, red flag screening, appropriate referral, and safeguarding checks without face-to-face contact.

1.14 Essential services will be delivered via secure delivery or postal systems only, and all interactions with patients will be conducted remotely through secure and auditable channels.

1.15 We trust this confirms that our operational model meets NHS England and GPhC regulatory requirements and should not be refused. We are happy to provide further documentation such as SOPs, remote consultation templates, or additional assurances if required."

2 Comments to the Commissioner

The Commissioner considered that the comments made by the Applicant to the representations on the application, should be circulated to parties. The Commissioner was of the view that the information provided by the Applicant was new information (including the provision of revised SOPs [see Appendix A for Committee]) and as parties had not had a chance to comment on this information the consultation period should recommence and a further 45 days was provided to parties to make representations on the comments.

On reviewing the paperwork provided by PCSE, it was noted that the Applicant, in response to the second consultation period, made further comments in response to the representations on the application and it was noted that these 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 THE APPLICANT

2.1.1 "Thank you for your correspondence in relation to the application for Global Pharma Trading.

2.1.2 We write to clarify the position following our earlier response and to ensure that there is no ambiguity as to the Applicant's current operating model.

2.1.3 Our initial response referred to a distance-selling pharmacy framework and essential services.

2.1.4 Following further review, and in response to the concerns raised during consultation, we undertook a complete reassessment of the application documentation. As a result, all Standard Operating Procedures were rewritten and a revised Business Continuity Plan submitted to reflect the Applicant's clarified position.

2.1.5 The current position is as follows:

2.1.5.1 No pharmaceutical services of any description (NHS, private, essential, advanced, enhanced, or distance-selling) are being provided or proposed at this stage;

2.1.5.2 No dispensing, supply, delivery, counselling, or patient interaction takes place;

2.1.5.3 No patients attend, or are permitted to attend, the premises; and

2.1.5.4 The premises are administrative and preparatory only, pending registration and any future approvals.

2.1.6 All references in the original documentation to service provision, distance-selling activity, NHS services, consultations, or dispensing processes were removed in full from the revised SOPs. The revised documentation now accurately reflects the Applicant's intended use of the premises and addresses the matters raised during consultation.

2.1.7 This clarification is provided to ensure the record accurately reflects the Applicant's current position and to avoid any misunderstanding arising from earlier draft wording which has since been superseded.

2.1.8 Please let us know if any further clarification or documentation is required."

2.1.9 "On behalf of: Mr [FOA] … Superintendent Pharmacist Global Pharma Sourcing Trading Ltd (T/A Global Pharma Trading) 51 Sunliner Way, South Ockendon, Essex RM15 5FS

2.1.10 Notice of SOP Revisions – CAS-369751-X0J1F6 – Global Pharma, Basildon (Distance Selling Pharmacy Application)

2.1.11 Dear Sirs,

2.1.12 Thank you for your letter dated 16 Sep 2025 notifying us of the decisions [sic] in relation to our application for inclusion of Global Pharma Sourcing on the pharmaceutical list as a Distance Selling Pharmacy (DSP). Please see the below changes that have been made:

1. Clarification of Service Provision

2.1.13 In accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, we confirm that this pharmacy will provide only the essential services required under the Terms of Service. These services will be delivered exclusively by distance-selling means and will be available to all persons across England. We will not provide advanced services or enhanced services under this contract.

2.1.14 There was a misunderstanding in the original application which may have caused uncertainty about our service model. We hope this statement clarifies our position and confirms our commitment to compliance with the DSP framework.

2. Amendments to SOPs

2.1.15 We have undertaken a full review of our Standard Operating Procedures (SOPs) and have amended them to ensure they:

2.1.15.1 Accurately reflect the distance-selling model.

2.1.15.2 Explicitly demonstrate how all essential services will be provided without face-to-face contact at the premises.

2.1.15.3 Show how services will remain available to all patients in England, with no restrictions on geography or patient group.

2.1.15.4 Secure the uninterrupted provision of services throughout our opening hours, in compliance with Regulation 25(2) and Regulation 64(3).

3. Assurance of Compliance

2.1.16 We recognise the importance of safeguarding patients and maintaining public confidence in DSPs. To this end, our revised SOPs cover:

2.1.16.1 Prescription receipt, dispensing, and delivery arrangements.

2.1.16.2 Remote patient communication and counselling.

2.1.16.3 Disposal of medicines, safeguarding, and incident reporting.

2.1.16.4 Information governance and business continuity procedures.

2.1.17 We are confident that these amendments ensure our operating model is fully aligned with both regulatory requirements and best practice.

2.1.18 In light of the clarifications provided and the comprehensive amendments made to our SOPs, we kindly request that our application be reconsidered. We are committed to working closely with NHS England and PCSE to ensure that the pharmacy delivers safe, effective, and compliant services to patients nationwide.

2.1.19 We appreciate your time and consideration, and we look forward to your response. Please do not hesitate to contact us if further information is required."

2.1.20 "We write further to the consultation representations received in relation to the application for Global Pharm Trading.

2.1.21 This letter should be read alongside our earlier response to the consultation objections and the revised documentation subsequently submitted. It is provided to ensure that the procedural position is accurately recorded and that the representations are understood in the correct documentary context.

2.1.22 We note that the representations submitted by local pharmacies are materially similar in wording and substance and are dated by reference to the original consultation submission.

2.1.23 Each representation relies on the documentation circulated at that time and does not engage with the revised Standard Operating Procedures and Business Continuity Plan submitted thereafter.

2.1.24 Following receipt of the consultation objections, we undertook a complete and rigorous review of all supporting documentation. As set out in our earlier response, this resulted in the redrafting of the SOP bundle and the submission of a revised Business Continuity Plan to remove ambiguity and to address the matters raised.

2.1.25 The revised documentation confirms clearly and unambiguously that:

2.1.25.1 no pharmaceutical, NHS, private, essential, advanced, enhanced, or distance-selling services are provided or proposed at this stage;

2.1.25.2 no dispensing, supply, delivery, counselling, or patient interaction takes place;

2.1.25.3 no patients attend, or are permitted to attend, the premises; and

2.1.25.4 the premises are administrative and preparatory only, pending registration and any future approvals.

2.1.26 The matters raised in the consultation representations correspond directly to wording contained in the original documentation and were addressed in full through the revised SOPs and Business Continuity Plan already submitted.

2.1.27 This letter is not intended to re-open consultation. It is provided to ensure that the representations are understood as responses to a historic documentation set and that the record accurately reflects the Applicant's current operating position.

2.1.28 For completeness, Annex A is attached. Annex A explains how each category of concern raised during consultation arose from the original documentation and how those concerns were subsequently resolved."

"ANNEX A

2.1.29 Consultation Representations – Context and Resolution

2.1.30 Applicant: Global Pharma Sourcing Trading Ltd (T/A Global Pharma Trading)

2.1.31 Premises: Unit 42B, Bowlers Croft, Basildon, Essex SS14 3ED

1. Purpose of this Annex

2.1.32 This annex accompanies the Applicant's response to the consultation representations and should be read alongside the revised SOPs and Business Continuity Plan already submitted.

2.1.33 Its purpose is to explain how the matters raised during consultation arose from the original documentation circulated at that stage and how those matters were subsequently addressed through corrective action.

2.1.34 This annex does not seek to re-open consultation or to challenge the right of any party to make representations.

2. Nature of the Representations

2.1.35 All representations received from local pharmacies:

2.1.35.1 are materially similar in wording and structure;

2.1.35.2 raise the same categories of concern; and

2.1.35.3 are dated by reference to the original consultation period.

2.1.36 The representations rely on the original SOPs circulated at consultation stage and do not refer to, or engage with, the revised documentation submitted subsequently.

3. Issues Raised and Explanation

3.1 Patient attendance at the premises

2.1.37 Concerns arose from generic wording in the original SOPs which could be interpreted as implying patient attendance or collection.

2.1.38 All such references were removed. The revised SOPs confirm that there is no patient access, attendance, collection, or interaction at the premises.

3.2 Distance-selling and service provision

2.1.39 Concerns arose from references to service processes contained in the original SOPs. The revised SOPs confirm that no pharmaceutical services of any description, including distance-selling services, are provided or proposed at this stage.

3.3 NHS services

2.1.40 Concerns arose from standard NHS terminology included in the original documentation.

2.1.41 All references to NHS Essential, Advanced, Enhanced, or locally commissioned services were removed. The revised documentation confirms that no NHS services are proposed.

3.4 Consultations and clinical interaction

2.1.42 Concerns arose from generic counselling and consultation language.

2.1.43 The revised SOPs confirm that there is no consultation room and no face-to-face or remote consultations of any kind.

3.5 Dispensing, supply, and delivery

2.1.44 Concerns arose from abstract dispensing and supply processes described in the original SOPs.

2.1.45 The revised SOPs confirm that no dispensing, supply, delivery, or distribution of medicines occurs at this stage.

4. Matters Not Raised

2.1.46 None of the representations raise concerns regarding:

2.1.46.1 premises safety or suitability;

2.1.46.2 governance arrangements or superintendent oversight;

2.1.46.3 security or storage arrangements; or

2.1.46.4 Professional competence.

5. Procedural Context

2.1.47 The representations should therefore be understood as addressing the original consultation documentation. The issues identified were documentary in nature and were addressed through the revised SOPs and Business Continuity Plan already submitted.

6. Conclusion

2.1.48 Each category of concern raised during consultation has been resolved through revised documentation which accurately reflects the Applicant's

clarified operating position. The representations do not reflect the current position set out in the documentation now on file."

"On the assumption that the SOPs have been provided by the applicant, it is submitted that the information provided by the applicant is insufficient to satisfy NHS England that the relevant regulatory test will be met and, indeed, demonstrate that the applicant's proposed pharmacy would be in breach of the regulations and terms of service such that this application must be refused. By way of example:

1) The Business Continuity Plan only appears to relate to the provision of the Pharmacy First service. The SOP is therefore insufficient, since it does not deal with all of the matters required by the terms of service.

2.1.49 Please see attached the revised BCP.

2) The Pharmacy First SOP provided with the folder "SOP for Basildon" contradicts the other Pharmacy First SOP provided by the applicant, since it states that patients will attend at the pharmacy in order to access the service. Additionally, the Pharmacy First SOP states that "the pharmacy must have a consultation room"; however, confusingly, the floorplan for the proposed pharmacy does not include a consultation room.

2.1.50 The SOP for Pharmacy First has now been removed in full from Global Pharma Sourcing Ltd's procedures. This is because the pharmacy will be conducting essential services only and will not be providing advanced or enhanced services such as Pharmacy First.

3) The Asthma referral SABA over use SOP suggests that the patient will be present at the pharmacy, which is not permitted. For example, it refers to offering an "inhaler technique check" but does not explain how this would be done in the distance selling context and states that "if the patient is calling back to collect their prescription, highlight in the bagged-up medicines that the pharmacist would like to speak to the patient…".

2.1.51 The SOP for Asthma referral has now been removed in full from Global Pharma Sourcing Ltd's procedures. This is because the pharmacy will be conducting essential services only and will not be providing additional services unless specifically commissioned and structured to be delivered remotely.

4) The SOP for CD incidents implies that patients may be present at the pharmacy, since it refers to spillages at the pharmacy by the patient. This is not permitted for a distance selling pharmacy, since medicines must be supplied to patients who are not present at, or in the vicinity of, the pharmacy.

2.1.52 Any reference to face-to-face communication at the pharmacy premises has been removed from SOP – CD Incidents. In addition to the full review and update, the following changes have also been made:

2.1.53 Removed references to breakage/spillage of dispensed liquid Schedule 2 CDs by patients on pharmacy premises.

2.1.53.1 Included associated SOPs for cross-reference.

2.1.53.2 Added references to PharmSmart for use in Incident Reporting which will be used to monitor all incidents and implement appropriate corrective and preventive measures.

5) The SOPs includes a chaperone policy. However, since patients are not permitted to be present at the premises, it is unclear how and why this is relevant.

2.1.54 The SOP for the Chaperone Policy has now been removed in full from Global Pharma Sourcing Ltd's procedures. This is because the pharmacy will be conducting essential services only and will not be providing any face-to-face services. As a Distant Selling Pharmacy, all patient interactions will be managed remotely (e.g., via telephone, email, or website), and there is no requirement for a chaperone policy.

6) The complaints policy states that the complaints procedure will be detailed in "a poster displayed in the pharmacy" and through a "suggestions, comments and complaints form available within the pharmacy". Since patients are not permitted to be provided with, or offered, pharmaceutical services at the premises, the complaints policy implies a breach of the terms of service, since it implies that patients will, in fact, attend at the pharmacy premises.

2.1.55 The complaints procedure has been updated to reflect the correct process for receiving and handling complaints. All references to posters, on-site forms, or any suggestion of complaints being made in person at the pharmacy have been removed All complaints must now be received only via the following approved channels and will be delegated to the Superintendent Pharmacist, who is authorised to handle complaints and has been designated as the Complaints Manager with overall responsibility for ensuring that complaints are managed, documented, and resolved appropriately:

2.1.56 Website: https://www.globalpharmatrading.co.uk/contact

2.1.57 Phone: 07950 938398

2.1.58 Email: info@globalpharmatrading.co.uk

2.1.59 In addition, Appendix 1 – Complaints has been added which includes staff authorised to handle complaints, Details of national ombudsmen for referral when NHS service complaints cannot be resolved to the satisfaction of the complainant and List of sources of advice or advocacy for patients wishing to make a complaint against an NHS body.

7) The Delivering Pharmacy Items SOP does not provide sufficient information to satisfy NHS England that dispensing services will be

provided safely and effective to patients anywhere in England and with reasonable promptness.

For example:

a. The SOP only appears to allow for deliveries by a delivery driver, stating that prescriptions can only be posted “in exceptional circumstances”. Since the applicant is required to supply medicines to patients nationally, it is not clear how this can be achieved through the use of a delivery driver only.

2.1.60 This SOP has been reviewed and updated to reflect the following delivery arrangements and to ensure ongoing compliance with our Distant Selling Pharmacy model. Our pharmacy will be delivering medication to patients by the following methods:

2.1.60.1 Local Deliveries – carried out by a pharmacy-employed delivery driver using a suitable and secure vehicle.

2.1.60.1.1 Ambient medicines, Controlled Drugs (CDs), and cold-chain medicines will be transported securely and safely.

2.1.60.1.2 Cold-chain medicines will be delivered in validated medical cool boxes with tamper-evident seals and gel packs, maintaining 2–8°C throughout the journey.

2.1.60.2 National Deliveries – undertaken by Polar Speed/UPS, a specialist healthcare courier.

2.1.60.2.1 Medicines will be transported in validated temperature-controlled vehicles.

2.1.60.2.2 This includes ambient medicines, CDs, and cold-chain items, all with full traceability, temperature monitoring, and proof of delivery.

2.1.60.2.3 Courier performance will be audited regularly.

2.1.61 This model ensures that medicines can be supplied safely, securely, and consistently to patients nationally.

b. The applicant fails to explain how cold chain medicines will be supplied safely, including the suitability of packaging and the monitoring and auditing of the temperature of the “cool box” throughout the delivery process.

2.1.62 For local deliveries, cold-chain medicines will be supplied using validated insulated packaging (cool-boxes) with gel packs designed to maintain 2–8°C for at least 24 hours. All cool-boxes used will be tested and validated with gel/ice packs to maintain 2–8°C for the maximum expected delivery window.

2.1.63 The pharmacy will conduct regular audits by placing a temperature monitoring device in cold-chain boxes and any excursions outside 2-8 °C will be recorded, investigated and reported via incident reporting system (e.g., Pharmsmart). Records of packaging validation and temperature monitoring will be retained and reviewed as part of the pharmacy's audit process

2.1.64 For national deliveries, Polar Speed/UPS will be used who use validated temperature-controlled vehicles for the transport of cold-chain medicines. All courier performance will be reviewed, and a clear audit trail will be maintained.

2.1.65 Patients will receive clear instructions to refrigerate items immediately upon receipt.

c. The SOP fails to explain the procedure for failed deliveries.

2.1.66 A new SOP - Failed Deliveries has been created to fully describe this process. This SOP sets out:

2.1.66.1 The steps to be taken by delivery drivers/couriers when a delivery attempt is unsuccessful.

2.1.66.2 How medicines (including Controlled Drugs and cold-chain items) are securely returned to the pharmacy.

2.1.66.3 The process for recording failed delivery attempts in delivery logs and patient records.

2.1.66.4 How patients are contacted to arrange redelivery or collection.

2.1.66.5 Incident reporting requirements where appropriate.

2.1.67 Please see the attached SOP for full details.

8) The Delivery of schedules 2 and 3 CDs is also insufficient, again only referring to deliveries by delivery driver (and, so, failing to explain how this service will be provided to patients anywhere in England). It also fails to explain how controlled drugs will be stored "securely" in the delivery vehicle.

2.1.68 We have now updated our SOP to clearly describe how Schedules 2 and 3 Controlled Drugs will be delivered both locally and nationally, and how they will be stored securely during transport.

2.1.68.1 Local Deliveries:

2.1.68.1.1 Schedules 2 and 3 CDs will be transported by the pharmacy-employed delivery driver in a locked, tamper-evident container kept within a secure compartment of the vehicle.

2.1.68.1.2 CDs will never be left unattended in the vehicle. The driver will proceed directly to the patient's address and return any undelivered CDs to the pharmacy immediately.

2.1.68.1.3 All CDs will be documented in a delivery manifest and reconciled against the CD Register on dispatch and return.

2.1.68.2 National Deliveries:

2.1.68.2.1 For patients outside the local area, deliveries of Schedules 2 and 3 CDs will be carried out exclusively via Polar Speed/UPS, a specialist healthcare courier.

2.1.68.2.2 Polar Speed operates validated temperature-controlled and secure vehicles, with full tracking, chain of custody, and proof of delivery.

2.1.68.2.3 This ensures that CDs can be supplied safely and securely to patients anywhere in England in line with Home Office and GPhC requirements.

2.1.68.3 Security and Governance:

2.1.68.3.1 All packaging will be tamper-evident and unbranded.

2.1.68.3.2 Proof of delivery will be obtained (signature or secure electronic equivalent).

2.1.68.4Failed deliveries will be returned to the pharmacy the same day, reconciled with stock, and logged in the CD Register.

2.1.68.5 Regular audits of both driver and courier CD deliveries will be undertaken, and any discrepancies will be reported immediately via the incident reporting system (PharmSmart).

9) The SOP for the Destruction of CDs implies that the patient will be present at the pharmacy to return medicines, which is not permitted. For example, it states "Ask patient/representative to remain until returned pharmacy items are accepted and sorted".

2.1.69 This SOP has now been updated to remove all references to patients being present at the pharmacy. Patient returns will be managed through the following approved processes:

2.1.70 1. Referral to Local NHS Pharmacy – Patients will be advised that they may return unwanted medicines, including CDs, to any local NHS community pharmacy for safe disposal. A link to the NHS "Find a Pharmacy" tool will be provided to assist patients.

2.1.71 2. Collection via Local Delivery Driver – For patients within the local delivery area, the pharmacy-employed delivery driver may collect CDs

in a locked, tamper-evident container and return them to the pharmacy the same day for secure storage prior to destruction.

2.1.72 3. Collection via Approved Courier – For patients outside the local area, the pharmacy may arrange a secure collection through an approved healthcare courier with tracking, chain of custody, and proof of handover.

2.1.73 All patient-returned CDs will be destroyed and recorded in the Patient-Returned CD Register.

10)The SOP for the Discharge Medicine Service states that patients (or their carers) will be present at the pharmacy, which is not permitted, because it states: “review medication with the patient or carer F2F [face to face] or via phone if not possible”.

2.1.74 The SOP for the Discharge Medicine Service has now been updated and all references to face-to-face consultations for this service have been removed. All consultations will be conducted remotely for this service.

11)The SOP for Dispensing Prescription Items is insufficient and also suggests that patients will be present at the pharmacy to receive dispensed medication, which is not permitted. For example:

a. The SOP fails to explain how the prescription exemption status will be checked, how patients will complete the reverse of the prescription or how prescription charges will be paid in the distance selling context.

2.1.75 The SOP has now been updated to include the following:

2.1.76 Checking Exemption Status and verification by the patient remotely and Payment of Prescription Charges

2.1.76.1 Record Keeping on patients PMR of patient exemption status of payment liability for auditing purposes

b. The SOP states that patients will be “advise[d] of waiting time and annotate accordingly if the patient is waiting or coming back”.

2.1.77 The SOP has now been updated to remove any reference of waiting times or patients being present in the pharmacy.

12)The EHC SOP explicitly states that the patient will be present in the pharmacy.

2.1.78 The SOP for EHC has now been removed in full from Global Pharma Sourcing Ltd’s procedures. This is because the pharmacy will be conducting essential services only and will not be providing advanced or enhanced services such as EHC.

13)The emergency supply SOP implies that the patient will be present in the pharmacy, which is not permitted for essential pharmaceutical

services, stating relevantly “When handing out, ensure that the patient/representative confirms whether patient pays or is exempt. If paying collect the correct levy and make a note on the PMR. If exempt, make a note of exemption on the PMR”.

2.1.79 The SOP has now been revised as follows:

2.1.79.1 Patient Interaction: All emergency supply requests will be managed remotely (via telephone, email, or website). At no stage will patients or their representatives attend the pharmacy premises.

2.1.79.2 Records: Exemption declarations and payments will be recorded in the Patient Medication Record.

2.1.79.3 Delivery: Once clinically and legally appropriate, medication will be delivered to the patient via the pharmacy-employed local driver or approved national courier.

2.1.80 This ensures the emergency supply service is delivered in a manner that is safe, and compliant

14)The EPS repeat dispensing SOP implies that the patient will be present at the pharmacy premises, which is not permitted for any essential services. For example, it states “Take in the RA token if presented by the patient/representative”. It also states that the pharmacy should “print a dispensing token for the patient/representative to sign to declare exemption/paid status”.

2.1.81 The SOP has now been revised any reference to face-to-face communication at the pharmacy premises has been removed.

15)The applicant has provided an SOP for handing out schedules 2 and 3 controlled drugs, which makes it clear that patients will be present at the pharmacy premises and will receive an essential pharmaceutical service whilst present at the premises (the supply of prescribed medication). This is not permitted and would be a clear breach of the terms of service for distance selling pharmacies.

2.1.82 The SOP has now been removed in full from Global Pharma Sourcing Ltd’s procedures and has been replaced by the delivery of Schedule 2 and 3 CDs as mentioned above in point 8.

16)The Hypertension case finding service refers to patients who “visit the pharmacy”, again demonstrating that the applicant intends to provide, or offer to provide, pharmaceutical services to patients who are present at, or in the vicinity of the pharmacy. This is not permitted in respect of distance selling pharmacies and would be a clear breach of the regulations.

2.1.83 The SOP for Hypertension Case Findings has now been removed in full from Global Pharma Sourcing Ltd’s procedures. This is because the pharmacy will be conducting essential services only and will not be

providing advanced or enhanced services such as Hypertension Case Findings.

17)The applicant has provided a needle exchange SOP, but this service is not listed in the application form. It is also not clear how this service could be offered nationally in the distance selling context.

2.1.84 The SOP for Needle Exchange has now been removed in full from Global Pharma Sourcing Ltd's procedures. This is because the pharmacy will be conducting essential services only and will not be providing services such as Needle Exchange.

18)The near miss SOP implies that patients will be present at the pharmacy.

2.1.85 This SOP has been completely updated in line with the new system for reporting all incidents and near-misses via PharmSmart. The updated procedure ensures that:

2.1.85.1 All dispensing errors, near-misses, and incidents are recorded electronically and reviewed regularly.

2.1.85.2 Trends are monitored and corrective/preventive actions are implemented to improve patient safety.

2.1.85.3 All references to patients being on site have been removed.

19)The NMS SOP confirms that patients may be provided this service at the pharmacy (stating "Patient engagement can be carried out at the pharmacy premises or remotely…" and "The intervention and follow up stage can be carried out in the consultation room…") which is not permitted.

2.1.86 The SOP for NMS has now been removed in full from Global Pharma Sourcing Ltd's procedures. This is because the pharmacy will be conducting essential services only and will not be providing advanced or enhanced services such as NMS.

20)The OTC sales SOP does not explain how this service will be provided in the remote, distance selling, context.

2.1.87 The SOP for OTC Sales has now been removed in full from Global Pharma Sourcing Ltd's procedures. This is because the pharmacy will not be conducting any OTC sales remotely at present.

21)The Owings SOP confirms that patients will attend at the pharmacy, which is not permitted, for example stating "…when the patient returns to collect the owing.". This is also reflected several times in the flow chart contained within the SOP, which repeatedly refers to the patient "collecting" the medication.

2.1.88 The SOP has now been updated in full to remove all references to patients "returning" or "collecting" medication.

22)The SOP for Recording Entries in the CD Register refers to patients attending at the pharmacy to collect their medication which, again, is not permitted by the terms of service for distance selling pharmacies.

2.1.89 The SOP has now been revised in full to remove all references to patient attendance or in-person collection,

23)The Responsible Pharmacist SOP states that the RP must be signed in and present when medicines are “handed out to a patient”, again implying that patients will be present on the pharmacy premises and will receive pharmaceutical services.

2.1.90 To ensure compliance, the Responsible Pharmacist procedures have now been revised as follows:

2.1.91 The SOP has been split into two separate documents:

2.1.92 1. SOP - Assuming and Ceasing the Duties of the RP – covering how the RP formally signs in and out, maintains the RP log, and ensures governance responsibilities are transferred appropriately.

2.1.93 2. SOP - Operating in the Absence of the RP – outlining what activities staff may or may not carry out when the RP is signed out, in line with the Responsible Pharmacist Regulations 2008.

2.1.94 All references to patients being present at the pharmacy premises have been removed in full.

24)The SOP for Signposting, which is an essential service, implies that patients will be present on the premises when receiving this service, stating that patients should be offered “the use of the consultation room…”. This is not permitted. The SOP does not explain how the service would be provided in the distance selling context.

2.1.95 This SOP has been updated in full to reflect how the signposting service will be delivered in a Distant Selling Pharmacy environment.

2.1.95.1 It now includes details of how patients may contact the pharmacy remotely and explains how the pharmacy team will provide the service remotely,

2.1.95.2 All references to consultation rooms and to patients being present at the pharmacy premises have been removed,

25)The applicant fails to provide any information in respect of some essential services, such as healthy lifestyle advice, health campaigns, prescription linked interventions, etc.

2.1.96 To address this, a dedicated SOP has now been created and implemented to cover all Essential Services, with clear procedures on how they will be delivered remotely. The updated SOP confirms that:

2.1.96.1 Healthy lifestyle advice will be provided opportunistically to eligible patients (e.g., those with diabetes, high blood pressure, smokers, or those overweight) via telephone, email, or secure online communication, with written advice and NHS-approved resources supplied electronically or included with prescription deliveries.

2.1.96.2 Health campaigns will be delivered remotely, using methods such as website updates, email/mailshots, or including campaign literature with medicine deliveries.

2.1.96.3 Prescription-linked interventions will be identified during the prescription review process, with pharmacists providing tailored advice remotely and recording interventions in the Patient Medication Record for audit and follow up.

26) The SOP for Waste Medicines does not explain how the service will be provided remotely and in the distance selling context. In fact, the SOP suggests that patients will be present on the pharmacy premises when they return unwanted medicines (for example, stating "Ask patient/representative to remain until return medicines are accepted and sorted"), which is not permitted.

2.1.97 To ensure full compliance, the SOP has now been split into two separate procedures:

2.1.98 1. Disposal of Pharmacy Stock

2.1.99 2. Disposal of Patient-Returned Medicines – covering the process for handling unwanted medicines supplied to patients via collection via the pharmacy's delivery driver/courier where applicable.

2.1.100 All references to patients attending the pharmacy premises have been removed in full."

"Application form

2.1.101 **Premises**

It is not clear from the floor plan whether there is a consultation room on the premises, which is a pre-requisite for delivering the Pharmacy First service and the pharmacy contraception service.

2.1.102 We acknowledge the concern raised regarding the lack of clarity on the floor plan as to whether there is a consultation room on the premises.

2.1.102.1 Global Pharma Sourcing Ltd will not be providing any Advanced or Enhanced Services.

2.1.102.2 The pharmacy will be conducting Essential Services only, in line with the Community Pharmacy Contractual Framework (CPCF).

2.1.102.3 As this is a Distant Selling Pharmacy (DSP), no face-to-face consultations will be conducted with patients at the premises.

2.1.102.4 For this reason, the pharmacy does not have a consultation room, and none is required.

2.1.103 **Advanced and enhanced services**

The applicant has listed several services, however only two of these, the New Medicines Service and the Seasonal 'flu Vaccination service are advanced services as defined in the regulations. We are concerned that the applicant has either not properly understood the form, or does not understand which services are commissioned within the community pharmacy contractual framework.

2.1.104 We acknowledge the concern that the application initially listed several services incorrectly, to resolve this issue and ensure full compliance:

2.1.104.1 All SOPs and documentation have been reviewed and corrected.

2.1.104.2 All references to Advanced Services (including NMS and Seasonal Influenza Vaccination) have been removed in full from Global Pharma Sourcing Ltd's procedures.

2.1.104.3 The pharmacy will be conducting Essential Services only, as defined in the CPCF.

2.1.104.4 The Essential Services SOPs have been updated to ensure they are DSP-compliant, with all patient interactions taking place remotely and all medicines supplied exclusively via secure delivery.

2.1.105 This confirms that Global Pharma Sourcing Ltd is fully aware of the structure of the CPCF and will operate strictly within the scope of Essential Services only, providing assurance that the pharmacy understands which services it is commissioned to provide.

Pharmacy first clarification

We are further concerned that, when asked to provide clarification on how the applicant proposed that the pharmacy would provide the Pharmacy First advanced service (not listed in the Advanced Services on the application form) they described a process that would not meet the requirements of the service specification.

2.1.106 We acknowledge the concern regarding references to the Pharmacy First advanced service. This service was incorrectly included in our initial documentation, despite not being listed in the application form, and the described process did not meet the official service specification.

2.1.106.1 All references to Advanced Services (including Pharmacy First, NMS, CPCS, DMS, etc.) have been removed in full from Global Pharma Sourcing Ltd's SOPs and procedures.

2.1.106.2 The pharmacy will be providing Essential Services only, as defined under the Community Pharmacy Contractual Framework (CPCF).

2.1.107 The Essential Services SOPs have been reviewed and updated to ensure they are fully compliant with the requirements for distant selling pharmacies (DSPs), with all patient contact conducted remotely and all supplies made via delivery.

2.1.108 This confirms that Global Pharma Sourcing Ltd does not intend to provide any Advanced or Enhanced Services and will operate solely within the scope of the Essential Services required of all NHS community pharmacies.

Standard Operating Procedures

The applicant has supplied a large file of Standard Operating Procedures (SOPs), however these refer extensively to patients "collecting" medicines and "Coming in" to the pharmacy. These would appear to be generic SOPs, or SOPs rebranded from another pharmacy and do not provide any assurances that the applicant would meet the terms of service for dispensing premises.

2.1.109 All SOPs have been reviewed in full and updated to ensure they accurately reflect the operation of the pharmacy as a distant selling pharmacy.

2.1.109.1 All references to patients collecting medicines or attending the premises have been removed.

2.1.109.2 Each SOP now clearly specifies that:

2.1.109.2.1 All patient contact will be conducted remotely (telephone, email, or website)

2.1.109.2.2 All supplies of medicines will be made via secure delivery only (local delivery driver or approved national healthcare courier).

2.1.109.2.3 No services will be provided face-to-face at the premises.

2.1.109.3 Where SOPs previously included generic processes, they have been redrafted specifically for this pharmacy to ensure compliance with GPhC standards, NHS England requirements, and DSP regulations.

2.1.109.4 These updates provide assurance that the pharmacy's SOPs are now fully tailored to the DSP model and that the services

delivered will comply with the contractual framework for distance selling pharmacies."

3 The Decision

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

The Commissioner considered and decided to refuse the application. The decision letter dated 19 March 2026 states:

3.1 "NHS 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 "Global Pharma Sourcing Ltd - DSP - SS14 3ED - CAS-369751-X0J1F6

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").

Application in respect of distance selling premises (DSP): Global Pharma Sourcing Ltd, Unit 42b, Bowlers Croft, Basildon, Essex, SS14 3ED

3.4 The Committee considered this excepted application in respect of distance selling premises, which is determined under the following Regulations:

Regulation 31:

3.5 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.

3.6 The Committee agreed it was not required to refuse the application under Regulation 31.

Regulation 25A:

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

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

Regulation 25: Distance selling premises applications

Regulation 25(2)(a)

3.8 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 has stated 'N/A' as their response.

3.9 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.

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

Regulation 25(2)(b)

3.11 The Committee considered the information 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.

3.12 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.

3.13 As of June 2025, the Regulations were amended and therefore will also require the Committee to be satisfied 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.

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

3.14.1 Updated DSP App

3.14.2 Formal Response

3.14.3 SOPs.zip [see Appendix B for Committee]

Representations

3.15 The Committee noted the full representations/comments made which were included on page 14 of the Committee Report. A brief summary of each was also included and shared prior to the meeting.

Response to Representations

3.16 Global Pharma Sourcing Ltd first responded on 18th September 2025 (the full document can be found in the "Enclosures" section of the Committee Report), a brief summary of their response can be found below:

"We wish to confirm that we have reviewed our SOPs and are currently finalising updates to ensure they are fully compliant with Regulation 25 of the NHS (Pharmaceutical Services) Regulations 2013."

3.17 The Committee noted that on 29 September 2025 Global Pharma Sourcing Ltd provided a further response, the full document was included in the Enclosures section of the Committee Report which was shared prior to the meeting.

3.18 The Committee noted that on 20th November 2025, the 45-day notification process was started again as the applicant had provided revised SOPs during the 14 day comments period. In response to this Boots and the LMC requested that the ICB be assured that the application fully satisfies Regulation 25 and Regulation 64. No new comments were received from Community Pharmacy Essex (CPE) or Britannia Pharmacy.

3.19 The Committee noted that the applicant provided a further response on 13th January 2026 which was included on page 14 in the enclosures section of the Committee Report and shared prior to the meeting.

3.20 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:

3.20.1 Dispensing of drugs and appliances

3.20.2 Urgent supply without a prescription

3.20.3 Preliminary matters before providing ordered drugs or appliances

3.20.4 Providing ordered drugs or appliances

3.20.5 Refusal to provide drugs or appliances ordered

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

3.20.7 Disposal service in respect of unwanted drugs

3.20.8 Promotion of healthy lifestyles

3.20.9 Prescription linked intervention

3.20.10 Health Campaigns

3.20.11 Signposting

3.20.12 Support for self-care

3.20.13 Discharge Medicine Service

3.20.14 Websites and health promotion zones

1. Dispensing of drugs and appliances

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

3.22 The Committee noted that the applicant provided a Receipt and Dispensing SOP, however the SOP set out dispensing processes to be followed when dispensing EPS prescriptions.

3.23 There was no reference to how the pharmacy would receive or validate a paper prescription.

3.24 The Committee noted that within the SOP Delivery of Pharmacy Items, it provided clear processes for delivering dispensed items to patients. It stated items would be delivered locally and nationally, confirming items would be packaged securely, would not be left unattended, and proof of delivery would be obtained and failed deliveries would be returned and logged.

3.25 The Committee was not satisfied that it has been provided with information sufficient to show that there would be compliance with paragraph 5 of Schedule 4.

2. Urgent supply without a prescription

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

3.27 The Emergency Supply Requests SOP detailed how the applicant proposed to safely and effectively receive requests from prescribers for urgent supplies of drugs and appliances.

3.28 Based on the information before it, the Committee was satisfied that it has 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

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

3.30 Page 2 and 3 of the Receipt and Dispensing SOP explained how exemption status is checked, how evidence is requested, and what the pharmacy will do if evidence is not supplied.

3.31 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

3.32 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).

3.33 The Committee noted the required elements have been met and described in the following SOPs:

3.33.1 Delivery of Pharmacy Items SOP

3.33.2 Delivery of Schedule 2&3 CDs SOP

3.33.3 Dispensing Schedule 2&3 CDs SOP

3.34 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

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

3.36 The Committee noted that the Repeat Dispensing SOP explained how the applicant would satisfy themselves that the medicine remains appropriate before issuing each repeat supply.

3.37 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

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

3.39 The Committee noted that the Repeat Dispensing SOP described this process. It confirmed that the applicant has a structured process for:

3.39.1 Explaining the service when contacting the patient,

3.39.2 Providing advice remotely, and

3.39.3 Supporting informed decision-making about repeat dispensing.

3.40 Based on the information before it, the Committee was satisfied that it has 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

3.41 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.

3.42 The Committee noted that the Disposal of Patient Returned Medicines SOP explained how returned medicines will be accepted, stored, recorded, and disposed of safely and effectively.

3.43 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

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

3.45 The Committee noted that the applicant had provided clear procedures demonstrating how it will safely and effectively promote healthy lifestyles within the following SOPs:

3.45.1 Promoting Healthy Lifestyles SOP

3.45.2 Support for Self-Care Signposting

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

9. Prescription linked intervention

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

3.48 The Committee noted that the applicant had explained in the following SOPs how it will approach identifying and supporting patients who may benefit from prescription-linked lifestyle advice:

3.48.1 Promoting Healthy Lifestyles SOP

3.48.2 Support for Self-Care Signposting

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

10. Public health campaigns

3.50 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 NHS England.

3.51 The Committee noted that the Promoting Healthy Lifestyles SOP states that the pharmacy will participate in national and local public health campaigns. The applicant referenced appropriate remote methods for delivering campaign messages and included governance and training.

3.52 The Support for Self-Care and Signposting SOP is not specifically about campaigns; however, it does reference staff signposting patients to a directory of local and national services provided by the ICB.

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

11. Signposting

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

3.55 Across both SOPs, the applicant provided clear, detailed procedures demonstrating how it will provide information to patients:

3.55.1 Promoting Healthy Lifestyles SOP

3.55.2 Support for Self-Care Signposting SOP

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

12. Support for self-care

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

3.58 The Committee noted that this had been addressed in the following SOPs:

3.58.1 Support for Self-Care Signposting SOP

3.58.2 Discharge Medicines Service SOP

3.59 The Committee noted that the applicant has clearly explained how it will safely and effectively provide advice and support to people caring for their families.

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

13. Discharge Medicine Service (DMS)

3.61 The Committee considered whether the applicant had explained how it will provide advice, assistance and support to and in respect of a health service patient – (a) recently discharged from hospital who is referred to P for advice,

assistance and support in respect of the patient's medication regimen by the staff of the hospital in which the patient stayed, or (b) who is otherwise referred to P for advice, assistance and support in respect of the patient's medication regimen by the staff of an NHS trust or NHS foundation trust as part of arrangements linked to the transfer of care between different providers of NHS services.

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

3.63 The Committee noted that within the Discharge Medicines Service SOP, the applicant had explained how it will:

3.63.1 Provide advice, assistance and support to patients recently discharged from hospital or referred through NHS trust / foundation trust transfer of care systems;

3.63.2 Conduct structured remote consultations with patients/carers to review medicines, check understanding, provide advice, and ensure safe ongoing use;

3.63.3 Offer support functions such as safe disposal, communication with GPs/PCN teams, and follow-up actions;

3.63.4 Safely and effectively check, validate, and process DMS referrals using detailed procedures aligned with national guidance.

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

14. Websites and health promotion zones

3.65 The Committee considered whether the applicant has 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.

3.66 The Committee noted that the applicant explained that it will use its website/patient portal to host and disseminate public health content, maintain an NHS approved information library, and push campaign materials digitally. However, the SOPs do not confirm all the mandated elements, for example: (i) the presence of an interactive page, or (ii) that the page is "clearly promoted" at first access.

3.67 The Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 28C of Schedule 4.

Advanced and Enhanced Services

3.68 The Committee noted the original application form sent in by the applicant listed a number of advanced and enhanced services in section 4, Pharmaceutical services to be provided at these premises. The advanced services listed were New Medicine Service (NMS) and Flu Vaccination.

3.69 After the 45-day notification period, the applicant provided a response dated 29th September 2025. Within this response the applicant provided the following statement:

> *"1. Clarification of Service Provision*
>
> *In accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, we confirm that this pharmacy will provide only the essential services required under the Terms of Service. These services will be delivered exclusively by distance-selling means and will be available to all persons across England. We will not provide advanced services or enhanced services under this contract.*
>
> *There was a misunderstanding in the original application which may have caused uncertainty about our service model. We hope this statement clarifies our position and confirms our commitment to compliance with the DSP framework."*

3.70 The Committee noted that within the same e-mail from the applicant, they had commented on responses from both Britannia Pharmacy and CPE and again confirmed that they will not be providing advanced or enhanced services.

3.71 The Committee acknowledged that this may constitute a material change. However, the fact that it was not withdrawn at the time means that, in order to act reasonably toward the applicant, they would give due consideration to the application.

Regulation 66 - Conditions relating to providing directed services

3.72 The Committee noted that, if the application were granted, Regulation 66 would not apply as the applicant has not undertaken to provide any advanced or enhanced services (directed services).

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.

3.73 The Committee noted this would not be affected in granting this application

Decision

3.74 The Committee refused the application from Global Pharma Sourcing Ltd as not all of the requirements set out in Regulation 25 had been met:

3.74.1 The Committee was not satisfied that all essential services are likely to be secured without interruption during the opening hours.

3.74.2 The Committee was not satisfied that all essential services are likely to be secured for persons anywhere in England.

3.74.3 The Committee was not satisfied that all pharmaceutical services are likely to be secured in a safe and effective manner.

3.74.4 The Committee was not satisfied that all pharmaceutical services are likely to be secured without face-to-face contact.

3.75 The Committee agreed that the applicant Global Pharma Sourcing Ltd, Unit 42b, Bowlers Croft, Basildon, Essex, SS14 3ED has the right of appeal."

4 The Appeal

In an online form dated 13 April 2026, the Applicant sought to appeal the decision of the Commissioner. The grounds of appeal are:

4.1 "We respectfully appeal against the refusal of its Distance Selling Pharmacy application.

4.2 It is submitted that the concerns identified in the refusal decision are capable of satisfactory resolution and do not justify refusal when the full evidence is considered.

4.3 Our intended model has at all material times been a distance selling pharmacy model based on remote patient access, pharmacist oversight, secure dispensing procedures, delivery of medicines without routine face-to-face attendance, and robust governance systems.

4.4 Following receipt of the refusal decision, we have undertaken a comprehensive review of all supporting documentation. This review did not alter the substantive operating model but clarified wording, improved consistency, and removed ambiguity:

4.5 The enclosed supporting evidence demonstrates that appropriate systems are in place to secure:

4.5.1 continuity of essential services during opening hours;

4.5.2 access to services for eligible persons anywhere in England;

4.5.3 safe and effective pharmaceutical services; and

4.5.4 operation without face-to-face contact, consistent with the distance selling pharmacy framework.

4.6 Supporting documentation submitted includes:

4.6.1 Cover Letter

4.6.2 Grounds of Appeal / Written Representations

4.6.3 Regulation 25 Rebuttal Matrix

4.6.4 Witness Statement of Superintendent Pharmacist [see Appendix D]

4.6.5 Revised Standard Operating Procedures [see Appendix B for Committee]

4.6.6 Business Continuity and governance evidence [see Appendix C]

4.7 The Appellant respectfully requests that the appeal be allowed and the application approved, or alternatively remitted for reconsideration in light of the enclosed evidence."

In a letter dated 4 April 2026, the Applicant stated:

4.8 "We write on behalf of Global Pharma Sourcing Ltd in support of its appeal against the decision to refuse the Appellant's application in respect of the above premises.

4.9 This appeal is advanced respectfully on the basis that, when the full evidence is considered, the concerns identified in the refusal decision are capable of satisfactory resolution and do not justify refusal of the application.

4.10 The Appellant's intended operating model has at all material times been that of a distance selling pharmacy, designed around remote patient access, pharmacist oversight, secure dispensing procedures, appropriate governance controls, and delivery of medicines without any routine requirement for face-to-face attendance by patients.

4.11 Following receipt of the refusal decision, the Appellant undertook a comprehensive review of the supporting documentation. That review did not alter the substantive operating model. Rather, it refined wording, improved consistency, and removed ambiguity so that the documentation more clearly reflects the compliant model originally intended.

4.12 The enclosed appeal bundle demonstrates that robust systems and procedures are in place to secure:

4.12.1 continuity of essential services during opening hours;

4.12.2 access to services for eligible persons anywhere in England;

4.12.3 safe and effective pharmaceutical services; and

4.12.4 delivery of services without face-to-face contact, consistent with the distance selling pharmacy framework.

4.13 The enclosed materials include revised and clarified Standard Operating Procedures, business continuity arrangements, dispensing and delivery controls, patient communication systems, incident reporting processes,

safeguarding procedures, governance evidence, and witness evidence from the Superintendent Pharmacist.

4.14 It is respectfully submitted that refusal was not the only proportionate outcome reasonably available where any perceived concerns were capable of clarification, amendment, or further inquiry.

4.15 The Appellant remains fully willing to comply with any reasonable conditions, clarifications, or further evidence requests considered appropriate by the Appeal Body.

4.16 Accordingly, the Appellant respectfully requests that:

4.16.1 the appeal be allowed and the application approved; or alternatively

4.16.2 the matter be remitted for reconsideration in light of the enclosed evidence.

4.17 We thank the Appeal Body for its consideration."

The Grounds of Appeal/Written representations stated:

"1. Introduction

4.18 These written representations are submitted in support of the Appellant's appeal against the decision to refuse its application in respect of the above premises.

4.19 The refusal stated that the Committee was not satisfied that:

4.19.1 all essential services were likely to be secured without interruption during opening hours;

4.19.2 all essential services were likely to be secured for persons anywhere in England;

4.19.3 all pharmaceutical services were likely to be secured in a safe and effective manner; and

4.19.4 all pharmaceutical services were likely to be secured without face-to-face contact.

4.20 The Appellant respectfully submits that, when the full evidence is considered, those concerns are capable of satisfactory resolution and do not justify refusal.

2. General Position

4.21 The intended operating model is a lawful distance selling pharmacy model based on:

4.21.1 remote patient access

4.21.2 pharmacist supervision

4.21.3 secure dispensing systems

4.21.4 controlled delivery arrangements

4.21.5 documented governance procedures

4.21.6 no routine requirement for patients to attend the premises

4.22 Any earlier lack of precision in supporting documents has now been clarified. The underlying service model has remained consistent throughout.

3. Ground One – Continuity of Essential Services During Opening Hours

4.23 The refusal stated that continuity of essential services was not established.

4.24 That concern is addressed by the evidence demonstrating:

4.24.1 Responsible Pharmacist oversight during operational hours

4.24.2 documented dispensing and checking workflows

4.24.3 urgent prescription prioritisation procedures

4.24.4 failed delivery escalation systems

4.24.5 staffing and IT contingency arrangements

4.24.6 patient communication channels during opening hours

4.24.7 formal Business Continuity planning

4.25 No pharmacy model is entirely free from operational risk. The relevant issue is whether suitable systems exist to manage foreseeable disruption and maintain continuity. The Appellant's evidence demonstrates that they do.

4. Ground Two – Services for Persons Anywhere in England

4.26 The refusal stated that services were not shown to be likely for persons anywhere in England.

4.27 The Appellant's model is specifically designed for national reach through:

4.27.1 telephone, email, and digital contact routes

4.27.2 EPS nomination systems

4.27.3 remote repeat dispensing processes

4.27.4 national courier and tracked delivery arrangements

4.27.5 remote signposting and patient support systems

4.27.6 no geographic catchment restriction

4.28 A distance selling pharmacy model is intended to serve patients irrespective of locality. The Appellant's systems are aligned with that objective.

5. Ground Three – Safe and Effective Pharmaceutical Services

4.29 The refusal stated that safety and effectiveness were not established.

4.30 The evidence demonstrates a robust safety-led model including:

4.30.1 pharmacist clinical oversight

4.30.2 legal and clinical prescription checks

4.30.3 dispensing accuracy controls

4.30.4 cold chain and secure supply procedures

4.30.5 patient safety incident reporting

4.30.6 near miss review systems

4.30.7 monthly patient safety reporting

4.30.8 safeguarding procedures

4.30.9 confidentiality and data governance controls

4.30.10 complaints and learning systems

4.31 Taken together, these controls are consistent with safe and effective pharmacy practice.

6. Ground Four – No Face-to-Face Contact

4.32 The refusal stated that services were not shown to be likely without face-to-face contact.

4.33 The Appellant confirms:

4.33.1 patients are not required to attend the premises for consultations

4.33.2 patients are not required to attend for medicine collection

4.33.3 communication is undertaken remotely

4.33.4 medicines are supplied through delivery pathways

4.34 Where any historic wording lacked clarity, that was a documentary issue rather than evidence of a different operational model.

7. Proportionality

4.35 Refusal is the most serious outcome available.

4.36 Where concerns were capable of clarification, amendment, or further evidence gathering, refusal was not the only proportionate outcome reasonably open.

8. Public Interest

4.37 There is public benefit in enabling compliant remote pharmacy models which:

4.37.1 widen patient access

4.37.2 improve convenience

4.37.3 support national service reach

4.37.4 maintain appropriate safeguards

9. Relief Sought

4.38 The Appellant respectfully requests that:

4.38.1 the appeal be allowed and the application approved; or

4.38.2 alternatively, the matter be remitted for reconsideration in light of the enclosed evidence.

10. Closing Statement

4.39 The Appellant has acted responsibly, constructively, and transparently throughout.

4.40 The evidence now demonstrates a viable, safe, and compliant distance selling pharmacy model capable of satisfying the applicable requirements."

Regulation 25 Rebuttal Matrix

Refusal point	Appellant response	Key Supporting Evidence
The Committee was not satisfied that all essential services were likely to be secured without interruption during opening hours.	The Appellant operates a structured model supported by Responsible Pharmacist oversight, trained staff procedures, documented workflows, urgent escalation pathways, failed delivery management systems, staffing resilience measures, IT contingency arrangements, and a formal Business Continuity Plan. These systems are designed to maintain continuity of core	Business Continuity Plan v1.1, Receipt and Dispensing SOP v1.2, Failed Delivery SOP v1.1, Delivery of Pharmacy Items SOP v1.2

	services during opening hours.	
The Committee was not satisfied that all essential services were likely to be secured for persons anywhere in England	The intended model is specifically designed as a distance selling pharmacy serving patients remotely. Access is not restricted by geography. Patients may engage through telephone, email, website channels, and EPS nomination processes. Medicines are supplied through approved national delivery partners	Delivery SOP v1.2, EPS Nomination SOP v1.2, Repeat Dispensing SOP v1.2, Signposting / Self-Care SOP v1.2
The Committee was not satisfied that all pharmaceutical services were likely to be secured in a safe and effective manner.	The Appellant has implemented a safety-led governance framework including pharmacist clinical oversight, prescription legality checks, dispensing accuracy controls, incident reporting, near miss review, monthly patient safety reporting, safeguarding procedures, confidentiality systems, cold chain controls, and complaints handling processes.	Dealing with Patient Safety Incidents and Near Misses SOP v1.2, Safeguarding SOP v1.3, Receipt and Dispensing SOP v1.2
The Committee was not satisfied that all pharmaceutical services were likely to be secured without face-to-face contact.	The service model is remote and delivery-based. Patients are not required to attend the premises for consultations or medicine collection. Communications are undertaken remotely through telephone, email, secure digital channels, and prescription systems. Medicines are delivered through controlled supply pathways.	Remote Consultations SOP v1.2, Delivery SOP v1.2, Signposting SOP v1.2

4.41 “Additional Clarifications

1. Documentation Review

4.42 Following the refusal decision, the Appellant undertook a full review of supporting documentation and refined wording where necessary to improve clarity, consistency, and precision. The substantive operating model remains unchanged.

2. Willingness to Comply

4.43 The Appellant remains fully willing to provide further clarification, additional evidence, or comply with any reasonable operational conditions considered appropriate.

3. Proportionality

4.44 Where concerns existed, those concerns were capable of clarification, amendment, or further inquiry. Refusal was not the only proportionate outcome reasonably available.

Conclusion

4.45 The evidence demonstrates that the concerns identified can be satisfactorily addressed.

4.46 The Appellant respectfully requests that the appeal be allowed and the application approved, or alternatively remitted for reconsideration in light of the evidence provided.”

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 01 April 2023, community pharmacy contracting and commissioning has been delegated to Integrated Care Boards (ICBs). Central East (CE) ICB are hosting the function on behalf of the three East of England ICBs. The three ICBs have formed one Pharmaceutical Services Regulation Committee (PSRC), also hosted by CE ICB.

5.1.2 Thank you for your letter advising that Global Pharma Sourcing 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 including their business continuity plan, some Standard Operating Procedures (SOP) and a statement from the superintendent

pharmacist. Whilst this information was not available to the ICB when the original decision was made, the ICB remains of the opinion that this application should be refused.

5.1.4 The PSRC were not satisfied that the applicant had explained how non-electronic prescriptions would be presented by the patient and how products would be provided. Whilst information was provided in relation to EPS prescriptions, there was no reference to how the pharmacy would receive or validate a paper prescription. On review of the new information presented on appeal, there is reference to a paper token stating: 'printed by the prescriber and handed to the patient to present to the pharmacy; any manual amendments/signing cannot be accepted.' (Appeal, page 67)

5.1.5 It remains unclear how a patient would present a paper prescription to the pharmacy and how the pharmacy would receive the paper prescription.

5.1.6 The PSRC were also not satisfied that 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.

5.1.7 After reviewing the additional information submitted on appeal, there is no reference to the website's interactive features or how it will be promoted to users. The Signposting SOP (Appeal, page 80) notes that information can be provided via telephone and website links, however it does not mention an interactive page which is clearly promoted to any user when they first access it."

5.2 TEMPLE BRIGHT ON BEHALF OF LAVILLE LIMITED

5.2.1 "I act for Laville Limited which is included in the pharmaceutical list for premises trading as Britannia Pharmacy, 213 Timberlog Lane, Basildon, SS14 1PB.

5.2.2 On behalf of my client, I write further to your letter of 30th April 2026 and in order to submit representations on an appeal by Global Pharm Sourcing Limited against a decision of NHS England to refuse its application for inclusion in the pharmaceutical list in respect of distance selling premises at Unit 42B Bowlers Croft, Basildon, Essex, SS14 3ED.

5.2.3 By way of background, this application was first notified to my client by NHS England by letter dated 1st August 2025. On behalf of my client, I submitted representations to NHS England in respect of the application by letter dated 15th September 2025. A copy of that letter is attached to these submissions but, in summary, we submitted that the applicant had failed to provide sufficient information to satisfy NHS England that the required regulatory test was met, the burden of proof being on the applicant.

5.2.4 The application was refused by NHS England by a decision dated 19th March 2026. In its decision, NHS England concluded that the applicant had failed to provide sufficient information to demonstrate how it would provide all pharmaceutical services safely and effectively in the distance selling context.

5.2.5 The applicant appeals that decision by an appeal dated 15th April 2026. Whilst the applicant's grounds of appeal are not, it is respectfully submitted, entirely clear, it appears that the applicant asserts that the findings made by NHS England were capable of being remedied through amendments to its SOPs and should not have led NHS England to refuse the application.

5.2.6 As NHS Resolution will be aware, it is for the applicant to satisfy NHS England (or NHS Resolution on appeal) that an application meets the relevant regulatory test. It is submitted on behalf of my client that NHS England was correct to refuse the application at first instance (including for the reasons put forward in our letter of 15th September 2025), and that NHS Resolution should also refuse the appeal.

5.2.7 In relation to the documentation provided with the appeal itself, as a general comment it appears from much of the documentation provided by the applicant with its appeal seeks to assert that pharmacy services can be provided safely and effectively in the distance selling context and that they would be provided safely and effectively by the proposed pharmacy (for example, as asserted in the statement from the proposed superintendent pharmacist).

5.2.8 However, this information does not assist NHS Resolution in its assessment of the application since the applicant fails to explain how it would provide services safely and effectively in the distance selling context.

5.2.9 My client maintains that the matters raised in our letter of 15th September 2025 remain relevant to NHS Resolution's determination of this appeal, since most of those matters have not been addressed by the applicant as far as my client is aware. Whilst there is reference to the full suite of the applicant's SOPs being reviewed and amended in its "14-day" letter to NHS England, as far as my client is aware no complete set of revised SOPs was provided to NHS England or has been provided to NHS Resolution in support of this appeal.

5.2.10 The position therefore appears to be that whilst the applicant asserts that its SOPs have been reviewed and updated in response to representations made to NHS England, most of the revised SOPs have not been provided, such that there is insufficient evidence to reassure NHS Resolution that all relevant matters are now provided for in updated SOPs.

5.2.11 Indeed, my client asserts that even from the information provided with the appeal, it is clear that the revised SOPs are insufficient to satisfy NHS Resolution that the relevant regulatory test is met. In relation to

the additional material provided by the applicant with its letter of appeal my client comments as follows:

5.2.12 Business continuity plan

5.2.12.1 The BCP (page 8 of 34) refers to “prescription collection”. Since distance selling pharmacies are not permitted to allow patients to collect prescriptions from the pharmacy, this demonstrates a clear breach of the distance selling provisions.

5.2.12.2 The BCP (pages 8/9 of 34) states “This Distance selling Pharmacy is not commissioned for any advanced services”, yet the application form lists a number of advanced services that the applicant proposes to offer. This inconsistency is not explained by the applicant.

5.2.12.3 The BCP (page 21 of 34) states as follows when dealing with fuel shortages: “Initially limit home deliveries to patients with clinical need, using efficient route planning.”.

5.2.12.4 Since all patients must receive medicines via a delivery service, this part of the BCP makes no sense for a distance selling pharmacy, and implies that some patients may collect their medication from the pharmacy, which is not permitted.

5.2.12.5 The BCP (page 27 of 34) deals with fire and/or explosion as follows: “Evacuate the building following local Fire Alarm procedures. Assist all customers to leave via designated exits and congregate at the assembly point.” Patients (ie “customers”) are not permitted to be present on distance selling pharmacy premises such that reference to assisting customers to leave the premises in case of fire implies a breach of the relevant terms of service provisions.

Standard Operating Procedures

5.2.13 The applicant has provided some additional/amended SOPs with its appeal, although the documents provided on appeal do not address the majority of the matters raised in our letter of 15th September 2025. For the reasons given in that letter, my client therefore maintains that the totality of information provided by the applicant is confusing, contradictory and fails to detail how each pharmaceutical service will be provided safely and effectively in the distance selling context.

5.2.14 In relation, specifically, to the SOPs provided with the appeal, my client comments as follows:

5.2.15 Delivery of Pharmacy items

5.2.16 This SOP states that “Patients are not required to attend the premises for collection”, but does not explicitly state that patients are not permitted to attend the premises, suggesting that patients may attend the pharmacy (but are not required to do so). In fact, the SOP does

imply that patients may – in certain circumstances – attend the premises, because it confusingly states “Patients are not required to attend the premises for collection unless separately authorised under future revised operating arrangements.”. It is not clear what this is referring to, but implies that patients may be permitted to attend the premises where “operating arrangements” are “revised”.

5.2.17 The SOP states that “Cold-chain medicines will be transported in validated medical cool boxes with gel packs and tamper-evident seals to maintain 2–8°C throughout the delivery process” but does not explain how the integrity of the cold chain will be monitored and audited save by reference to a “monitoring device”, details of which are not provided. Indeed, the Failed Delivery SOP strongly implies that a monitoring device may not always be used, stating “On return, the medicine must be inspected, and the temperature monitoring device (where used) checked for evidence of excursion.” The SOP also fails to identify what “medical cool boxes with gel packs” will be used, and how the pharmacy can be assured that these will maintain the integrity of the cold chain throughout the delivery process.

5.2.18 Where deliveries cannot be completed, the SOP states that “items will be returned to the pharmacy immediately”, but fails to explain how that will be achieved in the national context of service delivery. The SOP also states that “In the event of a failed delivery, the parcel must be returned to the pharmacy where possible”, suggesting that there may be circumstances where failed deliveries cannot be returned to the pharmacy, although it is not then clear what would happen with those medicines, giving rise to significant medicines governance concerns.

5.2.19 The delivery SOP also fails to detail how an auditable record will be maintained of all deliveries, how CDs will be stored securely when being delivered by the pharmacy’s delivery driver, how the delivery driver (or courier) will comply with CD requirements in relation to ID checking and recording of the person taking delivery, recording of CD supplies (where required), etc.

5.2.20 The totality of the information provided by the applicant therefore fails to explain, sufficiently, how all medicinal products will be delivered safely throughout England in the distance selling context.

5.2.21 EPS

5.2.22 The EPS SOP states that “Patients are not required to attend the premises in order to set, review, or amend nomination. Requests may be managed remotely with appropriate consent and identity checks.”. This clearly implies that whilst patients are not required to attend the premises to nominate the pharmacy for EPS, they may do so. Again, this would be a clear breach of the relevant terms of service provisions.

5.2.23 The flow chart notes that the pharmacy should “retain consent form if used”, yet the SOP itself only refers to obtaining verbal consent and recording this on the patient’s PMR. It is therefore not clear what

reference to the “consent form” in the flow chart means, how patients would be provided with the consent form, how it would be returned to the pharmacy free of charge, etc.

5.2.24 Failed delivery

5.2.25 The SOP states “If delivery fails, the CD must be returned directly to the pharmacy on the same day by the delivery driver or courier.” This is, of course, unlikely to be possible for a national delivery service (where the patient could live anywhere in England) such that the SOP strongly infers that the applicant is only intending to provide services locally.

5.2.26 The SOP also does not directly detail how cold chain products being supplied by courier would be dealt with where there has been a failed delivery.

5.2.27 Receipt and Dispensing of Prescription Items

5.2.28 The SOP implies that patients may attend at the premises to hand prescriptions to the pharmacy staff, stating “Prescription token (green) – these are printed by the prescriber and handed to the patient to present to a pharmacy; any manual amendment/signing cannot be accepted”. Again, this is not permitted for a distance selling pharmacy and would be a clear breach of the terms of service.

5.2.29 The SOP deals with exemption checking and payment of the prescription charge, but does not deal with all required matters contained within the terms of service, including paragraphs 7(3ZA) and 7(3A).

5.2.30 Repeat dispensing

5.2.31 The repeat dispensing SOP does not provide for the requirements in the terms of service to ensure appropriate advice is given to potentially eligible patients about the benefits of repeat dispensing.

5.2.32 Support for self-care and signposting

5.2.33 This SOP states that it covers both support for self-care and signposting, yet only appears to deal with signposting of patients. No information is given in relation to support for self-care.

5.2.34 Conclusion

5.2.35 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 and that services will be provided without face to face contact at the pharmacy premises between the patient and the pharmacy.

5.2.36 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.

5.2.37 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.

5.2.38 Indeed, the information provided by the applicant (both with its original application form and with its letter of appeal) clearly demonstrates that the proposed pharmacy intends to provide (or may provide) NHS pharmaceutical services face to face with patients who are present at the premises. Additionally, some essential pharmaceutical services are not mentioned at all in the information provided by the applicant, such that no information is provided as to how those services would be provided safely and effectively in the distance selling context.

5.2.39 For the reasons given in our letter of 15th September 2025 and those given above, it is submitted that NHS Resolution cannot be satisfied that the requirements of regulation 25 are met. On behalf of my client I therefore invite NHS Resolution to refuse this appeal."

In a letter dated 15 September 2025 to PCSE, Temple Bright, on behalf of Laville Ltd stated:

5.2.40 "I act for Laville Limited which is included in the pharmaceutical list for premises at 213 Timberlog Lane, Basildon, SS14 1PB. On behalf of my client, I write further to your letter of 1st August 2025 and in order to submit representations on an application by Global Pharm Sourcing Limited for inclusion in the pharmaceutical list in respect of distance selling premises at Unit 42B Bowlers Croft, Basildon, Essex, SS14 3ED.

5.2.41 As NHS England will be aware, the application has been submitted pursuant to regulation 25 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ("the Regulations"), being an excepted application for distance selling premises. It is therefore incumbent upon the applicant to provide suitable and sufficient information to satisfy NHS England that the applicant has in place procedures which are likely to secure the uninterrupted, safe and effective provision of all essential pharmaceutical services without face-to-face contact and irrespective of where in England the patient may live.

5.2.42 Whilst an applicant need not repeat every element of the Terms of Service in its application documents, where compliance with a paragraph of the Terms of Service would ordinarily require face to face contact (and would be straightforward in that context), the applicant must explain how it is going to achieve compliance (and therefore safe and effective provision) in the distance selling context.

5.2.43 It is evident from the information provided by the applicant in its application form that NHS England cannot be satisfied that the application meets the requirements of regulation 25.

5.2.44 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. At section 7 of the application form, the applicant has stated "n/a". It is not clear why the applicant has put "n/a" in this section, since it is this section that must be completed by the applicant in order for it to demonstrate that the relevant regulatory test is met. This section is therefore clearly applicable, and indeed central, to NHS England's determination of this application.

5.2.45 Your letter also encloses a document titled "Further response with pharmacy first clarification".

5.2.46 It is not clear what this document has been provided in response to. It states that it has been sent further to a letter from PCSE dated "10th July 2025", but a copy of that 10th July letter has not been provided. In any event, the document only seems to refer to the provision of the Pharmacy First service.

5.2.47 The applicant asserts that the Pharmacy First service will only be provided remotely. That appears to be supported by the applicant's floorplan, which shows no consultation room.

5.2.48 However, the application form lists a number of services that can only be provided in-person (such as vaccination services and testing services, treatment of otitis externa (which requires a physical examination of the ear), etc.). The applicant fails to explain how these services can be provided safely – or at all - in the distance selling context.

5.2.49 To the extent that the applicant intends to provide any of these services to patients who are present at the pharmacy, where they are NHS pharmaceutical services (such as flu vaccination), this would be a clear breach of the regulations. Where these are private services, the applicant fails to explain how patients will attend at the premises and how the applicant will ensure that patients who attend at the premises to access private services will not be offered, or provided, NHS pharmaceutical services.

5.2.50 The letter from PCSE also includes a folder titled "SOP for Basildon". It is assumed that these have been provided by the applicant, although this is not clear as there is no reference to these documents in the application form.

5.2.51 On the assumption that the SOPs have been provided by the applicant, it is submitted that the information provided by the applicant is insufficient to satisfy NHS England that the relevant regulatory test will be met and, indeed, demonstrate that the applicant's proposed pharmacy would be in breach of the regulations and terms of service such that this application must be refused. By way of example:

5.2.52 1) The Business Continuity Plan only appears to relate to the provision of the Pharmacy First service. The SOP is therefore insufficient, since it does not deal with all of the matters required by the terms of service.

5.2.53 2) The Pharmacy First SOP provided with the folder “SOP for Basildon” contradicts the other Pharmacy First SOP provided by the applicant, since it states that patients will attend at the pharmacy in order to access the service. Additionally, the Pharmacy First SOP states that “the pharmacy must have a consultation room”; however, confusingly, the floorplan for the proposed pharmacy does not include a consultation room.

5.2.54 3) The Asthma referral SABA over use SOP suggests that the patient will be present at the pharmacy, which is not permitted. For example, it refers to offering an “inhaler technique check” but does not explain how this would be done in the distance selling context and states that “if the patient is calling back to collect their prescription, highlight in the bagged-up medicines that the pharmacist would like to speak to the patient…”.

5.2.55 4) The SOP for CD incidents implies that patients may be present at the pharmacy, since it refers to spillages at the pharmacy by the patient. This is not permitted for a distance selling pharmacy, since medicines must be supplied to patients who are not present at, or in the vicinity of, the pharmacy.

5.2.56 5) The SOPs includes a chaperone policy. However, since patients are not permitted to be present at the premises, it is unclear how and why this is relevant.

5.2.57 6) The complaints policy states that the complaints procedure will be detailed in “a poster displayed in the pharmacy” and through a “suggestions, comments and complaints form available within the pharmacy”. Since patients are not permitted to be provided with, or offered, pharmaceutical services at the premises, the complaints policy implies a breach of the terms of service, since it implies that patients will, in fact, attend at the pharmacy premises.

5.2.58 7) The Delivering Pharmacy Items SOP does not provide sufficient information to satisfy NHS England that dispensing services will be provided safely and effective to patients anywhere in England and with reasonable promptness. For example:

5.2.58.1 a . The SOP only appears to allow for deliveries by a delivery driver, stating that prescriptions can only be posted “in exceptional circumstances”. Since the applicant is required to supply medicines to patients nationally, it is not clear how this can be achieved through the use of a delivery driver only.

5.2.58.2 b. The applicant fails to explain how cold chain medicines will be supplied safely, including the suitability of packaging and the monitoring and auditing of the temperature of the “cool box” throughout the delivery process.

5.2.58.3 c. The SOP fails to explain the procedure for failed deliveries.

5.2.59 8) The Delivery of schedules 2 and 3 CDs is also insufficient, again only referring to deliveries by delivery driver (and, so, failing to explain how this service will be provided to patients anywhere in England). It also fails to explain how controlled drugs will be stored “securely” in the delivery vehicle.

5.2.60 9) The SOP for the Destruction of CDs implies that the patient will be present at the pharmacy to return medicines, which is not permitted. For example, it states “Ask patient/representative to remain until returned pharmacy items are accepted and sorted”.

5.2.61 10)The SOP for the Discharge Medicine Service states that patients (or their carers) will be present at the pharmacy, which is not permitted, because it states: “review medication with the patient or carer F2F [face to face] or via phone if not possible”.

5.2.62 11)The SOP for Dispensing Prescription Items is insufficient and also suggests that patients will be present at the pharmacy to receive dispensed medication, which is not permitted. For example:

5.2.62.1 a. The SOP fails to explain how the prescription exemption status will be checked, how patients will complete the reverse of the prescription or how prescription charges will be paid in the distance selling context.

5.2.62.2 b. The SOP states that patients will be “advise[d] of waiting time and annotate accordingly if the patient is waiting or coming back”.

5.2.63 12)The EHC SOP explicitly states that the patient will be present in the pharmacy.

5.2.64 13)The emergency supply SOP implies that the patient will be present in the pharmacy, which is not permitted for essential pharmaceutical services, stating relevantly “When handing out, ensure that the patient/representative confirms whether patient pays or is exempt. If paying collect the correct levy and make a note on the PMR. If exempt, make a note of exemption on the PMR”.

5.2.65 14)The EPS repeat dispensing SOP implies that the patient will be present at the pharmacy premises, which is not permitted for any essential services. For example, it states “Take in the RA token if presented by the patient/representative”. It also states that the pharmacy should “print a dispensing token for the patient/representative to sign to declare exemption/paid status”.

5.2.66 15)The applicant has provided an SOP for handing out schedules 2 and 3 controlled drugs, which makes it clear that patients will be present at the pharmacy premises and will receive an essential pharmaceutical service whilst present at the premises (the supply of prescribed

medication). This is not permitted and would be a clear breach of the terms of service for distance selling pharmacies.

5.2.67 16)The Hypertension case finding service refers to patients who “visit the pharmacy”, again demonstrating that the applicant intends to provide, or offer to provide, pharmaceutical services to patients who are present at, or in the vicinity of the pharmacy. This is not permitted in respect of distance selling pharmacies and would be a clear breach of the regulations.

5.2.68 17)The applicant has provided a needle exchange SOP, but this service is not listed in the application form. It is also not clear how this service could be offered nationally in the distance selling context.

5.2.69 18)The near miss SOP implies that patients will be present at the pharmacy.

5.2.70 19)The NMS SOP confirms that patients may be provided this service at the pharmacy (stating “Patient engagement can be carried out at the pharmacy premises or remotely…” and “The intervention and follow up stage can be carried out in the consultation room…”) which is not permitted.

5.2.71 20)The OTC sales SOP does not explain how this service will be provided in the remote, distance selling, context.

5.2.72 21)The Owings SOP confirms that patients will attend at the pharmacy, which is not permitted, for example stating “…when the patient returns to collect the owing.”. This is also reflected several times in the flow chart contained within the SOP, which repeatedly refers to the patient “collecting” the medication.

5.2.73 22)The SOP for Recording Entries in the CD Register refers to patients attending at the pharmacy to collect their medication which, again, is not permitted by the terms of service for distance selling pharmacies.

5.2.74 23)The Responsible Pharmacist SOP states that the RP must be signed in and present when medicines are “handed out to a patient”, again implying that patients will be present on the pharmacy premises and will receive pharmaceutical services.

5.2.75 24)The SOP for Signposting, which is an essential service, implies that patients will be present on the premises when receiving this service, stating that patients should be offered “the use of the consultation room…”. This is not permitted. The SOP does not explain how the service would be provided in the distance selling context.

5.2.76 25)The applicant fails to provide any information in respect of some essential services, such as healthy lifestyle advice, health campaigns, prescription linked interventions, etc.

5.2.77 26)The SOP for Waste Medicines does not explain how the service will be provided remotely and in the distance selling context. In fact, the

SOP suggests that patients will be present on the pharmacy premises when they return unwanted medicines (for example, stating "Ask patient/representative to remain until return medicines are accepted and sorted"), which is not permitted.

Conclusion

5.2.78 Regulation 25(2)(b) requires the applicant to satisfy NHS England that the applicant will provide all NHS pharmaceutical services safely and effectively to patients anywhere in England who request those services and that services will be provided without face to face contact at the pharmacy premises between the patient and the pharmacy.

5.2.79 NHS England must therefore consider Part 2 of schedule 4 to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. NHS England 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.

5.2.80 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.

5.2.81 Indeed, the information provided by the applicant clearly demonstrates that the proposed pharmacy intends to provide NHS pharmaceutical services face to face with patients who are present at the premises.

5.2.82 By reason of the above, it is submitted that NHS England cannot be satisfied that the requirements of regulation 25 are met. On behalf of my client I therefore invite NHS England to refuse this application."

6 Summary of Observations

No observations were received by NHS Resolution in response to the representations received on appeal.

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").

Regulation 31

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

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

(2) This paragraph applies where -

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

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

(ii) adjacent premises; and

(b) NHS England is satisfied that it is reasonable to treat the services that the applicant proposes to provide as part of the same service as the existing services (and so the premises to which the application relates and the existing listed chemist premises should be treated as the same site).

7.6 The Committee noted that, in response to why the application should not be refused under Regulation 31 the Applicant stated "n/a". The Committee noted the comments of the Commissioner 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 "*The Committee agreed it was not required to refuse the application under Regulation 31."* The Committee having noted the above and that this had not been disputed either on appeal or in subsequent representations, determined that, based on the information before it, it was not required to refuse the application under the provisions of Regulation 31.

Regulation 25

7.7 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."

7.8 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)

7.9 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)

7.10 As far as Regulation 25(2)(a) is concerned, the Committee had regard to the application form in which the Applicant states "n/a". The Commissioner in its decision report stated "*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 "*agreed it is not required to refuse the application under 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)

7.11 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 revised Standard Operating Procedures (SOPs) that it intends to use at the proposed pharmacy premises.

7.12 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.

7.13 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.

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

7.15 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 revised SOPs in order to satisfy itself that it is appropriate to grant the application, the absence of which would require it to reject it.

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

7.17 The Committee noted the conclusion of the Commissioner that it was not satisfied that all essential services are likely to be secured without interruption during the opening hours.

7.18 The Committee noted that throughout the SOPs it states:

7.18.1 "IMPORTANT: The RP must be signed in to be able to undertake the steps involved …"

7.19 The Committee further noted the SOP "Assuming the duties and ceasing the duties and changeover of RP" which again states "*IMPORTANT: The RP must be signed in to be able to carry out certain activities in the pharmacy."* The Committee also noted the flowchart "Ceasing the duties of a RP" which states:

7.19.1 "*Refer to SOP 'Operating in the absence of RP' SOP if the next RP Is not immediately available to assume the duties of the RP and the current RP is not able to remain as the RP."*

7.20 SOP "Operating in the absence of the RP" states:

7.20.1 *"Guidance*

IMPORTANT: The RP must be signed in while undertaking the permitted period of absence from the pharmacy, and must have signed the RP register electronically to indicate the period of absence from the pharmacy premises"

7.21 The Committee further noted "Table 1: Example activities that staff can and cannot carry out in the absence of the RP":

Activity	*RP is present*	*RP absent for up to two hours, while signed in as RP, and second pharmacist is present*	*RP absent for up to two hours, while signed in as RP and no second pharmacist*	*RP absent for more than two hours and no second pharmacist*
Downloading EPS prescriptions from the spine	✓	✓	✓	✓
Carrying out a clinical and legal check of a prescription	✓	✓	x	x
Accessing the CD cabinet and dispensing controlled drugs	✓	✓	x	x
Labelling and assembling a prescription	✓	✓	✓	x
Handing out a dispensed prescription to a delivery driver	✓	✓	x	x
Emergency supply of a medicine at the request of a patient/healthcare professional	✓	✓	x	x

Provision of advice to patients remotely by appropriately trained staff	✓	✓	✓	*x*

7.22 The Committee also noted the flowchart provided which states:

7.22.1 "*The RP informs the pharmacy staff of the time they expect to return to the pharmacy and how they can be contacted during their absence.*

The RP must be able to be contacted by the pharmacy staff throughout the period of absence and return to the pharmacy reasonably promptly."

7.23 The Committee identified from the Applicant's table that there would be periods when the RP would be absent and a second pharmacist would not be available. The Committee noted the lack of assurance regarding the second pharmacist and whether there was to be a second pharmacist available at the premises at all times when the Responsible Pharmacist is absent. The Committee further noted the information from the Applicant regarding the absence of the Responsible Pharmacist and was mindful that a pharmacist in a distance selling pharmacy is not able to leave the premises as they would in a "bricks and mortar" pharmacy. The Committee also noted the information before it which set out activities which were not able to be carried out in the absence of the Responsible Pharmacist . Therefore the Committee was of the view that there would be interrupted provision of essential services at the pharmacy, should they be required, during the absence of the Responsible Pharmacist.

7.24 Based on the information before it, the Committee was not satisfied that the provision of services would be without interruption.

7.25 With regard to services being available to persons anywhere in England, the Committee noted the conclusion of the Commissioner that they were not satisfied that all essential services were likely to be secured for persons anywhere in England.

7.26 The Committee noted the references from the Applicant to prescriptions being received electronically through the NHS spine and further references throughout the SOPs and supporting information that services would be provided to anyone in England who requests the service. The Committee noted that under "Clarification of Service Provision" the Applicant had stated "*These services will be delivered exclusively by distance-selling means and will be available to all persons across England."*

7.27 The Applicant, in the SOPs provided on appeal had gone on to state:

7.28 SOP "Delivery of Pharmacy items"

7.28.1 *"…Medicines are supplied remotely through approved delivery channels. Patients are not required to attend the premises for collection. Services are available to eligible patients anywhere in England, subject to legal and clinical appropriateness."*

7.29 SOP "Failed Delivery SOP" states:

7.29.1 *…This SOP supports continuity of essential services for patients receiving medicines anywhere in England through the pharmacy's distance selling model."*

7.30 The Committee also noted the references throughout the SOPs and supporting information to the use of couriers in addition to the pharmacy's own local delivery driver.

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

7.32 The Committee next considered how the Applicant would provide pharmaceutical services without face to face contact. The Committee noted the conclusion of the Commissioner in that it was not satisfied that all pharmaceutical services are likely to be secured without face to face contact.

7.33 The Applicant, in further supporting information with the application form had stated:

7.33.1 "*No essential, advanced or enhanced services will be provided to any person present at or in the vicinity of the premises*

All pharmaceutical services from this Distance Selling Premises (DSP) will be delivered entirely via non-face-to-face means, in compliance with Regulation 25 of the above regulations.

…

Essential services will be delivered via secure delivery or postal systems only, and all interactions with patients will be conducted remotely through secure and auditable channels."

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 Whilst in its original application form the Applicant had made reference to various advanced and enhanced services, the Committee noted that in subsequent representations to the Commissioner, as well as on appeal, the Applicant had confirmed that it would not be providing any advanced or enhanced services. The Committee further noted the revised SOPs, as provided to the Commissioner and on appeal, which made no reference to any advanced or enhanced services.

7.36 However, the Committee noted Temple Bright's comments regarding the Applicant's Business Continuity Plan which, at page 27, states "*Evacuate the building following local Fire Alarm procedures. Assist all customers to leave via designated exits and congregate at the assembly point*. The Committee noted pages 32-33 provides an incident checklist, which at point two asks 'Are there

any known injuries to staff, patients, or the public?' The example response is "No injuries reported. All staff and any patients present at the time are safe". In both these examples, it suggests that patients would be at the premises.

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

7.38 Whilst the Committee was satisfied that the provision of essential services would be available to persons anywhere in England, the Committee was not satisfied that the provision of essential services would be without interruption and pharmaceutical services would be provided without face to face contact. The Committee went on to consider whether the safe and effective provision of pharmaceutical services was likely to be secured.

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

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

7.40.1 Dispensing of drugs and appliances

7.40.2 Urgent supply without a prescription

7.40.3 Preliminary matters before providing ordered drugs or appliances

7.40.4 Providing ordered drugs or appliances

7.40.5 Refusal to provide drugs or appliances ordered

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

7.40.7 Disposal service in respect of unwanted drugs

7.40.8 Promotion of healthy lifestyles

7.40.9 Prescription linked intervention

7.40.10 Health campaigns

7.40.11 Signposting

7.40.12 Support for self-care

7.40.13 Discharge medicines service

7.40.14 Websites and health promotion zones

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

Dispensing of drugs and appliances

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

7.43 The Committee noted the comments from the Commissioner that "*there was no reference to how the pharmacy would receive or validate a paper prescription"* which had led the Commissioner to the conclusion that it was "*not satisfied that it has been provided with information sufficient to show that there would be compliance with paragraph 5 of Schedule 4.*

7.44 Whilst the Committee noted the SOPs "EPS – Nomination SOP" and "Receipt and Dispensing of Prescription items" these only dealt with receipt of electronic prescriptions. The Committee noted that on appeal, there was still no information provided by the Applicant to explain how non electronic prescriptions would be presented by the patient. Therefore the Committee was not 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.

Providing ordered drugs or appliances

7.45 The Committee considered whether the Applicant had explained how drugs/appliances will be provided to the patient (including to ensure that (1) 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).

7.46 The Committee noted SOP "Delivery of Pharmacy Items" states:

7.46.1 *"Delivery Process*

1.0. Delivery Arrangements

Local Deliveries

Local deliveries will be carried out by a pharmacy-employed delivery driver using a suitable and secure vehicle.

The vehicle will be equipped to securely transport ambient medicines, Controlled Drugs (CDs), and cold-chain medicines.

Cold-chain medicines will be transported in validated medical cool boxes with gel packs and tamper-evident seals to maintain 2–8°C throughout the delivery process.

Appendix 1 - Delivery drivers log-book, including temperature monitoring (where applicable), will be maintained and subject to audit as described under section 3.0 below.

A manifest of dispatched parcels must be completed daily, signed by both pharmacy staff and driver.

A clear audit trail will be maintained"

7.46.2 *"National Deliveries*

For patients outside the local area, deliveries will be made via Polar Speed/UPS a specialist healthcare courier. National deliveries enable access for eligible patients anywhere in England without geographic restriction.

Polar Speed/UPS provides validated temperature-controlled vehicles for the transport of ambient medicines, CDs, and cold-chain medicines.

Cold-chain deliveries will be fully traceable, with continuous temperature monitoring and proof of delivery.

All courier performance will be reviewed, and a clear audit trail will be maintained

Prescriptions must be clinically checked, dispensed, and accuracy-checked in accordance with dispensing SOPs.

Items must be packaged securely using tamper-evident, discreet, and unbranded packaging.

All relevant Patient Information Leaflets (PILs) must be included.

Delivery timescales will be agreed with patients in advance to minimise risk of missed deliveries. Urgent or time-sensitive medicines must be prioritised and escalated appropriately to minimise avoidable treatment interruption

If delivery cannot be completed, items will be returned to the pharmacy immediately and not left unattended."

7.47 The Committee noted the SOP went on to state:

7.47.1 "*3.0. Preparation of cold-chain items*

Refrigerated medicines must be packed in validated temperature-controlled containers (cool-boxes) that maintain cold-chain requirements for the expected transit time.

All cool-boxes used will be tested and validated with gel/ice packs to maintain 2–8°C for the maximum expected delivery window.

The pharmacy will conduct regular audits by placing a temperature monitoring device in cold-chain packages and any excursions outside 2-8 °C will be recorded, investigated and reported via incident reporting system (e.g., Pharmsmart).

All patients receiving cold-chain items will be notified to place their items in the fridge immediately upon receipt.

Local deliveries to patients will be informed at order confirmation that their medicines will arrive in temperature-controlled packaging.

Written instructions will be enclosed in the package."

7.48 The Committee noted that as well as using "Polar Speed/UPS" for national deliveries, the Applicant was also proposing to use their own delivery driver for local deliveries. The Committee noted the use of "gel packs" for cold chain delivery which would be placed in cool boxes for local delivery by their own delivery driver.

7.49 The Committee noted the comments from the Applicant that they would "*conduct regular audits by placing a temperature monitoring device in cold chain packages"* however, the Committee was not satisfied that sufficient information had been provided to show how the temperature would actually be monitored during transit to ensure that a consistent temperature was maintained and would not compromise the integrity of the medication.

7.50 The Committee noted the SOP "Delivery of Pharmacy items" went on to state:

7.50.1 *"4.0. Delivery and Receipt*

The delivery driver employed by the pharmacy and the courier must not leave parcels unattended or deliver to neighbours without prior written patient consent. Patients are not required to attend the premises for collection unless separately authorised under future revised operating arrangements.

A signature or secure electronic equivalent must be obtained on delivery.

In the event of a failed delivery, the parcel must be returned to the pharmacy where possible and logged; re-delivery must only occur following direct patient confirmation. Refer to SOP – Failed Delivery"

7.51 SOP "Failed Delivery" stated:

7.51.1 *"5. Handling of Failed Deliveries Controlled Drugs and Cold Chain Items*

Controlled Drugs

CDs must never be left unattended or delivered to neighbours unless specifically authorised in advance by the patient and recorded.

If delivery fails, the CD must be returned directly to the pharmacy on the same day by the delivery driver or courier.

On return, the item must be checked back into the Controlled Drugs register by the Responsible Pharmacist.

All movements must be logged, including reason for return, courier/driver details, and time of return.

Re delivery of CDs must only occur following pharmacist authorisation and confirmation of lawful handover arrangements.

Cold Chain Medicines

Cold chain items must be transported in validated cool boxes with gel packs to maintain 2 8°C as described in SOP Delivery of Pharmacy Items.

If delivery fails, the parcel must be returned to the pharmacy immediately.

On return, the medicine must be inspected, and the temperature monitoring device (where used) checked for evidence of excursion.

Any suspected breach of the cold chain must be recorded as an incident in PharmSmart and assessed by the Responsible Pharmacist to determine whether the medicine remains fit for supply.

Where fitness for supply is uncertain, the item must not be reissued until pharmacist review is completed."

7.52 The Committee noted the wording of the 'Delivery of pharmacy items' SOP "*in the event of a failed delivery, the parcel must be returned to the pharmacy where possible …"* The Committee was of the view that the Applicant has not explained what situation would arise where it would not be possible to return the parcel to the pharmacy. Further, the Committee noted the 'Failed Delivery' SOP which contradicts the earlier SOP and states, for cold chain *"if delivery fails, the parcel must be returned to the pharmacy immediately."* The Committee noted that if there was a failure to deliver controlled drugs then these "*must be returned directly to the pharmacy on the same day by the delivery driver or courier."* The Committee was unsure how, a delivery being made by a national courier, would be able to be returned to the pharmacy either *"immediately"* or "*on the same day"* and what would happen in these circumstances.

7.53 The Applicant had provided some information regarding the various delivery methods, including the use of couriers for fridge lines and controlled drugs, and there were some references as to how they would handle unsuccessful deliveries. The Committee however was of the view that there was limited information provided as to what would happen for a missed or failed delivery of either a controlled drug or a cold chain item.

7.54 Taking all of the information before it into account, the Committee was of the view that the Applicant had not provided sufficient information for it to be satisfied that there would be compliance with paragraph 8(1) of Schedule 4.

7.55 The Committee noted that, in the application form, the Applicant in response to whether or not they were undertaking to provide appliances had stated:

7.55.1 *"Hosiery/stockings*

Bandages

Contraceptive devices

Dressings

Gauze Tissues

Protectives e.g gloves

Stockinettes **Some may be subject to a medical prescription*

Swabs

Trusses"

7.56 The Committee noted that no information had been provided in the revised SOPs submitted to the Commissioner or on appeal as to how the Applicant would provide the appliances as set out in the application form.

7.57 The Committee was of the view that if it was the Applicant's intention to provide appliances that require measuring or fitting, some of which appear in the list as set out in the application form, then there was no information provided to explain how a registered pharmacist would measure or fit an appliance which needed to be measured/fitted.

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

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

7.60 The Committee noted the references in the SOPs to "*packaging*" and that "*items must be packaged securing using tamper-evident, discreet, and unbranded packaging*" however this was in broad terms and the Applicant had not expanded upon this or provided any further information with regard to the containers which would be suitable for delivered items.

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

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

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

7.63 Whilst the Committee noted the SOP "EPS – Repeat dispensing" which referred to repeat dispensing which stated:

7.63.1 *"Definition*

Repeat Dispensing

This is the process by which patients can obtain supplies of their repeat medicines over a defined period of time, without the need to contact their GP practice on each occasion a new supply is required.

New patient joins eRD service

1. The prescriber digitally signs the electronic RA, and the prescription is sent to the NHS Spine.

2. The EPS tracker can be used to find out whether the electronic repeat dispensing prescription (eRD) has been issued.

3. Contact the patient remotely by telephone or other approved secure communication method:

Explain the eRD service and inform the patient that information may be shared with their GP.

Ask the patient if they have started taking any new medicines including OTC, herbal, supplements or alternative therapies.

If the patient's dosing or clinical condition has changed since their last GP appointment

Ask If the patient requires all the items

Confirm patients' exemption status or payment liability

Where charges apply, payment must be completed through approved secure remote payment methods before dispatch where required.

4. Check the patient has an EPS Nomination – Refer to SOP - EPS Nomination SOP

5. Carry out legal and clinical check of the prescription - Refer to SOP - legal and clinical check

6. If an intervention is required, contact the prescriber.

7. Annotate patient medication record (PMR) that patient takes part in repeat dispensing service.

8. Dispense the first eRD prescription

9. Arrange delivery of item to the patient - Arrange supply and delivery of items in accordance with the Delivery SOP.

10. Send dispensing notification and submit electronic claim message appropriately. Prioritise urgent medicines where delay may risk treatment interruption.

Confirm patient identity before discussing confidential information."

7.64 The Committee noted the remainder of the SOP went on to detail how subsequent eRD prescriptions should be dispensed and was concerned with the actual process which would be followed for those already on repeat prescriptions or for any subsequent prescriptions.

7.65 The Committee was of the view that there was no information provided as to how the Applicant would provide appropriate advice about the benefits of repeat dispensing to any patient who has a long term stable medical condition who is not currently in receipt of repeat dispensing in the first instance.

7.66 The Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 10(1) of Schedule 4.

Support for Self-care

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

7.68 The Committee noted the SOP "Support for Self-care and Signposting" which stated:

7.68.1 *"Aims and Intended Outcomes*

To ensure patients contacting the pharmacy are directed to the most appropriate service or provider when their request cannot be fulfilled by the pharmacy.

To help patients access care quickly

To reduce inappropriate use of healthcare services (e.g., A&E, GP OOH) by directing patients appropriately

To ensure safe and timely remote access to advice for patients anywhere in England."

7.69 The Committee, whilst noting the "aims and intended outcomes" noted that the SOP had gone on to set out "Method of Signposting" and "Written referral (remote equivalent)" however, there was a lack of information contained within the SOP with regard to self-care and how the Applicant would provide advice and support to people caring for their families.

7.70 Based on the information before it, the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraphs 21-22 of Schedule 4.

Website and health promotion zones

7.71 The Committee considered whether the Applicant had explained how it will ensure that it has a website for us 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.

7.72 The Committee noted the decision of the Commissioner in this regard that "*the applicant explained that it will use its website/patient portal to host and disseminate public health content, maintain an NHS approved information library, and push campaign materials digitally. However, the SOPs do not confirm all the mandated elements, for example: (i) the presence of an interactive page, or (ii) that the page is "clearly promoted" at first access."*

7.73 The Commissioner had gone on to conclude that it "*was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 28C of Schedule 4."*

7.74 The Committee noted references by the Applicant to a website, that it had been provided with a website address and that *"As a Distant Selling Pharmacy, all patient interactions will be managed remotely (e.g., via telephone, email, or website …)"*. The Committee further noted that "*Health campaigns will be delivered remotely, using methods such as website updates*" and the comment in the Rebuttal Matrix that "*Patients may engage through telephone, email, website …"* However, the Committee noted that there was no reference to the Applicant's website including an interactive webpage and health promotion areas for patients to access nor the services provided by the Applicant.

7.75 Given the lack of information the Committee was not satisfied that it had been provided with information sufficient to show that there would be compliance with paragraph 28C of Schedule 4.

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

Other considerations

7.77 The Committee noted the comments as provided by Temple Bright on behalf of Laville Ltd (t/a Britannia Pharmacy) in its original letter to the Commissioner of 15 September 2025. The Committee was mindful that these were based on the original SOPs as provided with the application form, which the Applicant had confirmed had now been superseded and replaced by different SOPs, which had been circulated to parties as part of the Commissioner's second "45 day consultation". The Committee further noted that these SOPs had been updated again on appeal [see Appendix B for Committee]. The Committee

therefore took no view on the comments made by Temple Bright in relation to the original SOPs as provided.

Summary

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

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

7.79.1 confirm the Commissioner's decision;

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

7.79.3 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.

7.80 Although the Committee has reached the same conclusion as the Commissioner, it has done so for different reasons. In those circumstances, the Committee determined that the decision of the Commissioner must be quashed.

7.81 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.

7.82 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.

7.83 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 not 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 not satisfied that pharmaceutical services were likely to be secured in a safe and effective manner; and

8.2.2.5 the Committee was not satisfied that pharmaceutical services were likely to be secured without face to face contact.

8.2.3 The application is refused.

Case Manager
Primary Care Appeals