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REF: APL-4486 [SHA/26990]

APPEAL AGAINST BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST ICB DECISION TO GRANT AN APPLICATION BY CA-HEALTH LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST OFFERING UNFORESEEN BENEFITS UNDER REGULATION 18 AT 34 SINODUN ROAD, WALLINGFORD, OX10 8AB

1 Outcome

1.1 The Pharmacy Appeals Committee ("Committee"), appointed by NHS Resolution, confirms the decision of the Commissioner, therefore the application is granted.

A copy of this decision is being sent to:
CA-Health Ltd
PCSE on behalf of Buckinghamshire, Oxfordshire and Berkshire West ICB
Boots UK Ltd

NHS Resolution

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1 The Application

By application dated 3 December 2025, CA-Health Ltd ("the Applicant") applied to Buckinghamshire, Oxfordshire and Berkshire West ICB ("the Commissioner") for inclusion in the pharmaceutical list offering unforeseen benefits under Regulation 18 at 34 Sinodun Road, Wallingford, OX10 8AB. In support of the application it was stated:

1.1 In response to "In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons:" the Applicant left this blank.

1.2 In response to "Please give details of any advances and enhanced services you intend to provide" the Applicant provided the following table:

Service	**Accredited to Provide (Y/N/NA)**	**Premises accredited (Y/N/NA)**
New medicine service (NMS)	Y	Y
Community Pharmacy Seasonal Influenza Vaccination Advanced Service	Y	Y
NHS Community Pharmacy Hypertension Case-Finding Advanced Service	Y	Y
NHS Community Pharmacy Smoking Cessation Advanced Service	Y	Y
NHS Pharmacy Contraception Service – Ongoing Supply and Initiation of Oral Contraception	Y	Y
Lateral Flow Device (LFD) Tests Supply Service	Y	Y

NHS Pharmacy First Service	Y	Y
Care Home Service	Y	Y
Gluten Free Food Supply Service	Y	Y
Independent Prescribing Service	Y	Y
Home Delivery Service	Y	Y
Medication Review Service	Y	Y
Medicines Assessment and Compliance Support Service	Y	Y
Minor Ailment Scheme	Y	Y
Needle and Syringe Exchange Service	Y	Y
On Demand Availability of Specialist Drugs Service	Y	Y
Patient Group Direction Service	Y	Y
Prescriber Support Service	Y	Y
Stop Smoking Service	Y	Y
Supervised Administration Service	Y	Y
Emergency Supply Service	Y	Y

1.3 Please describe the unforeseen benefit(s) that you are offering to secure and how it will secure improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type in the HWB's area.

1.4 "See Appendix 1 (attached)"

1.5 "Appendix 1

1.6 **Regulation 18 Statement in Support of Medwell Chemist – Wallingford**

1.7 This statement is submitted in support of an application by CA-Health Limited for the establishment of a new community pharmacy in Wallingford under Regulation 18 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The document sets out evidence demonstrating that the proposed pharmacy will secure improvements, better access, and reasonable choice in pharmaceutical services for the population of Wallingford and surrounding communities. Data referenced in this statement are drawn from: Wallingford Town Council, South Oxfordshire District Council (Local Insight Profile 2021), the Office for National Statistics (2011 Census and

2021 mid-year estimates), the NHS Business Services Authority, and local transport timetables (Thames Travel / Oxford Bus timetables).

1.8 **Location (Geography & Demographics)**

1.9 Wallingford is a small market town on River Thames in South Oxfordshire and lies 12 miles north of Reading, 13 miles south of Oxford. Wallingford is a semi-rural market town constrained by the River Thames on multiple sides and a significant industrial estate to the west, which together create a geographically self-contained community with limited through-routes and well-defined catchment boundaries.

1.10 The outdated ONS census from 2021 estimates the Wallingford population to be 8,457. However, the actual population is significantly higher due to exponential increase related to serious expansion of business parks nearby and recent near completion of multiple major housing developments such as Highcroft (north, c.600 homes) and Wallingford Reach (east, c.300 homes), together with numerous smaller infill projects. Noteworthy, that 40% of the new housing stock is designated as affordable housing. Residents in affordable homes typically depend more heavily on local amenities, support networks, and public services to meet day-to-day needs, and are less likely to have the resources to travel elsewhere for essential services.

1.11 The demographic and health profile demonstrates a substantial cohort, for whom travel outside the town is impractical (ONS Area Profile).

1.11.1 **21.5%** aged 65 and over (4% above national average)

1.11.2 **16%** of households without a car, and a further **42.8%** with only one car

1.12 ONS data shows that while only 16% of Wallingford households report having no car, a far larger proportion — 42.8% — have just one vehicle. In many of these households, that single car is used by the main earner for commuting, meaning the rest of the household effectively has no access to a vehicle during typical pharmacy opening hours. As a result, the practical level of daytime car-lessness is significantly higher than headline figures suggest. For a sizeable share of Wallingford's population, this creates a substantial barrier to accessing pharmaceutical services outside the town, and travelling out of town for essential medicines is simply not feasible — underscoring the need for improved local pharmacy provision.

1.13 Key local indicators demonstrate high health vulnerability: The report (Local Insight Profile 2021) shows that, in comparison to the rest of South Oxfordshire, Wallingford is the most deprived and has performed the worst in all categories such as vulnerable groups (disabled, mental health), in receipt of attendance allowance, Personal Independent Payment or universal credit. Prevalence of diseases like AF, asthma, cancer, cardiovascular, dementia, heart failure and osteoporosis are higher than the national average with depression being as much as 5% more prevalent here. In addition, ONS data shows that 6.2% of residents have day-to-day activities "limited a lot," meaning many may face mobility or health issues that reduce or prevent their ability to drive, even if a vehicle is available in the household. Together, these factors further increase

the number of people who are effectively unable to rely on a car for accessing pharmaceutical services, reinforcing the need for convenient, local provisions

1.14 It is also important to recognise that even among households that own a car, not all residents will choose to use it for short local trips. A proportion of Wallingford's population is environmentally conscious and may avoid driving wherever possible.

1.15 Wallingford contains a community hospital, a maternity/birthing centre, a large GP surgery, several care homes and nursing homes, and six schools (St John's Primary; Wallingford School; St Nicholas Infant; Fir Tree Junior; Brightwell Primary; Crowmarsh Gifford Primary). In addition, a substantial industrial estate, multiple business parks and a steady tourist inflow increase daytime demand. Taken together, these factors create a consistent and high demand for local pharmaceutical services that evidence show that Boots is consistently failing to meet and also cannot be assumed to be met by facilities outside the town (discussed in detail below).

1.16 **Accessibility**

1.17 Access to pharmaceutical services in Wallingford is presently constrained by geography, transport limitations and operational pressures affecting the only existing provider, Boots. Boots Pharmacy in Market Place is situated in a congested town-centre location where direct parking is restricted by double-yellow lines. The nearest car parks—Cattlemarket, Goldsmith's Lane and Thame Street—offer only limited paid parking and are all a noticeable walking distance from the pharmacy entrance. For elderly, or disabled, or people with mobility challenges, these conditions create a significant barrier to access.

1.18 Parking capacity in these car parks is frequently exceeded, particularly during the summer months, which often necessitates the locals to use of overflow parking at Riverside. However, Riverside is approximately 0.4 miles away—making access to Boots Pharmacy even more difficult for the local population.

1.19 Furthermore, Wallingford's transport network is already operating beyond capacity. The town's three main roundabouts are repeatedly identified in planning and highways assessments as being at or over their operational limits; several planning applications, including the initial town expansion plan (P14/S2860/O-2), explicitly reference this constraint. As housing development continues, congestion has worsened year on year. All traffic — including patients, carers, delivery vehicles, buses and emergency services — must pass through these same pressure points. This results in frequent delays, long queues, and peak-time gridlock that can bring movement through the town almost to a standstill. For many residents, this is not merely inconvenient but materially disruptive. Elderly people, those with reduced mobility, carers accompanying young children, and individuals without flexible or reliable transport options face disproportionate difficulty navigating these bottlenecks. This context is highly relevant if patients are expected to rely on private transport to reach Boots Pharmacy or to access alternative pharmacies outside Wallingford. Even short trips can become unpredictable, stressful, and time consuming due to congestion, compounding the challenges already caused by the distance to the nearest pharmacy. Together, these factors represent a substantial and practical barrier to accessing essential pharmacy services.

1.20 Above issue also affect the Bus services, with unreliable timetables and slow journey times, further disadvantaging residents without access to a car. As a result, travel in and out of Wallingford has become increasingly difficult, particularly for groups who already face mobility challenges, such as older adults, those with disabilities, parents with young children, low-income households and car-less households. In short, public transport does not offer a practical alternative for many residents. Bus services connecting Wallingford to nearby villages operate at limited frequencies: local Thames Travel and Oxford Bus timetables show that services are generally hourly or, at best, every 30–60 minutes, with significantly reduced frequency at weekends. For example, the 136 circular service to Cholsey and the X40 to Benson each require approximately 30–50 minutes for a round trip, even assuming the bus is waiting at the stop for immediate boarding. Moreover, bus stops are typically 0.3–0.4 miles from the pharmacies in these neighbouring villages, creating a "final-mile" barrier that is simply unfeasible for many patients, particularly those with mobility issues.

1.21 The journey illustration below shows travel times from Market Place, Wallingford to the pharmacies in Benson and Cholsey; however, it does not take into account the initial time required for residents to travel to Market Place in the first place.

1.22 [Image of bus routes, see appendix A]

1.23 Tesco Didcot, approximately 5.9 miles from Wallingford, is effectively accessible only by car or an infrequent hourly bus service, this makes same-day pharmacy access impractical or impossible. Pharmacies at such distances cannot reasonably be considered a genuine alternative or a choice for those who face mobility or transport constraints. Even for patients with a car, a nearly six-mile journey—potentially compounded by town-centre congestion and peak-time delays—represents a significant burden. Requiring patients to travel this far for routine prescriptions or urgent pharmacy needs is both inconvenient and potentially detrimental to timely access to essential medicines, highlighting why local provision is critical for the Wallingford community.

1.24 Similarly, walking routes to Cholsey or Benson are lengthy (c.55 minutes one-way) and in many stretches lack pavements or lighting, creating safety concerns. The recent near completion of large housing developments—535 homes at Highcroft and approximately 300 homes at Wallingford Reach—has placed additional strain on access to essential services, including Boots Pharmacy. Residents in these areas already face substantial physical barriers: the walk from Highcroft to Boots takes approximately 39 minutes, while residents of Wallingford Reach face a 20-minute walk.

1.25 Similarly, patients living in the northern part of Wallingford, using Abivale Veterinary Group as a reference point, are more than 22 minutes away on foot. These distances are particularly challenging for elderly residents, those with mobility impairments, and carers with children, making routine trips to the pharmacy difficult or impractical.

39 minutes from Highcroft estate	20 minutes from Wallingford Reach

1.26 [Image of maps see Appendix A]

1.27 In short, these structural access barriers make it neither reasonable nor practical for residents to rely on the single and only pharmacy in Wallingford town or the pharmacies in neighbouring villages. In all the scenarios outlined above, travel times exceed the 20-minute benchmark set out in the PNA, highlighting a clear gap in local provision.

1.28 Therefore, to ensure timely, safe, and equitable access to medicines, pharmaceutical services must be strengthened within Wallingford itself. This evidence underscores that the establishment of a second pharmacy is not only justified but urgent, providing essential support to a growing population and addressing the tangible barriers that currently prevent residents from accessing necessary healthcare.

1.29 **Superior Accessibility of the Proposed Site: 34 Sinodun Road, Wallingford, OX10 8AB**

1.30 The proposed Medwell Chemist at Sinodun Road offers markedly superior accessibility compared with the town centre location. The site is located on the residential side of Wallingford, outside the Market Place congestion zone, and is therefore easier to reach on foot or by vehicle without navigating Market Place bottlenecks. The premise is located on a parade of few shops including convenience store, thus a frequent visit place for the locals, deemed as an alternative to the town centre. The site provides free, unrestricted adjacent parking, short and level pedestrian routes from nearby residential areas (including Highcroft, Winterbrook and West Wallingford), direct access along residential streets and proximity to significant new housing developments. These features together mean that thousands of residents will have a nearer, safer and more convenient pharmacy than the current single town centre provider.

1.31 Moreover, this new pharmacy's operational model (extended weekday hours, free home delivery, level access and MDS provision) will ensure equitable access for elderly, housebound and low-income patients who are currently disadvantaged by Market Place constraints. Extended weekday opening hours (10:00–19:00) provides critical after-work access for employed residents and carers. The provision of pharmaceutical service during these hours would confer significant benefit on the reliant population e.g. currently, Boots Pharmacy closes at 5:30 pm from Monday to Friday, and all other pharmacies within a five-mile radius also close by 5:30 pm. This severely limits access to essential medicines and professional advice, particularly for residents who are at work during the day and cannot visit a pharmacy within standard opening hours. As a result, many people are forced to delay obtaining prescriptions or seek alternative, less convenient arrangements, highlighting a clear gap in timely and equitable pharmaceutical access.

1.32 The application does not need to be refused in accordance with Regulation 31 as there is no pharmacy providing pharmaceutical services within the area of the best estimate, similarly the proposed pharmacy location is not in a controlled locality, and therefore Regulations 40, 41 and 44 does not have to be considered.

1.33 **Reasonable Choice**

1.34 Regulation 18 requires that new pharmacy secures improvements in or better access to pharmaceutical services. The current situation in Wallingford does not provide reasonable choice: Only one pharmacy (Boots) serves the town, creating a **functional monopoly**, serving a catchment that would ordinarily support multiple pharmacies, and that branch is operating beyond sustainable capacity. The closure of Lloyds Pharmacy removed an important source of capacity and service diversity, and its absence has generated chronic pressure at the remaining outlet.

1.35 Operationally, Boots has repeatedly opened late, closed early, or reduced service due to staffing shortages and capacity constraints. Since closure of Lloyds Pharmacy, Boots Pharmacy at Market Place remains the only provider in Wallingford. This single branch reached dispensing volume of approximately 26,000 items per month after Lloyds closure—around four times the national average—and had become and remains operationally overstretched despite out-sourcing majority of dispensing to off site dispensing hub. This hub takes 4 -5 days to turn around the prescriptions. Consequently, patients report long queues, multiple return visits and an absence of timely pharmaceutical access at critical times.

1.36 The clear and obvious pressure on Boots pharmacy is best evidenced by patient experience: residents routinely report waiting over an hour for prescriptions, with limited staffing contributing to slow service and operational bottlenecks. Stock shortages, delays in medication availability, and communication difficulties—particularly the inability to reach the pharmacy by phone or obtain reliable updates about prescription readiness—are frequent and ongoing issues. The pharmacy has also experienced frequent unexpected closures due to pharmacist unavailability or full shutdowns caused by issues such as asbestos or roof leaks. Each time Boots closes, even temporarily, Wallingford is left with no pharmacy at all, creating a complete and immediate gap in access to essential medicines, urgent prescriptions, over-the-counter treatments, and professional advice.

1.37 These closures pose serious risks for patients with chronic conditions or time-sensitive treatments such as insulin, blood-pressure medication, or antibiotics, where delays can lead to deterioration, missed doses, or unmanaged symptoms. Vulnerable groups—including the elderly, those with mobility issues, carers, and residents without private transport—are disproportionately affected, as travelling to neighbouring towns is often impractical due to distance, limited public transport, and congestion. Repeated, unplanned closures have also undermined patient confidence; residents cannot rely on a pharmacy that may close without notice, leaving them unable to plan or manage their healthcare needs safely.

1.38 In short, when Boots closes unexpectedly and there is no alternative local pharmacy, creating both a practical and public health problem. The town currently relies on a single pharmacy provider, which exposes the fragility of this model. Any disruption leaves residents without timely access to essential medicines and advice. This over-reliance highlights the lack of local resilience in Wallingford's pharmaceutical provision, underscoring the urgent need for a second pharmacy to ensure continuity of care and safeguard public health.

1.39 As evidenced previously, it will be misleading to suggest that there is sufficient choice with regards to obtaining pharmaceutical services within the town centre. There is clear and compelling evidence that the one remaining pharmacy in the town centre is under significant pressure and cannot cope with current demand. This can be verified with service user reviews on social media (a copy of which has been attached) where complaints such as 'long queues' and 'unacceptable wait times' especially for the elderly and disabled, 'no phone answer' and 'closes early' are a common theme. Patients feel they are 'held to ransom by a monopoly position' by the only pharmacy in the town centre.

1.40 Majority of the google reviews over the past 2 years have rated the pharmacy as 1 star. The last few review comments were:

1.41 1. Queue of people at 9am - at 910 someone tells us thru the door that pharmacy running late so still not open. This is just not good enough from a large chain - get your act together.

1.42 2. Very rude customer service at pharmacy. Not going there again.

1.43 3. "Poor service always waiting, pharmacist late every single morning without fail meaning they are unable to open on time, have been waiting to get a prescription this morning and have it's half past nine and still not open when it says open at nine. I have waited in the past outside well past opening hours along with elderly people which is very unfair. The girls who are stocking the shelves seem to just ignore you when standing at the till to be served. It's honestly the worst boots I have ever been to." (this review was left 1 week ago)

1.44 4. "Huge queues at 9.30am. Meant to be open by 9am. Not sure why the whole shop can't open due to the Pharmacist being late which judging by other reviews and comments by others, is a very common occurrence."

1.45 5. "Shut – again. On a Saturday afternoon. I dont how Boots have the cheek to oppose another pharmacy opening in Wallingford when they aren't even open when they should be, due to the pharmacists not being available"

1.46 6. "Terrible service. Long waiting times, staff ask too many questions. Never items in stock. Avoid if you can."

1.47 For balance 5-star reviews are also included, but majority relate to beauty services rather than pharmacy services.

1.48 These stated:

1.49 *1. Boots pharmacy were brilliant when we needed help last weekend. We were away and unable to sort an issue with medication for a relative. A lovely lady - Leila maybe? Went above and beyond given how busy they are generally. Because of her some very important medication was delivered to a care home for us, after a stressful 2 days of trying to get this sorted. Service like this can be hard to come by. Given how much criticism this pharmacy gets it's important to acknowledge how great the staff was for us.*

1.50 *2. "wonderful hardworking and knowledgeable team! lovely manager and staff but unfortunately seems not much support given to them from above hence often understaffed and lots of queues"*

1.51 *3. "Still going to give 5 stars, but boots are so busy since Lloyds chemist shut. It seems they are understaffed. I completely disagree with the comments saying that the staff need people skills. I think these comments are just out of frustration. Probably more people at the prescription counter wouldn't be a bad idea, but this is management's responsibility. This would clear the queue for prescriptions much faster. Or maybe question if the management needs an overhaul".*

1.52 Even though some reviewer gave the Boots pharmacy 5 stars, it is clearly not "5 star" comments.

1.53 Another reviewer who gave a 4-star review a year ago states, in the comments "I work for Boots lol".

1.54 Sadly, patients' poor experiences have also been reported in the regional news.

1.55 1. One such incident was due to system failures at the only pharmacy in the town centre (Boots): the patient was unable to collect his medicines. He was promised a phone call when they were available which did not take place, he tried calling them with no response, left letters through the pharmacy's letterbox with no response, wrote to the head office where his complaint was also ignored thus leaving him with no choice but to contact the GPhC. It was only then that Boots took notice of his complaint and assisted him with supplying medicines.https://www.oxfordmail.co.uk/news/23083727.man-left-without-meds-pharmacy-system-fails/

1.56 2. Furthermore, Oxford news reports in Aug 2025, that Boots Wallingford store was closed for few days to conduct safety checks and survey to exclude Asbestos concerns and the repair of collapsed roof following heavy rain. https://www.oxfordmail.co.uk/news/25367188.wallingford-boots-has-asbestos-inside-pharmacystore/

1.57 This is simply true that Boots pharmacy has many issues and almost all of them have gone unresolved for the past 3 years. The poor reviews show clear trend and common themes which keep repeatedly appearing thus confirming that the feedback from the local community must not be overlooked. when considering whether there is a reasonable choice and that continued ongoing problems and complaints with Boots will affect an individual's decision whether to make the journey to that pharmacy particularly on foot, which would therefore impede access to a choice of pharmacies. Boots' operational constraints — limited wholesaler flexibility, no routine dosette service, paid delivery charges and restricted opening hours — further reduce patient choice and flexibility. Residents cannot 'vote with their feet' when the only local pharmacy is overwhelmed or inaccessible.

1.58 Alternative providers in Benson (c.2.8 miles) and Cholsey (c.2.5 miles) and Didcot (c.5.9 miles), those pharmacies are situated in discreet villages which the residents of Wallingford would not visit on a day-to-day basis, consequently,

that those pharmacies did not secure a reasonable choice of pharmaceutical services for those living in Wallingford.

1.59 The Wallingford Town Council, councillors and Wallingford Mayor are aware of these ongoing issues and therefore fully support the application for a new pharmacy. Concerns about the adequacy of pharmaceutical service provision in Wallingford have been raised repeatedly at Town Council meetings, and residents have subsequently reported a range of problems directly to the ICB, the GPhC, and the local MP on multiple occasions:

1.60 1. Minutes of a meeting of the Tourism and Economic Development, 30 January 2023 (Draft) | Wallingford Town Council. “A member of the public attended and spoke about the unsatisfactory way that the remaining chemist in Wallingford was operating, particularly relating to prescription collection and long waiting times. He asked whether the Town Council could make representations to the regional management of the chemist to see if improvements could be made. His views were apparently shared by other residents and customers”

1.61 2. Agenda for the meeting of the Full Council, Monday 20 February, 2023 | Wallingford Town Council “To consider the Town Council’s support for a further pharmacy within the Town. At their meeting on 30 January 2023, the Tourism and Economic Development Committee have recently received public representations concerning the operation of the existing pharmacy (Minute 555/22).”

1.62 3. Minutes of a meeting of the Full Council, 20 February 2023 | Wallingford Town Council. “Councillor Keats-Rohan reported on positive discussions that she and the Mayor had had with a prospective additional pharmacy for the town and the process that needed to be followed within the NHS. The Mayor thanked Councillor Keats-Rohan for her work on this. It was proposed by Councillor Beatty, and seconded by Councillor, and RESOLVED that the proposed establishment of an additional pharmacy by the individual in question, be warmly welcomed and supported”

1.63 4. Minutes of a meeting of the Full Council, 29 March 2023 – council members express concern about the inability of the only pharmacy in town to cope with current demand, further exacerbated by proposed up coming developments.

1.64 5. Minutes of a meeting of the Full Council, 27 September 2023 – council members express concern about the inability of the only pharmacy in town to cope with current demand, further exacerbated by proposed up coming developments.

1.65 Although the most recent Oxfordshire Pharmaceutical Needs Assessment (PNA) does not formally identify a statutory gap in pharmacy provision for Wallingford, the practical experience of local residents points to a clear and pressing need for additional capacity. Wallingford is served by only one community pharmacy, and public feedback during the PNA consultation highlighted persistent problems with long queues, delays in obtaining prescriptions, limited access to timely advice, and difficulty accommodating the needs of a growing population. The town has undergone significant residential expansion, and the single pharmacy is increasingly unable to meet day-to-day

demand, resulting in reduced patient satisfaction and barriers to effective pharmaceutical care. The PNA emphasises the importance of maintaining reasonable access and ensuring services meet local needs, and the evidence from residents shows that current provision is struggling to do so in practice.

1.66 A new pharmacy would immediately strengthen reasonable choice in Wallingford by increasing dispensing capacity, extending service hours, offering compliance aids and free delivery, reducing queues and delays, and providing essential resilience when system failures occur. This combination of added capacity, broader service provision, and improved accessibility demonstrates that the proposal will deliver clear, tangible improvements in pharmaceutical care for the town. By establishing a new pharmacy, Wallingford residents will gain:

1.66.1 A second in-town pharmacy, improving resilience and reducing waiting times;

1.66.2 Extended opening hours to support after-work and weekend access;

1.66.3 Free home delivery for housebound, vulnerable or low-income patients; and

1.66.4 Greater service diversity and competition, driving up quality and reliability.

1.67 Establishing a new pharmacy in Wallingford would relieve pressure on the existing provider, improve access to essential services, reduce waiting times, support healthier patient pathways, and—crucially—offer genuine choice to the community. Taken together, these factors present a strong argument that a new pharmacy would deliver meaningful improvements and better access to pharmaceutical services, fully aligned with the intent of the PNA even if not explicitly defined as a “gap” within the document.

1.68 **Innovation in Service Delivery**

1.69 The new pharmacy will deliver a modern, patient-centred model of community pharmacy that constitutes a measurable and material improvement to local provision and meets the test of 'unforeseen benefits' under Regulation 18. The service model includes:

1.69.1 Independent Prescribing (IP) Responsible Pharmacist — enabling immediate clinical interventions, amendment or initiation of prescriptions where appropriate, use of Serious Shortage Protocols (SSPs) and reducing demand on GP and 111 services.

1.69.2 Full range of NHS essential and advanced services — Community Pharmacist Consultation Service (CPCS), New Medicine Service (NMS), Hypertension case-finding, smoking cessation, vaccinations, contraception and other local public health services.

1.69.3 Dosette / MDS dispensing as a routine offering — addressing a material gap in local provision and improving adherence for patients with

polypharmacy, cognitive impairment or dexterity issues.

1.69.4 Free or low-cost home-delivery service — removing a financial barrier faced by many patients under the current paid delivery model.

1.69.5 Digital integration — focus on EPS optimisation, SMS/phone alerts for prescription readiness, online ordering and proactive patient communications.

1.70 Together, these measures represent an integrated package of services that are not currently delivered in full by the single existing provider and which will materially improve access, continuity and quality of pharmaceutical care in Wallingford. These innovations will improve medication adherence, reduce GP and 111 demand, and ensure that vulnerable residents receive timely care and continuity of supply.

1.71 **Conclusion**

1.72 Wallingford faces a clear and persistent access gap in pharmaceutical services due to its growing population, vulnerable demographics, limited transport links, and reliance on a single overstretched provider since the closure of Lloyds Pharmacy. Boots' repeated early closures, delays, stock issues and capacity pressures leave many residents — including the elderly, disabled, low-income families and those without transport — without reliable access to essential medicines. — this is not a theoretical inconvenience but a complete loss of access to essential medicines. The lived experience of patients confirms the core problem: without a second pharmacy, Wallingford does not have a functional level of choice or resilience in its pharmaceutical services.

1.73 The proposed pharmacy on Sinodun Road would provide immediate and measurable improvements, including 40 core additional opening hours per week, Independent Prescriber-led services, MDS/dosettes, home delivery, EPS integration and extended weekday access. By restoring resilience and offering a genuine alternative, the new pharmacy would deliver the "unforeseen benefits" required under Regulation 18 and finally give Wallingford residents the reasonable choice of provider that the regulations require but is currently absent."

1.74 [Floor plan enclosed with application see Appendix B]

2 Comments to the Commissioner

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

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

2.1 THE APPLICANT

2.2 **"Re: Application offering unforeseen benefits at 34 Sinodun Road, Wallingford, OX10 8AB (ME4104-CAS-396904-G8D8M7)**

2.3 I write further to your letter dated 2nd February 2026 and in response to representations received from interested parties in respect of the above application. For clarity, responses are set out below in relation to each representation.

2.4 **Boots UK Limited**

2.5 We thank Boots UK Limited for their representation in respect of the above application. However, a number of material inaccuracies require clarification.

2.5.1 a) We can confirm, this is the first application submitted for the premises at 34 Sinodun Road, Wallingford, OX10 8AB, and it should therefore be considered afresh on its own merits.

2.5.2 b) Boots appears to be referring to application CAS-198319-B9C6W4, which was approved by the ICB on 20 June 2024, with the ICB committee acknowledging that the then-current PNA (2022) had failed to identify a gap in provision and that the population of Wallingford lacked reasonable access and choice, with Boots operating as the sole provider in the town centre.

2.5.3 c) The cited appeal reference SHA/26264 was unsolicited and submitted by an organisation that was not a recognised interested party at the time.

2.6 **Operational assurances and lived experience**

2.7 Boots have suggested that our application "may have been prompted by the perceived issues at the Boots pharmacy in Wallingford." We strongly refute this characterisation. The issues referenced in our application are real, long-standing challenges that reflect the lived experience of the local population. They are well documented, formally recorded, and widely acknowledged by the Integrated Care Board, the Pharmaceutical Needs Assessment committee (see Appendix 1), local council meetings (see application form), local news and through public commentary on social media. Our application is therefore grounded in established and evidenced local need, not isolated or perceived concerns relating to a single provider.

2.8 Boots' representation relies heavily on assurances of anticipated operational improvements by the appointment of a "new leader". While these are noted, they do not negate the sustained and well-documented difficulties experienced by patients in Wallingford over past several years. In fact similar assurances were provided with high confidence in 2024 but the problems have continued since that time, making it difficult to conclude that the outcome on this occasion would be materially different.

2.9 The available evidence demonstrates clear and compelling proof that the sole pharmacy in the town centre is under significant pressure and cannot cope with current demand. The complaints such as 'long queues' and 'unacceptable wait times' especially for the elderly and disabled, 'no phone answer' and 'closes

early' are common themes. Patients feel they are 'held to ransom by a monopoly position' by the only pharmacy in the town centre. These concerns have remained consistent over time and are widely characterised as structural rather than individual failings, with staff frequently described as doing their best under significant pressure. This pattern is consistently reflected in both Google Reviews and Healthwatch Oxfordshire feedback. Notably, since October 2024 the Boots Wallingford rating has declined from 3.7 to 3.4, contrary to suggestions of improvement and indicating that the challenges are ongoing rather than historic. In this context, it is obvious that the appointment of a new leader now (& several in past 2 years) has not led to any meaningful or sustained improvement to what appears to be a long-standing, systemic issue in service delivery.

2.10 Boots have stated that they "have experienced issues with locums in the past, as have many pharmacy contractors." This statement appears to minimise the seriousness of the service deficiencies at their Wallingford pharmacy by suggesting that such issues are commonplace elsewhere. However, given that Boots operates the only pharmacy at this location, any service disruption has a disproportionate and significant impact on the local population.

2.11 Furthermore, Boots operates a distinct staffing model, employing relief pharmacists directly. These pharmacists are recruited, trained, and supported by Boots and should therefore be fully competent to deliver the full range of services expected. In light of this, it is not reasonable or acceptable to attribute ongoing service shortcomings to locum availability, particularly given the scale of resources and organisational capacity at Boots' disposal.

2.12 It is evident that while the submission of a new application may generate a temporary increase in focus and short-term improvements, such momentum is often not sustained once external pressure diminishes. The establishment of a new pharmacy would therefore provide a consistent healthy competition to ensure that standards are continuously maintained by Boots Pharmacy over the longer term.

2.13 **Closures and lack of resilience**

2.14 Over the past year alone, Boots Wallingford has closed to the public on multiple occasions due to staff shortages, absence of a pharmacist, and building-related issues including rain damage and asbestos concerns, as reported in the local press. These closures cannot be dismissed as isolated incidents where there is a clear pattern of service fragility at a location that functions as a single point of failure for the town.

2.15 [Image, see Appendix C]

2.16 Oxford Mail -Store closed due to heavy rain and asbestos concerns https://www.oxfordmail.co.uk/news/25367188.wallingford-boots-has-asbestos-inside-pharmacy-store/

2.17 When the only town-centre pharmacy is closed, residents have no reasonable alternative within Wallingford. In such circumstances, it is incorrect for Boots to claim that patients continue to have a choice of pharmacy provider.

2.18 **Population growth and accessibility**

2.19 Boots' submission does not adequately address significant housing development since 2024, particularly to the north and west of Wallingford. Residents in these areas fall outside a 20-minute walking catchment of the existing pharmacy, as evidenced within the application.

2.20 Town-centre congestion, limited short-stay parking at distance from the Boots premises, and lack of immediate on-site parking further restrict timely access, particularly for older people, those with disabilities, pregnant patients, and carers. These accessibility constraints were not sufficiently identified in the 2025–2028 PNA and are directly relevant to the assessment of unforeseen benefit.

2.21 **Benefits of the proposed pharmacy**

2.22 An additional pharmacy in Wallingford town centre would deliver immediate and significant benefits by increasing choice, capacity, and resilience. The proposed pharmacy would:

2.22.1 add **43 additional hours** of pharmaceutical service provision,

2.22.2 provide weekday opening from **10:00 to 19:00,** addressing a clear access gap for working residents and carers,

2.22.3 materially increase dispensing capacity, reducing pressure on the existing provider, and

2.22.4 improve continuity of access during periods of disruption.

2.23 Currently, Boots closes at 5:30 pm on weekdays, and all other pharmacies within a five-mile radius also close by that time, leaving no early-evening access to pharmaceutical services.

2.24 In addition, while Boots may provide certain advanced services, the introduction of a second pharmacy would increase overall service capacity such Pharmacy -First relieving the pressure of the GPs. The proposed pharmacy would also offer monitored dosage systems (MDS/dosette boxes), which Boots does not routinely provide under company policy. This service is particularly important given Wallingford's above-average proportion of residents aged over 65.

2.25 **Oxfordshire Health and Wellbeing Board (HWB)**

2.26 We thank the HWB for its considered response and for acknowledging both the statutory role of the PNA and its inherent limitations in capturing local access challenges and wider determinants of health.

2.27 The HWB representation does not conclude that pharmaceutical access in Wallingford is optimal; rather, it confirms that the PNA, as a statutory planning tool, has not identified a formal "gap" in provision. This distinction is critical when considering an application under the **unforeseen benefits** route.

2.28 South Oxfordshire has the lowest number of community pharmacies per 100,000 population within Oxfordshire (11), compared with the county average (13.2) and England (18.1). Wallingford itself is intermittently served by a single town-centre pharmacy following the closure of Lloyds Pharmacy in 2021. While that closure was considered in both the 2022 and 2025 PNAs, the lived experience since then demonstrates the fragility of reliance on a sole provider. Absence of a second pharmacy since 2021 still seems to be a live issue for the residence of Wallingford as can be seen from the feedback received by PNA in 2025 (Appendix 1).

2.29 Regulatory or contractual remedies alone cannot provide meaningful patient choice or ensure continuity of access where only one provider exists. The absence of alternative providers means that any performance or capacity issue — regardless of regulatory oversight — has a disproportionate impact on patients. This lack of resilience is precisely the type of circumstance that the unforeseen benefits provision is intended to address.

2.30 It is also highly relevant that application **CAS-198319-B9C6W4**, approved in June 2024, acknowledged that the PNA 2022 had failed to identify unmet need in Wallingford (lacking reasonable access and choice). Structural circumstances have not improved since that decision; population growth and service pressure have increased, and the same limitations apply to the 2025 PNA.

2.31 The 2025 PNA has not identified that new housing developments to the north and west of Wallingford already exceed the 20-minute walking benchmark. Reliance on drive-time modelling significantly overstates accessibility in this locality:

2.31.1 Public transport services operate at intervals exceeding 30 minutes and therefore fall outside a 20-minute travel benchmark.

2.31.2 Many patients (statistic recorded in application) — particularly older, disabled, or economically inactive residents — do not have access to a private vehicle.

2.31.3 Town-centre congestion and distant of and limited short-stay parking further restrict timely access.

2.32 As such, distance-based modelling does not reflect real-world accessibility for a substantial proportion of Wallingford residents.

2.33 **Patient experience and survey evidence**

2.34 A public survey jointly distributed by Wallingford Town Council and a local newspaper ran from 21 December 2025 to 31 January 2026 and received 199 responses (Appendix 2). The results provide strong local evidence that current pharmacy provision in Wallingford, Oxfordshire is insufficient to meet patient need. Respondents consistently reported limited capacity and practical inaccessibility at the sole town-centre pharmacy, unacceptable waiting times, delays or inability to access essential medicines, and a complete absence of meaningful patient choice. These concerns have persisted since the loss of the second pharmacy and have intensified alongside population growth.

2.35 More than half of respondents experienced at least one adverse outcome directly linked to difficulties accessing pharmacy services, a level incompatible with adequate capacity, accessibility, or resilience. The consequences are clinically significant: 35.2% reported delayed treatment, indicating failure to provide timely access to medicines and pharmacist support; 30.7% missed prescribed medication due to access difficulties, presenting clear risks to patient safety, medicines adherence, and continuity of care; and 12.1% experienced worsening symptoms or deterioration in their condition, confirming that these access issues are directly contributing to poorer health outcomes rather than mere inconvenience.

2.36 Insufficient pharmacy access is also displacing demand onto other NHS services. Respondents reported contacting GP practices or NHS services (6.5%) and attending urgent or emergency care (1.5%) for issues that should be appropriately managed within a community pharmacy setting, demonstrating that existing provision is failing to relieve pressure on the wider healthcare system as intended.

2.37 Although 44.7% of respondents reported none of the specified adverse outcomes, it remains significant that a majority experienced at least one negative consequence of inadequate access. In a well-served locality, such levels of harm would not be expected. Taken together, the evidence reveals a clear gap between Pharmaceutical Needs Assessment principles and lived patient experience in Wallingford. Current provision lacks the capacity and resilience required to ensure reliable, timely access to medicines and professional support. Granting this application would increase local capacity, improve same-day access, reduce delays and missed medication, enhance service resilience, and deliver safer, more effective pharmaceutical care for Wallingford residents in accordance with Regulation 18.

2.38 **Local Pharmaceutical Committee (LPC)**

2.39 The LPC states that there is “no evidence of patient dissatisfaction” with existing provision in Wallingford. This incorrect assertion is not supported by the evidence.

2.40 The Committee is respectfully referred to Boots’ own representation acknowledging service difficulties, the evidence submitted with the application, extensive public feedback including Google reviews, letters of support, concerns raised during the 2025 PNA consultation (see Appendix 1), and the local survey detailed above. Taken together, this demonstrates substantial and consistent dissatisfaction.

2.41 The LPC’s focus on whether services are “available elsewhere” does not fully engage with the Regulation 18 test. The relevant question is whether granting the application would secure improvements or better access for persons in the relevant area. Reliance on pharmacies in neighbouring villages does not constitute reasonable choice for Wallingford residents.

2.42 It is noteworthy that neighbouring pharmacies in Cholsey and Benson, both recognised interested parties under the Regulations, have made no representations suggesting that they provide a reasonable or sufficient

alternative for the pharmaceutical needs of Wallingford's population. This absence is material to the Regulation 18 assessment. These pharmacies serve distinct village populations and are not routinely accessed by Wallingford residents for day-to-day pharmaceutical services. By not advancing themselves as alternatives, they have appropriately recognised that they do not offer realistic, accessible, or sustainable provision for Wallingford.

2.43 Similarly, the White Horse Primary Care Network Lead has not indicated that Wallingford's pharmaceutical needs can be adequately met through provision outside the town. Taken together, this absence of representations supports the conclusion that existing pharmaceutical services beyond Wallingford do not provide a reasonable or effective alternative, and that granting this application would secure improved access and service resilience for persons in the relevant area in accordance with Regulation 18.

2.44 **Local authority and political support**

2.45 Wallingford Town Council has repeatedly raised concerns regarding pharmaceutical provision at Council meetings, with minutes already included in the application. Further formal support has been received from:

2.45.1 District Councillor Keats-Rohan (February 2026),

2.45.2 The Mayor of Wallingford and Town Councillors (January 2026), and

2.45.3 Lord Bradshaw MP (January 2026).

2.46 These representations are included at Appendix 3 and reflect sustained concern at both community and strategic levels.

2.47 **Conclusion**

2.48 Taken together, the representations received, when examined alongside the evidence submitted here (and in application), reinforce rather than undermine the basis of this application. The acknowledged limitations of the PNA, combined with clear evidence of constrained choice, limited resilience, accessibility challenges, sustained patient dissatisfaction, and population growth, demonstrate that granting this application would secure significant unforeseen benefits for the population of Wallingford.

2.49 For these reasons, and those set out in the application, we respectfully invite the Committee to conclude that the application meets the test under Regulation 18 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and to grant the application."

2.50 Applicant enclosed survey findings from Wallingford residents during the PNA 2025 consultation, supporting letter from The Mayor, Counsellor and MP of Wallingford [See appendix C].

3 The Decision

The Commissioner considered and decided to grant the application. The decision letter dated 13 April states:

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

3.1 "**Re: Application offering unforeseen benefits at 34, SINODUN ROAD, WALLINGFORD, OX10 8AB.**

3.2 Buckinghamshire, Oxfordshire and Berkshire West ICB has considered the above application and I am writing to confirm that it has been granted. Please see the enclosed report for the full reasoning.

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

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

Decision Report

3.5 **"Pharmaceutical Services Regulations Committees meeting in common for: Berkshire, Oxfordshire and Buckinghamshire ICB, Hampshire & IoW ICB & Frimley ICB**

3.6 **Annex 7.2 to the minutes of the meeting held on 25th March 2026. CA Health Ltd – Offering Unforeseen Benefits**

3.6.1 **ME4104 / CAS-396904-G8D8M7**

3.6.2 **Proposed Address: 34 Sinodun Road, Wallingford OX10 8AB**

3.6.3 **Oxfordshire HWB**

3.6.4 **Berkshire, Oxfordshire and Buckinghamshire ICB**

3.7 **Introduction and background**

3.8 An unforeseen benefits application had been received from CA Health Ltd, on 1st December 2025 at 34 Sinodun Road, Wallingford OX10 8AB. The Committee was now required to consider the application in accordance with Regulations 18 and 19 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

3.9 Full details of the applicant's proposal had been notified to the various interested parties in accordance with the regulations. Comments and objections had been received from the following parties Boots UK Ltd,

Community Pharmacy Thames Valley (LPC), Oxfordshire Health & Wellbeing Board.

3.10 Representation received outside of the 45 day notification period from White Horse Medical Practice.

3.11 **Consideration by the Committee**

3.12 The Committee had before it:

3.13 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

3.14 Department of Health guidelines on market entry by means of pharmaceutical needs assessment – Chapter 8 – Unforeseen Benefits.

3.15 The Report which included:

3.15.1 the application form and information provided by the Applicant,

3.15.2 letters from interested parties

3.15.3 maps of the location,

3.15.4 opening times and distances to surrounding pharmacies and GP Practices,

3.15.5 a site visit report,

3.15.6 Oxfordshire PNA extracts and a link to the full PNA,

3.15.7 demographic information including population density,

3.15.8 public transport information,

3.15.9 prescription information

3.15.10 previous appeal decision report (19.07.24: SHA/26264) and,

3.15.11 the relevant Regulations (18, 19, 31,and 50).

3.16 In relation to the application, the Committee noted the following:

3.16.1 The Committee noted that the applicant's fitness information had previously been considered and approved.

3.16.2 The Committee noted that the applicant was proposing to provide essential, enhanced and advanced services, if commissioned.

3.16.3 The applicant also proposed core opening of 40 hours per week and total proposed opening of 43 hours per week.

3.17 The Committee considered the applicant's statement as to the unforeseen benefits it is offering. The Applicant has stated that "Wallingford faces a clear and persistent access gap in pharmaceutical services due to its growing population, vulnerable demographics, limited transport links, and reliance on a single overstretched provider since the closure of Lloyds Pharmacy. Boots' repeated early closures, delays, stock issues and capacity pressures leave many residents — including the elderly, disabled, low-income families and those without transport — without reliable access to essential medicines. — this is not a theoretical inconvenience but a complete loss of access to essential medicines. The lived experience of patients confirms the core problem: without a second pharmacy, Wallingford does not have a functional level of choice or resilience in its pharmaceutical services."

3.18 The Committee considered information from a virtual site visit of the Wallingford area that had been undertaken by a Pharmacy Commissioning Hub representative. Members of the committee, who were present at the meeting, knew the area very well. Wallingford is a market town on River Thames in South Oxfordshire and lies 12 miles north of Reading, 13 miles south of Oxford.

3.19 The Committee noted the decision made by NHS Resolution dated 25th October 2024 (SHA- SHA/26264) to refuse an application offering to provide unforeseen benefits for the Wallingford area.

3.20 The Committee considered the representations made by Boots UK Ltd, Community Pharmacy Thames Valley (LPC), Oxfordshire Health & Wellbeing Board and noted they all opposed the application.

3.21 Representation was received outside of the 45 day notification period from White Horse Medical Practice who opposed the application.

3.22 The Committee noted the applicant did not provide a response to the consultation responses [sic]

3.23 **Regulation 31 – Refusal: same or adjacent premises**

3.24 The Committee first considered Regulation 31(2)(a)(i) and was of the view that Regulation 31(2)(a)(i) is not met as there is currently no person on the pharmaceutical list at the premises to which the application relates.

3.25 The Committee went on to consider paragraph (a)(ii) of Regulation 31(2); whether there is a person on the pharmaceutical list providing pharmaceutical services from adjacent premises.

3.26 The Committee was satisfied that there is no pharmacy providing pharmaceutical services within the area of the proposed premises. The application did not therefore need to be refused in accordance with Regulation 31.

3.27 **Regulations 40, 41 and 44**

3.28 The Committee noted that the proposed pharmacy location was not in a controlled locality, and therefore Part 7 of the Regulations (in particular Regulations 40, 41 and 44) did not have to be considered.

3.29 **Regulations 50**

3.30 There are 242 dispensing patients living within 1.6km radius of the proposed best estimate address, therefore the Committee noted that if the application was approved it would be required to consider the discontinuation of arrangements for the provision of pharmaceutical services by doctors to the affected patients under Regulation 50.

3.31 The Committee agreed that if the application is approved, it was inclined that the service provided by the dispensing doctors to the affected patients should be discontinued, and that the discontinuation should be postponed in order to give the doctors reasonable notice of the discontinuation, as follows –

3.31.1 Wallingford Medical Practice- for a period of three (3) months – (223 patients)

3.31.2 Nettlebed Surgery- for a period of one (1) month – (7 patients)

3.31.3 Goring & Woodcote Medical Practice- for a period of one (1) month – (7 patients)

3.31.4 White Horse Medical Practice- for a period of one (1) month – (7 patients)

3.31.5 Eynsham Medical Group- for a period of one (1) month – (3 patients)

3.31.6 Tilehurst Village Surgery- for a period of one (1) month – (1 patient)

3.32 **Oral Hearing**

3.33 The Committee decided that it was not necessary to hold an oral hearing before determining the application.

3.34 **Regulation 18 – Unforeseen benefits application**

3.35 The Committee noted that this was an application for “unforeseen benefits” and fell to be considered under the provisions of Regulation 18 which states:

3.35.1 (1) if –

3.35.2 (a) the NHSCB receives a routine application and is required to determine whether it is satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB; and

3.35.3 (b) the improvements or better access that would be secured were or was not included in the relevant pharmaceutical needs assessment in accordance with paragraph 4 of Schedule1,

3.35.4 in determining whether it is satisfied as mentioned in section 129(2a) of the 2006 Act (regulations as to pharmaceutical services), the NHSCB must have regard to the matters set out in paragraph (2).

3.36 The Committee considered that Regulation **18(1)(a)** was satisfied in that it was required to determine whether it was satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB

3.37 The Committee went on to consider whether Regulation **18(1)(b)** was satisfied, i.e. whether the improvements or better access that would be secured if the application was granted were or was included in the Pharmaceutical Needs (the 'PNA') in accordance with paragraph 4 of Schedule 1 of the Regulations.

3.38 The Committee had regard to the Oxfordshire PNA 2025-2028 (issue date 1st October 2025) (the 'PNA') and noted that no supplementary statements had been issued.

3.39 The Committee also noted that, having considered the entire Oxfordshire locality including the area of Wallingford, the HWB had reached the conclusion that "As part of this assessment, no gaps have been identified in provision, either now or in the next three years, for pharmaceutical services deemed necessary by the Oxfordshire HWB." [Page 12, Oxfordshire PNA, 2025-28]

3.40 The Committee noted that the HWB had considered access (distance, travelling times and opening hours') to assess how current service provisions will meet the needs of the population within the lifetime of the PNA.

3.41 The Committee noted that the Applicant had stated:

"Although the most recent Oxfordshire Pharmaceutical Needs Assessment (PNA) does not formally identify a statutory gap in pharmacy provision for Wallingford, the practical experience of local residents points to a clear and pressing need for additional capacity. Wallingford is served by only one community pharmacy, and public feedback during the PNA consultation highlighted persistent problems with long queues, delays in obtaining prescriptions, limited access to timely advice, and difficulty accommodating the needs of a growing population. The town has undergone significant residential expansion, and the single pharmacy is increasingly unable to meet day to- day demand, resulting in reduced patient satisfaction and barriers to effective pharmaceutical care. The PNA emphasises the importance of maintaining reasonable access and ensuring services meet local needs, and the evidence from residents shows that current provision is struggling to do so in practice.

3.42 The Committee noted that the improvements or better access that the Applicant was claiming would be secured by its application were not included in the

relevant pharmaceutical needs' assessment in accordance with paragraph 4 of Schedule 1.

3.43 The Committee was satisfied that the unforeseen benefits claimed in the application were not identified in the PNA.

3.44 In order to be satisfied in accordance with Regulation 18(1), the Committee went on to consider those matters set out at Regulation 18(2).

3.45 **Regulation 18(2)(a)(i)** - whether or not granting the application would cause significant detriment to the proper planning in respect of the provision of pharmaceutical services.

3.46 The Committee was not aware of any plans that would be affected and concluded that granting the application would not have an adverse effect on any future plans. None of the submissions included any comment or evidence in regard to this matter. Therefore, the Committee concluded that granting the application would not cause significant detriment in this regard.

3.47 **Regulation 18(2)(a)(ii)** - whether or not granting the application would cause significant detriment to the arrangements in place for the provision of pharmaceutical services.

3.48 None of the submissions included any evidence on this question and the Committee found no proof to support the suggestion that if the application was to be granted, it would cause significant detriment to the arrangements in place for pharmaceutical services in the area.

3.49 The Committee did not find any significant detriment to proper planning or to the arrangements in place for the provision of pharmaceutical services and therefore was not obliged to refuse the application under Regulation18(2)(a).

3.50 **Regulation 18(2)(b)(i)** – *whether notwithstanding that the improvements or better access were not included in the relevant PNA, it is satisfied that, having regard in particular to the desirability of – there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB – granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant PNA was published.*

3.51 On this point the Applicant has said:

"Regulation 18 requires that new pharmacy secures improvements in or better access to pharmaceutical services. The current situation in Wallingford does not provide reasonable choice: Only one pharmacy (Boots) serves the town, creating a functional monopoly, serving a catchment that would ordinarily support multiple pharmacies, and that branch is operating beyond sustainable capacity. The closure of Lloyds Pharmacy removed an important source of capacity and service diversity, and its absence has generated chronic pressure at the remaining outlet.

Operationally, Boots has repeatedly opened late, closed early, or reduced service due to staffing shortages and capacity constraints. Since closure of

Lloyds Pharmacy, Boots Pharmacy at Market Place remains the only provider in Wallingford. This single branch reached dispensing volume of approximately 26,000 items per month after Lloyds closure—around four times the national average—and had become and remains operationally overstretched despite out-sourcing majority of dispensing to off site dispensing hub. This hub takes 4 -5 days to turn around the prescriptions. Consequently, patients report long queues, multiple return visits and an absence of timely pharmaceutical access at critical times.

The clear and obvious pressure on Boots pharmacy is best evidenced by patient experience: residents routinely report waiting over an hour for prescriptions, with limited staffing contributing to slow service and operational bottlenecks. Stock shortages, delays in medication availability, and communication difficulties—particularly the inability to reach the pharmacy by phone or obtain reliable updates about prescription readiness—are frequent and ongoing issues. The pharmacy has also experienced frequent unexpected closures due to pharmacist unavailability or full shutdowns caused by issues such as asbestos or roof leaks. Each time Boots closes, even temporarily, Wallingford is left with no pharmacy at all, creating a complete and immediate gap in access to essential medicines, urgent prescriptions, over-the-counter treatments, and professional advice.)"

3.52 The Applicant also stated *"Alternative providers in Benson (c.2.8 miles) and Cholsey (c.2.5 miles) and Didcot (c.5.9 miles), those pharmacies are situated in discreet villages which the residents of Wallingford would not visit on a day-to-day basis, consequently, that those pharmacies did not secure a reasonable choice of pharmaceutical services for those living in Wallingford. The Wallingford Town Council, councillors and Wallingford Mayor are aware of these ongoing issues and therefore fully support the application for a new pharmacy. Concerns about the adequacy of pharmaceutical service provision in Wallingford have been raised repeatedly at Town Council meetings, and residents have subsequently reported a range of problems directly to the ICB, the GPhC, and the local MP on multiple occasions:"*

3.53 The representations from Boots UK Ltd did not include comments relating to choice.

3.54 The representations from Oxfordshire HWB did not include comments relating to choice.

3.55 The representations from Community Pharmacy Thames Valley (LPC) did not include comments relating to choice.

3.56 The representations from White Horse Medical Practice did not include comments relating to choice.

3.57 In order to determine if patients in the area already had a reasonable choice, the Committee considered access (distance, travelling times and opening hours) as an important factor in determining the extent to which the current pharmaceutical service provision meets the needs of the population in the Wallingford area.

3.58 The Committee noted that the market town of Wallingford town is a contained town where residents daily needs are met by the services available in the town and they would not generally need to leave the area for their daily needs.

3.59 The Committee noted that Wallingford is a natural centre for the villages surrounding the town especially on market days. People from the surrounding area tend to come into the town rather than the other way around.

3.60 There is currently one pharmacy (Boots Pharmacy) in Wallingford, following the closure of Lloyds Pharmacy in 2021.

3.61 The Committee had regard to the current service provision in the immediate area of Wallingford and noted that there are two pharmacies within 2.5 miles of Wallingford in Cholsey and Benson.

3.62 The Committee noted that Cholsey and Benson are not villages that residents of Wallingford would normally visit on a day-to-day basis for other services. So, the likelihood of making a specific journey to these villages to access the pharmacy is highly unlikely, and even less unlikely via public transport due to the limited bus service.

3.63 The Committee was in agreement that residents of surrounding villages would be coming into Wallingford to access services for their daily needs.

3.64 The opening hours of the Boots Pharmacy in Wallingford ranges from 09:00-17:30 Monday to Friday, from 09:00 to 17:30 on Saturdays and from 10:00-16:00 Sundays.

3.65 The Committee noted that the Applicant had offered to open from 10:00-14:00; 15:00-19:00 on Monday to Friday, 09:00 to 12:00 on Saturdays and closed on Sundays. The applicant is proposing to close later than Boots Pharmacy Monday to Friday.

3.66 The Committee noted that the proposed premises is located to the North of the town and outside the town centre where the Boots pharmacy is located.

3.67 The Committee noted that Wallingford town centre sits to the East of Wallingford and is not centrally located. This results in residents living in Northwest Wallingford having a 22 minute/1 mile walk to the sole pharmacy located in the town centre

3.68 The Committee noted that the applicant had provided information regarding access to the town centre by car, they had stated:

"Access to pharmaceutical services in Wallingford is presently constrained by geography, transport limitations and operational pressures affecting the only existing provider, Boots. Boots Pharmacy in Market Place is situated in a congested town-centre location where direct parking is restricted by double-yellow lines. The nearest car parks— Cattle market, Goldsmith's Lane and Thame Street—offer only limited paid parking and are all a noticeable walking distance from the pharmacy entrance. For elderly, or disabled, or people with mobility challenges, these conditions create a significant barrier to access.

Parking capacity in these car parks is frequently exceeded, particularly during the summer months, which often necessitates the locals to use of overflow parking at Riverside. However, Riverside is approximately 0.4 miles away—making access to Boots Pharmacy even more difficult for the local population.

Furthermore, Wallingford's transport network is already operating beyond capacity. The town's three main roundabouts are repeatedly identified in planning and highways assessments as being at or over their operational limits; several planning applications, including the initial town expansion plan (P14/S2860/O-2), explicitly reference this constraint. As housing development continues, congestion has worsened year on year. All traffic — including patients, carers, delivery vehicles, buses and emergency services — must pass through these same pressure points. This results in frequent delays, long queues, and peak-time gridlock that can bring movement through the town almost to a standstill. For many residents, this is not merely inconvenient but materially disruptive. Elderly people, those with reduced mobility, carers accompanying young children, and individuals without flexible or reliable transport options face disproportionate difficulty navigating these bottlenecks. This context is highly relevant if patients are expected to rely on private transport to reach Boots Pharmacy or to access alternative pharmacies outside Wallingford. Even short trips can become unpredictable, stressful, and time consuming due to congestion, compounding the challenges already caused by the distance to the nearest pharmacy. Together, these factors represent a substantial and practical barrier to accessing essential pharmacy services"

3.69 Two members of the Committee who know Wallingford very well confirmed that that driving into or through the town centre is notably difficult due to the issues with traffic.

3.70 The proposed address is not in close proximity to the existing pharmacy so it is likely that residents will experience similar problems in terms of access.

3.71 The Committee noted the housing development currently in progress in North Wallingford of c.600 homes and the increase in population that this will bring to the town.

3.72 The Committee considered that performance issues should not be a reason to completely discount the existence of a pharmacy when considering whether there is a reasonable choice but that continued ongoing problems and complaints will affect an individual's decision whether to make the journey to that pharmacy particularly on foot, which would therefore impede access to a choice of pharmacies.

3.73 Having considered the factors above, the Committee was not satisfied that residents of Wallingford already have reasonable choice with regard to obtaining pharmaceutical services.

3.74 **Regulation 18(2)(b)(ii)** - whether notwithstanding that the improvements or better access were not included in the relevant PNA, it is satisfied that, having regard in particular to the desirability of – people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access - granting the application would confer significant benefits on

persons in the area of the relevant HWB which were not foreseen when the relevant PNA was published.

3.75 The Committee reminded itself that it was required to address itself to people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that are difficult for them to access. The Committee was also aware of its duties under the Equality Act 2010 which include considering the elimination of discrimination and advancement of equality between patients who share protected characteristics and those within such characteristics.

3.76 The Applicant stated that "Vulnerable groups—including the elderly, those with mobility issues, carers, and residents without private transport—are disproportionately affected, as travelling to neighbouring towns is often impractical due to distance, limited public transport, and congestion. Repeated, unplanned closures have also undermined patient confidence; residents cannot rely on a pharmacy that may close without notice, leaving them unable to plan or manage their healthcare needs safely."

3.77 The Committee noted that whilst these statements had been included by the Applicant there was no evidence provided that identified a group of patients in the Wallingford area, sharing a protected characteristic who were having difficulty accessing services that meet a specific need.

3.78 The representations from Boots UK Ltd did not include comments relating to groups of patients having difficulty accessing pharmaceutical services.

3.79 The representations from Oxfordshire HWB did not include comments relating to groups of patients having difficulty accessing pharmaceutical services.

3.80 The representations from Community Pharmacy Thames Valley (LPC) did not include comments relating to groups of patients having difficulty accessing pharmaceutical services.

3.81 The representations from White Horse Medical Practice did not include comments relating to groups of patients having difficulty accessing pharmaceutical services.

3.82 The Committee therefore concluded that the application did not satisfy the test in this part of the Regulation.

3.83 **Regulation 18(2)(b)(iii)** - whether notwithstanding that the improvements or better access were not included in the relevant PNA, it is satisfied that, having regard in particular to the desirability of – there being innovative approaches taken with regard to the delivery of pharmaceutical services - granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant PNA was published.

3.84 The Committee agreed that the applicant had not provided evidence that an innovative approach would be taken with regard to the delivery of pharmaceutical services.

3.85 Therefore, the Committee concluded that there is no evidence that innovative approaches would be taken with regard to the delivery of pharmaceutical services.

3.86 The Committee was of the view that in accordance with Regulation 18(2)(b) the granting of this application would not confer significant benefits on persons in the relevant area of the HWB which were not foreseen when the PNA was published.

3.87 **Other Considerations**

3.88 **Regulation 18(2)(c)-(f)** - The Committee had previously determined that there was no need to defer the application under Regulation 18(2)(c) to (f).

3.89 **Decision**

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

3.91 The Committee had considered whether the granting of the application would cause significant detriment to proper planning in respect of the provision of pharmaceutical services in the area covered by the HWB, or the arrangements in place for the provision of pharmaceutical services in that area and was not satisfied that it would.

3.92 The Committee determined that the application should be granted on the following basis:

3.93 In considering whether the granting of the application would confer significant benefits, the Committee determined that –

3.93.1 there is not a reasonable choice with regard to obtaining pharmaceutical services:

3.93.2 residents seek services from within the town and would be unlikely to travel to other villages, and

3.93.3 the proposed site is located to the north of Wallingford, close to an area of housing growth.

3.94 Having taken these matters into account, the Committee is satisfied that granting the application would confer significant benefits as outlined above that would secure improvements or better access to pharmaceutical services.

3.95 **Rights of appeal**

3.96 The application is granted so the applicant does not have appeal rights.

3.97 The Committee decided that the following parties that should have third party rights of appeal as they had expressed their grounds for opposing the application adequately in their representations.

3.98 Boots UK Ltd t/a Boots Pharmacy, 7/8 Market Place, Wallingford, Oxfordshire, OX10 0EG”

4 The Appeal

In a letter dated 30 April 2026 addressed to NHS Resolution, Boots UK Ltd appealed against the Commissioner’s decision. The grounds of appeal are:

4.1 **“Re: Application offering unforeseen benefits at 34, Sinodun Road, Wallingford, OX10 8AB – ME4104 -CAS-396904-G8D8M7 BY CA-Health Ltd.**

4.2 Boots UK Ltd wishes to appeal the granting of the above application.

4.3 We do not believe that the findings in the Pharmaceutical Needs Assessment have been fully assessed by the deciding Committee and that the information provided by the applicant has all previously been considered.

4.4 NHS Resolution refused the previous application here in October 2024 – SHA/26264. Whilst that previous application was considered under the previous PNA, the current PNA does not highlight a gap in provision. It concludes ***“As part of this assessment, no gaps have been identified in provision, either now or in the next three years, for pharmaceutical services deemed necessary by the Oxfordshire HWB.”***

4.5 Whilst it is true that patients only have access to Boots in the town centre, we do not think that this should be considered alone. Patients who meet the criteria, are able to utilise the dispensing G.P practices. It is also important to consider access to distance selling contractors who also provide an alternative choice of provider.

4.6 The address of the proposed pharmacy sits within a housing estate, and we believe that residents who do not live in the immediate area of the application site are unlikely to know it would be there.

4.7 In point 8.3.1 of the ICB decision report, it states that ***“the proposed site is close to an area of housing growth***”. Housing growth has also been a consideration, and documented in the PNA, and no gap has been identified. The housing development is in a separate locality to the application site. New housing developments tend to attract younger couples and families who are mobile and often leave the area they live to travel to work or to access other amenities. This demographic is also more likely to access on-line pharmacies.

4.8 We fail to see what has changed since the application was previously refused, other than some housing development, that has been considered in the 2025-2028 PNA.

4.9 In conclusion we submit that the application should be refused as it will not confer significant benefits on persons in the area of the relevant Health and Wellbeing Board which were not foreseen when the relevant Pharmaceutical Needs Assessment was published.

4.10 Please be aware that we may wish to make further representations at a later stage and attend any oral hearing that may be held."

5 Summary of Representations

This is a summary of representations received on the appeal.

5.1 THE APPLICANT

5.1.1 "Re: Application at 34 Sinodun Road, Wallingford, OX10 8AB (SHA/26990)

5.1.2 We write in response to the appeal submitted by Boots UK Ltd. While their right to appeal is acknowledged, the submission is evidentially deficient, advancing no material beyond assertions already considered and rejected. It fails to engage with the Committee's core findings and appears directed at preserving a single-provider position rather than assessing patient benefit.

5.1.3 Boots provides no empirical evidence that existing services meet patient need. There is no analysis of capacity, waiting times, accessibility, outcomes, or sustained improvement, nor any evidence that the proposed pharmacy would cause detriment. The appeal is therefore speculative.

5.1.4 The Committee has already determined—on an evidence-based footing—that Wallingford lacks reasonable choice. Boots does not displace this finding. A single provider cannot constitute reasonable choice, particularly in a self-contained community where residents do not routinely travel elsewhere for routine pharmaceutical services.

5.1.5 Boots' reliance on theoretical alternatives, including distance selling pharmacies and dispensing GP practices, is misplaced. These services are inherently limited, do not provide timely face-to-face care, and do not reflect real-world patient behaviour. They are not credible substitutes for accessible, local provision.

5.1.6 Similarly, reliance on the Pharmaceutical Needs Assessment (PNA) is flawed. The absence of a stated "gap" is not determinative under Regulation 18. When considered holistically, the PNA— particularly its consultation responses—identifies dissatisfaction, delays, access barriers, and a lack of system resilience.

5.1.7 These findings are reinforced by a substantial, independently corroborated dataset developed in collaboration with the local council, charitable organisations, and local media. This public survey comprises 199 responses from a population of 8,457 (approximately 2.35%), compared to 454 responses across a population of 750,230 (0.06%) in the Oxfordshire PNA. It is therefore materially more representative of the affected community and provides a more reliable reflection of patient experience and need. It constitutes clear and compelling evidence of unmet need and patient harm, and was rightly afforded

significant weight by the Committee. Notably, it remains unchallenged in substance by Boots.

5.1.8 The survey responses provide evidence that the current provision fails to meet patient need:

5.1.9 **Lack of reasonable choice:** Responses to Questions 4 and 7 unequivocally demonstrate the absence of reasonable choice. The overwhelming reliance on a single provider, combined with clear evidence that patients cannot realistically access pharmacies outside Wallingford, establishes an irrefutable single-provider reality. This is actual patient behaviour confirming that meaningful choice does not exist.

5.1.10 **Lack of access and systemic capacity failure**: Responses to Questions 5 and 6 indisputably establish persistent and systemic access barriers, including frequent difficulty obtaining services, long waiting times, and inability to access medicines when needed. These findings provide unequivocal evidence of sustained capacity failure.

5.1.11 **Absence of realistic alternatives:** Responses to Questions 7 and 8 undeniably confirm that external provision is not a viable substitute. The majority of patients report practical barriers—transport, mobility, time, and cost—that prevent them from accessing pharmacies outside the town. This directly rebuts reliance on theoretical alternatives.

5.1.12 **Disproportionate impact on vulnerable and protected group:** Evidence within Question 8, supported by broader demographic responses, irrefutably demonstrates that elderly, disabled, and vulnerable patients face materially greater barriers to access. This establishes inequitable access and systemic disadvantage.

5.1.13 **Demonstrable patient harm and NHS system impact:** Responses to Question 11 provide unequivocal evidence of patient harm, including delayed or missed medication and escalation to GP services, NHS 111, and A&E. This confirms that current deficiencies are clinically consequential, resulting in real-world harm and displacement of demand onto wider NHS services.

5.1.14 The remaining survey findings reinforce these conclusions consistently across all measures. Taken as a whole, this dataset is comprehensive, internally consistent, and representative, and constitutes indisputable, irrefutable, and unequivocal evidence that the existing provision fails to deliver adequate access, choice, equity, or resilience.

5.1.15 Boots also fails to address established physical barriers to access, including congestion, limited parking, and poor transport links, which disproportionately affect those outside the town centre. The proposed site directly mitigates these barriers and improves accessibility for northern and expanding residential areas.

5.1.16 Contrary to Boots' assertion, the Sinodun Road location is neither isolated nor obscure. It already functions as a recognised local hub,

evidenced by existing amenities including a Londis store, dental services, and a salon, which attract regular footfall from both immediate and surrounding communities. This demonstrates established accessibility and usage.

5.1.17 GIS mapping further confirms that the site is strategically located within the most densely populated northern area of Wallingford, serving a natural catchment of existing and planned housing developments. GIS mapping also confirm the residents in this part of the Wallingford area are over a 30-minute walk (for a fit and healthy person) from existing provision, making access impractical for many. The proposed pharmacy therefore provides a realistic and necessary alternative.

5.1.18 Population growth has materially increased demand. Assertions that newer residents are more mobile or reliant on online services are unsupported and irrelevant to vulnerable populations who depend on local provision.

5.1.19 Furthermore, Boots' assumption regarding the demographic profile of new housing developments is materially inaccurate in this context. Planning policy, as set out in the South Oxfordshire Local Plan 2035, requires that up to 40% of housing on qualifying developments is delivered as affordable housing, including social and assisted housing, with provision also encompassing care and nursing accommodation.

5.1.20 This establishes a clear and policy-driven expectation that a significant proportion of the resident population will comprise individuals and households with lower or moderate incomes, reduced access to private transport, and increased reliance on local services. These groups are demonstrably less able to travel to more distant pharmacies in neighbouring villages including Boots, whether due to financial constraints, mobility limitations, or underlying health conditions, and are in fact more likely to require frequent and immediate access to pharmaceutical services.

5.1.21 Accessibility constraints further reinforce this position. As per the site visit report, The nearest bus stop (towards town centre) is approximately 0.1 miles away on Wantage Road, with no shelter or seating, has limited service and appears primarily Mon-Fri for some routes and runs at approximately 90-minute intervals. For many patients, particularly the elderly, disabled, or those with young children, this presents a significant barrier. A return journey to existing provision could take up to 3.5 hours, rendering such arrangements impractical for routine or urgent care. This doesn't account for waiting times in queue at the Boots which could easily extent the trip from an additional hour to few hours. Notably, the bus service stops after 14:00 therefore 16% of Wallingford residents without car from this densely populated location would need to wait the following day for their urgent medication.

5.1.22 Boots are suggesting that new developments only attract "younger couples and families" and a discussed above, this is simply not the case. As mentioned earlier, modern residential growth attracts a broad and mixed population, including families with children, older adults

downsizing, people with long-term health conditions, carers, and vulnerable residents.

5.1.23 Boots claims new residents will rely on online pharmacies, but this ignores ongoing issues at their Wallingford branch and misunderstands modern NHS pharmacy care. Community pharmacies now deliver frontline clinical services through initiatives like Pharmacy First, providing same-day, face-to face treatment for conditions such as ear infections, sore throats and UTIs—services that cannot be replicated by online providers due to delays and lack of physical assessment.

5.1.24 Online pharmacies are unsuitable for urgent, non-emergency care, particularly for families with children who frequently need immediate treatment. Many essential services—such as vaccinations, blood pressure checks, inhaler support, supervised consumption and emergency medication—also require in-person delivery.

5.1.25 Furthermore, Wallingford's growing population includes not just young, healthy residents but families, working adults, older people and vulnerable or digitally excluded groups, all of whom rely heavily on accessible, face-to-face pharmacy services for timely healthcare and support

5.1.26 The Oxfordshire PNA itself records concerns regarding service pressures, long waiting times, staffing shortages and increasing demand in growing communities such as Wallingford, with consultation responses specifically stating that the current pharmacy is already struggling to cope with existing demand before the full impact of ongoing housing growth is realised. Taken together, this demonstrates that online pharmacy provision cannot replace the need for accessible local community pharmacy services and that, as Wallingford's population continues to expand, demand for urgent face-to-face consultations, same-day treatment and support for vulnerable residents will continue to increase significantly.

5.1.27 Reliance on the previous refusal (SHA/26264) is misplaced. This application concerns a different site, at a different time, different representation including unsolicited remarks from a party not recognised as interested party; and must be assessed on its own merits in light of updated evidence and materially changed circumstances. Despite Boots' unreserved assurances at that refusal; access, capacity, and reliability issues persist.

5.1.28 The current single-provider model is inherently fragile. Evidence demonstrates recurring delays, queues, and service disruption. Any operational failure results in a complete loss of local access. Boots has not demonstrated any effective mitigation; its own acknowledgment of staffing pressures highlights systemic vulnerability.

5.1.29 In contrast, the proposed pharmacy delivers clear and immediate benefits, including increased capacity, improved accessibility, restored patient choice, and enhanced system resilience.

5.1.30 In summary, the appeal identifies no error, introduces no new evidence, and fails to rebut the established deficiencies in access, choice, and resilience. It is assertion-based and disconnected from patient reality.

5.1.31 The Committee's decision was robust, justified, and fully aligned with Regulation 18. The application clearly confers significant benefits not foreseen by the PNA.

5.1.32 We respectfully request that the appeal be dismissed.

5.1.33 We reserve the right to make further representations and to attend any oral hearing if required."

6 Observations

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

7 Consideration

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

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

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

7.4 The Committee noted reference to a previous appeal regarding an application in Wallingford [SHA/26264] which was determined in October 2024. That application was refused. However, the Committee noted each application must be considered on its own merits and proceeded on that basis.

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

Regulation 31

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

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

(2) This paragraph applies where -

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

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

(ii) adjacent premises; and

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

7.7 The Committee noted that the Applicant had not provided any information in the application form on this point but the Committee noted that the wording of the application form only required the Applicant to include information in the relevant section if the proposed premises were adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises. The Committee considered it reasonable to determine that the lack of information in the application form on this point when read with the wording of the application form allowed it to be reasonably satisfied that the Applicant considered that the proposed premises were not adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises. The Committee noted the Commissioner's decision *"The Committee was satisfied that there is no pharmacy providing pharmaceutical services within the area of the proposed premises. The application did not therefore need to be refused in accordance with Regulation 31."* No party had disputed this finding.

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

Regulation 18

7.9 The Committee noted that this was an application for "unforeseen benefits" and fell to be considered under the provisions of Regulation 18 which states:

"(1) If—

(a) NHS England receives a routine application and is required to determine whether it is satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB; and

(b) the improvements or better access that would be secured were or was not included in the relevant pharmaceutical needs assessment in accordance with paragraph 4 of Schedule 1,

in determining whether it is satisfied as mentioned in section 129(2A) of the 2006 Act (regulations as to pharmaceutical services), NHS England must have regard to the matters set out in paragraph (2).

(2) Those matters are—

(a) whether it is satisfied that granting the application would cause significant detriment to—

(i) proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB, or

(ii) the arrangements NHS England has in place for the provision of pharmaceutical services in that area;

(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also NHS England's duties under sections 13I and 13P of the 2006 Act (duty as to patient choice and duty as respects variation in provision of health services)),

(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also NHS England's duties under section 13G of the 2006 Act (duty as to reducing inequalities)), or

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also NHS England's duties under section 13K of the 2006 Act (duty to promote innovation)),

granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;

(c) whether it is satisfied that it would be desirable to consider, at the same time as the applicant's application, applications from other persons offering to secure the improvements or better access that the applicant is offering to secure;

(d) whether it is satisfied that another application offering to secure the improvements or better access has been submitted to it, and it would be desirable to consider, at the same time as the applicant's application, that other application;

(e) whether it is satisfied that an appeal relating to another application offering to secure the improvements or better access is pending, and it would be desirable to await the outcome of that appeal before considering the applicant's application;

(f) whether the application needs to be deferred or refused by virtue of any provision of Part 5 to 7.

(g) whether it is satisfied that the application presupposes that a gap in pharmaceutical services provision has been or is to be created—

(i) by the removal of chemist premises from a pharmaceutical list as a consequence of the grant of a consolidation application, and

(ii) since the last revision of the relevant HWB's pharmaceutical needs assessment other than by way of a supplementary statement.

(3) NHS England need only consider whether it is satisfied in accordance with paragraphs (2)(c) to (e) if it has reached at least a preliminary view (although this may change) that it is satisfied in accordance with paragraph (2)(b)."

7.10 The Committee considered that Regulation 18(1)(a) was satisfied in that it was required to determine whether it was satisfied that granting the application or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant Health and Wellbeing Board ("HWB").

7.11 The Committee went on to consider whether Regulation 18(1)(b) was satisfied, i.e. whether the improvements or better access that would be secured if the application was granted were or was included in the Pharmaceutical Needs Assessment ("the PNA") in accordance with paragraph 4 of Schedule 1 of the Regulations.

7.12 Paragraph 4 of Schedule 1 requires the PNA to include: "a *statement of the pharmaceutical services that the HWB had identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied (a)* ***would*** *if they were provided….secure improvements or better access, to pharmaceutical services… (b)* ***would*** *if in specified future circumstances they were provided…secure future improvements or better access to pharmaceutical services…"* (emphasis added).

7.13 The Committee considered the 2025-2028 PNA prepared by Oxfordshire Health and Wellbeing Board, conscious that the document provides an analysis of the situation as it was assessed at the date of publication. The Committee bears in mind that, under Regulation 6(2), the body responsible for the PNA must make a revised assessment as soon as reasonably practicable unless to do so appears to be a disproportionate response to those changes. Where it appears disproportionate, the responsible body may, but is not obliged to, issue a supplementary statement under Regulation 6(3) explaining changes to the availability of pharmaceutical services since the publication of its PNA. Such a statement then forms part of the PNA. A supplementary statement must not provide a new analysis of service provision. The Committee noted that the PNA was issued in October 2025 and that a supplementary statement had been issued in December 2025.

7.14 The Committee noted the PNA states the following in its Executive Summary:

"***Conclusions***

NHS pharmaceutical services are well distributed across Oxfordshire, serving all the main population centres. There is adequate access to a range of National Health Service (NHS) services commissioned from pharmaceutical service providers. As part of this assessment, no gaps have been identified in provision, either now or in the next three years, for pharmaceutical services deemed necessary by the Oxfordshire HWB."

7.15 The Committee also noted the PNA stated on page 113 that:

"no gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across South Oxfordshire."

7.16 The Supplementary Statement advised of the opening of a new pharmacy

"An application by Hamilton Portman Ltd was granted to open a pharmacy at 6 Gloucester Street, Oxford, OX1 2BN. The pharmacy opened on 13th October 2025 trading as Oxwell Pharmacy with the following total opening hours: Monday to Saturday 08:30-18:00; Sunday 10:00-16:00. to provide the following pharmaceutical services:"

7.17 The Committee noted in the Applicant's supporting statement that the population has increased in the area due to expansion of business parks and *"recent near completion of multiple major housing developments such as Highcroft (north, c.600 homes) and Wallingford Reach (east, c.300 homes)".*

7.18 The Committee noted that whilst there was reference to housing developments in the South Oxfordshire area, there was no specific reference to Wallingford with regard to housing developments in the PNA.

7.19 The Committee noted that the Applicant seeks to provide unforeseen benefits to the patients of Wallingford. The Committee noted that the improvements or better access that the Applicant was claiming would be secured by its application were not included in the relevant PNA in accordance with paragraph 4 of Schedule 1.

7.20 In order to be satisfied in accordance with Regulation 18(1), regard is to be had to those matters set out at 18(2). The Committee's consideration of the issues is set out below.

Regulation 18(2)(a)(i)

7.21 The Committee had regard to

"(a) whether it is satisfied that granting the application would cause significant detriment to—

(i) proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB"

7.22 The Committee noted the Commissioner's decision report states that *"The Committee was not aware of any plans that would be affected and concluded that granting the application would not have an adverse effect on any future plans. None of the submissions included any comment or evidence in regard to this matter. Therefore, the Committee concluded that granting the application would not cause significant detriment in this regard".* The Committee noted that there was no dispute on this matter from other parties.

7.23 On the basis of the information available, the Committee was not satisfied that, if the application were to be granted and the pharmacy to open, the ability of the Commissioner thereafter to plan for the provision of services would be affected in a significant way.

7.24 The Committee was therefore not satisfied that significant detriment to the proper planning of pharmaceutical services would result from a grant of the application.

Regulation 18(2)(a)(ii)

7.25 The Committee had regard to

"(a) whether it is satisfied that granting the application would cause significant detriment to— …

(ii) the arrangements NHS England has in place for the provision of pharmaceutical services in that area"

7.26 The Committee noted the Commissioner's decision report states that *"None of the submissions included any evidence on this question and the Committee found no proof to support the suggestion that if the application was to be granted, it would cause significant detriment to the arrangements in place for pharmaceutical services in the area."* The Committee noted that there was no dispute on this matter from other parties.

7.27 The Committee was therefore not satisfied that significant detriment to the arrangements currently in place for the provision of pharmaceutical services would result from a grant of the application.

7.28 In the absence of any significant detriment as described in Regulation 18(2)(a), the Committee was not obliged to refuse the application and went on to consider Regulation 18(2)(b).

Regulation 18(2)(b)

7.29 The Committee had regard to

"(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also NHS England's duties under sections 13I and

13P of the 2006 Act (duty as to patient choice and duty as respects variation in provision of health services)),

(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also NHS England's duties under section 13G of the 2006 Act (duty as to reducing inequalities)), or

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also NHS England's duties under section 13K of the 2006 Act (duty to promote innovation)),

granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published"

Regulation 18(2)(b)(i) to (iii)

7.30 The Committee had regard to the location of the existing pharmacies and GP surgeries, as shown on the map provided by the Commissioner which was not disputed by any party.

7.31 The Committee sought to understand the local environment and the population in the area on the material provided by parties.

7.32 The Committee noted the comments of the Commissioner in the decision report *"that the market town of Wallingford town is a contained town where residents daily needs are met by the services available in the town and they would not generally need to leave the area for their daily needs"* and further that "*Wallingford is a natural centre for the villages surrounding the town especially on market days. People from the surrounding area tend to come into the town rather than the other way around."* The Committee noted the Applicant's statement that *"Wallingford faces a clear and persistent access gap in pharmaceutical services due to its growing population, vulnerable demographics, limited transport links, and reliance on a single overstretched provider since the closure of Lloyds Pharmacy".*

7.33 The Applicant comments that the population of Wallingford has increased since the 2021 Census figure of 8,457, due in part to major housing developments such as "*Highcroft (north, c.600 homes) and Wallingford Reach (east, c.300 homes), together with numerous smaller infill projects".* Furthermore, the Applicant states that "*40% of the new housing stock is designated as affordable housing. Residents in affordable homes typically depend more heavily on local amenities, support networks, and public services to meet day-to-day needs, and are less likely to have the resources to travel elsewhere for essential services."* The Committee noted that Wallingford contained a community hospital, GP surgery, several care homes and six schools. The Committee was of the view that Wallingford was a sizeable community. Whilst the Applicant

had referenced deprivation, the Committee was of the view that this was limited.

7.34 The Committee noted the Commissioner's decision report referenced the *"proposed site is located to the north of Wallingford, close to an area of housing growth."* The Committee also noted the Commissioner's virtual site visit report undertaken on 10 March 2026 which stated *"A new housing development is currently being constructed in east Wallingford, 0.9 miles away/3 minutes' drive/ 20 minutes' walk away. Homes are in the size of 2,3,4, and 5 bedrooms. 480 homes are in the development, with 50 percent already built."*

7.35 The Committee noted that Boots on appeal state *"Housing growth has also been a consideration, and documented in the PNA, and no gap has been identified. The housing development is in a separate locality to the application site. New housing developments tend to attract younger couples and families who are mobile and often leave the area they live to travel to work or to access other amenities. This demographic is also more likely to access on-line pharmacies"* and that the Applicant responded with "*Assertions that newer residents are more mobile or reliant on online services are unsupported and irrelevant to vulnerable populations who depend on local provision*" and *"Boots' assumption regarding the demographic profile of new housing developments is materially inaccurate in this context. Planning policy, as set out in the South Oxfordshire Local Plan 2035, requires that up to 40% of housing on qualifying developments is delivered as affordable housing, including social and assisted housing, with provision also encompassing care and nursing accommodation*." The Committee was of the view that Boots' comments regarding new housing only being occupied by certain demographics and the use of on-line pharmacies were speculative. The Committee has already concluded that Wallingford housing developments were not specifically mentioned in the PNA.

7.36 The Committee was mindful that the application fell to be determined in accordance with the Regulations. It noted conflicting information about when Lloyds Pharmacy closed. The HWB stated that it closed in 2021, while the Applicant, the Mayor and Councillor referred to its closure in 2023. However, the closure of a pharmacy, and the presence of a single remaining pharmacy in Wallingford did not, of itself, require the application to be granted. The Applicant claimed there was no choice in Wallingford but the Committee was mindful that it is reasonable choice in the area of the HWB that it must have regard to. In order to consider the question of reasonable choice, the Committee went on to consider access to existing pharmacies.

7.37 The Committee considered access on foot and noted from the Commissioner's virtual site visit report, which had not been disputed, that the walk to Boots from the Applicant's proposed site is approximately 18 minutes. The report states that the walk *"appears to be flat and involves walking through housing estates, alleyways, and parks until reaching Wallingford High Street. The portions of the route travelling through the park and alleyways have limited lighting, which can prove difficult for pedestrians during darker hours. An alternative route following pavements travelling through residential areas in entirety can be followed instead, which adds an additional two minutes in walking time."* The Committee did not consider the distance to be prohibitive for those who were able and

willing to walk. The pharmacies in Benson and Cholsey were noted to be at least a 55 minute walk.

7.38 The Committee noted the Applicant's reference to ONS data that *"16% of Wallingford households report having no car, a far larger proportion — 42.8% — have just one vehicle. In many of these households, that single car is used by the main earner for commuting, meaning the rest of the household effectively has no access to a vehicle during typical pharmacy opening hours"*. The Committee noted the Applicant's proposed site has on street parking. Conversely, the Applicant's following comments are undisputed that *"Boots Pharmacy in Market Place is situated in a congested town-centre location where direct parking is restricted by double-yellow lines. The nearest car parks—Cattlemarket, Goldsmith's Lane and Thame Street—offer only limited paid parking and are all a noticeable walking distance from the pharmacy entrance. For elderly, or disabled, or people with mobility challenges, these conditions create a significant barrier to access."* The Committee also noted that Riverside Car Park is 0.4 miles from Boots.

7.39 The Committee noted the next nearest pharmacy to the Applicant is Benson Pharmacy, an estimated 1.5 miles away which is a 5 minute drive although the Applicant provided information that the existing Boots pharmacy is around 2.8 miles from Benson Pharmacy and around 2.5 miles away from the pharmacy in Cholsey. The Committee did not consider the journey times to be excessive but given the range of amenities in Wallingford, accepted the Applicant's comments that "*those pharmacies are situated in discreet villages which the residents of Wallingford would not visit on a day-to-day basis*".

7.40 The Commissioner's site visit report noted there is a bus stop 4 minutes walk away from Applicant's proposed site. The bus route travels between Didcot, Wallingford and Henley-on-Thames. The site visit report does not provide times or frequency of the bus service. The Committee noted the undisputed comments of the Applicant in their response to Boots' appeal that *"Accessibility constraints further reinforce this position. As per the site visit report, The nearest bus stop (towards town centre) is approximately 0.1 miles away on Wantage Road, with no shelter or seating, has limited service and appears primarily Mon-Fri for some routes and runs at approximately 90-minute intervals. For many patients, particularly the elderly, disabled, or those with young children, this presents a significant barrier. A return journey to existing provision could take up to 3.5 hours, rendering such arrangements impractical for routine or urgent care. This doesn't account for waiting times in queue at the Boots which could easily extent [sic] the trip from an additional hour to few hours. Notably, the bus service stops after 14:00 therefore 16% of Wallingford residents without car from this densely populated location would need to wait the following day for their urgent medication."* The Applicant's comments were undisputed.

7.41 Boots had indicated the availability of GP dispensing services and distance selling pharmacies as providing an alternative to existing pharmacies but provided no detail as to these. In any event, the Committee did not agree with this assertion given that only eligible patients could access dispensing services and that patients may prefer to access face to face services from their local pharmacy.

7.42 The Committee noted the volume of dispensing activity and the comments in the public survey reviews of Boots as shared by the Applicant which referred to long queues, poor service, late opening/early closing and the availability of items at the Boots pharmacy. The Committee was of the view that waiting times and general performance should not be the only reason that a new pharmacy is granted. It is the Commissioner's role to act on reports of negative service. The Committee considered that performance issues should not be a reason to completely discount the existence of a pharmacy when considering whether there is a reasonable choice, but that continued ongoing problems and complaints will affect an individuals decision to make the journey to that pharmacy.

7.43 However, the Committee noted a letter of support from the Town Council and the Mayor of Wallingford which states *"Wallingford Town Council recognises that access to pharmacy services in the town remains a pressing concern"* and that since the closure of Lloyds pharmacy, "*residents have experienced challenges with convenience, waiting times and suitable availability of services."* There was also a letter of support from the local councillor that states "*As a councillor, the need for a second pharmacy to safeguard and strengthen the supply of medicines is a frequent topic of emails and discussions in councillor surgeries. These residents agree that it is unacceptable to be told that residents of an expanding town should put up with constant failure to supply medicines to people obliged to wait in a lengthy and slow-moving queue sometimes for several days in a row, and that they should find themselves a pharmacy outside the town, which is the message of the appeal."*

7.44 With regard to the survey findings from a public survey, covering the period 21 December 2025 to 31 January 2026, jointly distributed by Wallingford Town Council and a local newspaper, there were 199 responses. The Applicant claims the majority *"indicate that difficulty accessing pharmacy services is a common experience for many respondents in Wallingford. A clear majority reported encountering access issues either often or on almost every visit, while a further substantial proportion reported difficulties occasionally. Only a very small minority indicated that they had never experienced difficulty."* The Committee noted the Applicant's comments that the survey findings show that *"More than half of respondents experienced at least one adverse outcome directly linked to difficulties accessing pharmacy services, a level incompatible with adequate capacity, accessibility, or resilience. The consequences are clinically significant: 35.2% reported delayed treatment, indicating failure to provide timely access to medicines and pharmacist support; 30.7% missed prescribed medication due to access difficulties, presenting clear risks to patient safety, medicines adherence, and continuity of care; and 12.1% experienced worsening symptoms or deterioration in their condition, confirming that these access issues are directly contributing to poorer health outcomes rather than mere inconvenience."* The Committee accepted there were some common themes from the patient comments.

7.45 The Committee also noted comments from Boots in response to the application that "*We are aware that our pharmacy has experienced some slight challenges in the past, but we can confirm that this has improved significantly over the last few months and vast improvements have been made. We have a new leader starting in the store and this will create a more settled environment for our*

patients. We have also experienced issues with Locum pharmacists in the past, as have many pharmacy contractors. This may have contributed to the occasional delay in the opening times. We are confident that there should be no further issues in this pharmacy and we are working closely with the store and have implemented changes to make sure the service to our customers is as it should be." The Committee considered that the statements lack specificity that these arrangements can meet the immediate needs of patients and a growing population.

7.46 Boots commented that they *"fail to see what has changed since the last application was previously refused."* In the Committee's view, the Applicant had provided recent and sufficient evidence of the difficulties currently being experienced by patients accessing pharmaceutical services in Wallingford. It is clear to the Committee that patients have chosen to provide their lived experience. The Committee were of the view that patients using the pharmacies outside of Wallingford is not through preference for those services but because of the difficulties accessing the services generally. One patient comment stated "*It is ridiculous that as much as Wallingford has grown that there is only one pharmacy to cater for residents. I have been in the pharmacy when there has been no pharmacist to check / sign off medication, it has opened late or closed early due to staff shortages. Sometimes they have even run out of medication and I've either had to wait for the next day or had to travel with my child to Didcot/Cholsey to try and get the prescription.* Another patient stated "*Wallingford desperately needs another pharmacy. I've waited for nearly an hour on numerous occasions for prescriptions which is why I went to Benson but this is completely out of my way."* In addition, there were several comments made to the HWB as part of the consultation on the 2025-228 PNA including "*My personal experience is that the sole Boots pharmacy in town cannot cope with demand. Prescriptions that are sent from Drs are not available to be collected within a week usually. When you go in to collect they have never been made up or checked so only then do the staff tell you an item is missing, needs ordering, so then you have to revisit another time. All whilst you need your medication to a deadline. It's heartbreaking to see the elderly waiting in queues there only to be told their vital medication is not ready and to come back another time…We are left having to cope with Boots abysmal service or drive to a village to use their pharmacy…"*

7.47 Based on the evidence before it, the Committee determined that, taking into account the size of the population, which will grow, the sizeable dispensing activity, the access difficulties evident and the focus on providing patients with an alternative to having to leave the town to access services, that the residents of Wallingford do not have reasonable choice of pharmaceutical services. The Committee was of the view that there is not reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB.

7.48 Therefore, the Committee was satisfied that, having regard to there not being a reasonable choice with regard to obtaining services, granting the application would confer significant benefits by way of physical access on persons.

7.49 In considering Regulation 18(2)(b)(ii) the Committee reminded itself that it was required to address itself to people who share a protected characteristic under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual

orientation) having access to services that meet specific needs for pharmaceutical services that, in the relevant area, are difficult for them to access.

7.50 The Committee noted the Applicant's claim that the population of Wallingford had 21.5% over 65s and the public survey reported 44.2% of respondents were aged 65 and over, 52.8% of respondents reported a long term health condition, 11.2% reported mobility difficulty or disability and 19.8% of respondents are a carer or parent of a dependent. The Committee considered that the information provided about the pharmaceutical services required by people with protected characteristics was limited. The Committee was mindful that access to pharmaceutical services—particularly essential services other than the dispensing of prescriptions—may be more challenging for people with protected characteristics related to dependants, age, and disability. While the Committee accepted that there will always be people in any locality who share protected characteristics, no information was provided to explain whether, or why, such individuals were currently experiencing difficulties in accessing services.

7.51 The Committee was therefore not satisfied that, having regard to the desirability of people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that are difficult for them to access, granting the application would confer significant benefits on persons.

7.52 In considering Regulation 18(2)(b)(iii) the Committee had regard to the desirability of innovative approaches to the delivery of pharmaceutical services. In doing so, the Committee would consider whether there was something more over and above the usual delivery of pharmaceutical services that might be expected from all pharmacies, some 'added value' on offer at the location.

7.53 The Committee noted that the application offered the following as innovation in service delivery:

7.53.1 *"Independent Prescribing (IP) Responsible Pharmacist — enabling immediate clinical interventions, amendment or initiation of prescriptions where appropriate, use of Serious Shortage Protocols (SSPs) and reducing demand on GP and 111 services.*

7.53.2 *Full range of NHS essential and advanced services — Community Pharmacist Consultation Service (CPCS), New Medicine Service (NMS), Hypertension case-finding, smoking cessation, vaccinations, contraception and other local public health services.*

7.53.3 *Dosette / MDS dispensing as a routine offering — addressing a material gap in local provision and improving adherence for patients with polypharmacy, cognitive impairment or dexterity issues.*

7.53.4 *Free or low-cost home-delivery service — removing a financial barrier faced by many patients under the current paid delivery model.*

7.53.5 *Digital integration — focus on EPS optimisation, SMS/phone alerts for prescription readiness, online ordering and proactive patient communications".*

7.54 The Committee notes the Applicant's proposal that these measures represent a package of services not currently delivered in full by a single existing provider, however the Committee were of the view that these services are commonly associated with pharmacy provision and not unique to the Applicant's proposal. They are characteristics of pharmacy provision generally rather than being an innovative approach to the delivery of pharmaceutical services.

7.55 Therefore, the Committee was not satisfied that, having regard to the desirability of there being innovative approaches taken with regard to the deliverability of pharmaceutical services, granting the application would confer significant benefits on persons.

Regulation 18(2)(b) generally

7.56 The Committee noted that the Applicant was proposing to open for 40 core hours consisting of 10am to 2pm and 3pm to 7pm Monday to Friday. There are supplementary hours on Saturday from 9am to noon. The Applicant has not claimed that Boots' opening hours were not sufficient and that the Applicant's own hours would confer significant benefits although there were some patient comments regarding opening hours. The Committee was of the view that there was limited information provided to support a finding that pharmaceutical services are not currently provided at such times as needed and therefore it was not satisfied that, having regard to the desirability of there being a reasonable choice with regard to obtaining services, granting the application would confer significant benefits (in relation to opening hours) on persons.

7.57 The Committee has considered whether there are any other factors that would confer significant benefits including on patients who share protected characteristics. The Committee had regard to the need to eliminate discrimination and advance equality of opportunity and foster good relations between these patients and those who do not share their protected characteristics.

7.58 The Committee noted the services which the Applicant intends to provide, as detailed at 1.2. The Committee noted that if the application was to be granted, and the pharmacy were to open, it will be the responsibility of the Commissioner, in line with Regulation 66, to ensure that the directed services mentioned in the application are provided.

7.59 The Committee was of the view that in accordance with Regulation 18(2)(b) the granting of this application would confer significant benefits on persons in the area of the HWB which were not foreseen when the PNA was published.

Other considerations

7.60 Having determined that Regulation 18(2)(b) had been satisfied, the Committee needed to have regard to Regulation 18(2)(c) to (e) and found that these were not applicable.

7.61 No deferral or refusal under Regulation 18(2)(f) was required in this case.

7.62 The Committee had regard to Regulation 18(2)(g) and found that this was not applicable

7.63 The Committee considered whether there were any further factors to be taken into account and concluded that there were not.

7.64 The Committee was satisfied that the information provided demonstrates that there is difficulty in accessing current pharmaceutical services such that a pharmacy at the proposed site would provide better access to pharmaceutical services.

7.65 The Committee had regard to Regulation 19(6) which states:

(6) If NHS England is satisfied as mentioned in regulation 18(2)(b), it may grant the application not withstanding that the improvements or better access were or was not included in the relevant pharmaceutical needs assessment.

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

7.66.1 confirm the Commissioner's decision;

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

7.66.3 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.

7.67 In the above circumstances the Committee determined that the decision of the Commissioner must be confirmed.

7.68 The Committee had regard to Regulation 50(1) which states:

Discontinuation of arrangements for the provision of pharmaceutical services by doctors

In circumstances where NHS England has arrangements (whether they were made under these Regulations or were made under or continued by virtue of the 2012 Regulations) with a dispensing doctor (D) to provide pharmaceutical services to a person (P), if…

D must terminate the provision of pharmaceutical services to P, subject to any postponement of the discontinuation by NHS England in accordance with paragraphs (2) to (6).

7.69 Regulation 50(3) states:

This paragraph applies where—

(a) NHS England grants a routine or excepted application, the result of which is the inclusion in a pharmaceutical list of pharmacy premises that are not already listed in relation to an NHS pharmacist; .

(b) the pharmacy premises to which that application relates are not distance selling premises but— .

(i) are in a controlled locality, or

(ii) are within 1.6 kilometres of a part of a controlled locality in which patients of a dispensing doctor reside and those patients are being provided with pharmaceutical services by that dispensing doctor; and

(c) granting the routine or excepted application, in the opinion of NHS England, results in a significant change to the arrangements that are in place for the provision of pharmaceutical services (including by a person on a dispensing doctor list) or local pharmaceutical services in any part of a controlled locality.

7.70 Pursuant to paragraph 9(4)(a) of Schedule 3 to the Regulations, the Committee may:

7.70.1 confirm the Commissioner's decision;

7.70.2 substitute for that decision, any decision that the Commissioner could have taken when it took that decision

7.70.3 quash the Commissioner's decision and remit the matter to the Commissioner for it to redetermine the decision, subject to such directions as the Secretary of State considers appropriate.

7.71 As referenced in the Commissioner's decision, there are 242 dispensing patients living within 1.6km radius of the proposed best estimate address. It was inclined that the service provided by the dispensing doctors to the affected patients should be discontinued, and that the discontinuation should be postponed in order to give the doctors reasonable notice of the discontinuation, as follows –

7.71.1 Wallingford Medical Practice- for a period of three (3) months – (223 patients)

7.71.2 Nettlebed Surgery- for a period of one (1) month – (7 patients)

7.71.3 Goring & Woodcote Medical Practice- for a period of one (1) month – (7 patients)

7.71.4 White Horse Medical Practice- for a period of one (1) month – (7 patients)

7.71.5 Eynsham Medical Group- for a period of one (1) month – (3 patients)

7.71.6 Tilehurst Village Surgery- for a period of one (1) month – (1 patient)

7.72 The Committee noted that none of the above practices had appealed against the decision. In light of this, the Committee confirmed the Commissioner's decision.

8 DECISION

8.1 The Pharmacy Appeals Committee ("Committee"), appointed by NHS Resolution, confirms the decision of the Commissioner.

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

8.3 The Committee has considered whether the granting of the application would cause significant detriment to proper planning in respect of the provision of pharmaceutical services in the area covered by the HWB, or the arrangements in place for the provision of pharmaceutical services in that area and is not satisfied that it would;

8.4 The Committee determined that the application should be granted on the following basis:

8.4.1 In considering whether the granting of the application would confer significant benefits, the Committee determined that –

8.4.1.1 there is not already a reasonable choice with regard to obtaining pharmaceutical services;

8.4.1.2 there is no evidence of people sharing a protected characteristic having difficulty in accessing pharmaceutical services; and

8.4.1.3 there is no evidence that innovative approaches would be taken with regard to the delivery of pharmaceutical services;

8.4.2 Having taken these matters into account, the Committee is satisfied that granting the application would confer significant benefits as outlined above that would secure improvements or better access to pharmaceutical services.

8.5 The discontinuation of GP dispensing as set out above at 7.71.1 to 7.71.6 is confirmed.

Case Manager
Primary Care Appeals