

Chapter 12A

Annex 1

Application Form

Application in respect of a consolidation onto an existing site

Application in respect of a consolidation onto an existing site in the area of:

..... (insert name of health and well-being board).

A consolidation application must be in relation to pharmacy premises that are located within the area of a single health and wellbeing board.

This is an application in respect of a consolidation onto an existing site and as such is an excepted application under regulation 26A(1) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the "**Regulations**").

Please complete this form as legibly as possible.

Applicants should note that information provided in this form may be disclosed where this application is required to be notified to other parties or in response to a request made under the Freedom of Information Act 2000. Applicants are referred to paragraph 21 of Schedule 2 of the Regulations which sets out NHS England's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

1 Information regarding the applicant

1.1 Full name and correspondence address of the applicant (i.e. the contractor who will continue to provide services)

1.2 Applicant's legal entity

I/we am/are applying as a:

(Please tick relevant box. Only one box may be selected. GPhC registration numbers only need to be provided for pharmacy applications.)

Sole trader **My GPhC registration number is**

Partnership

Please list each partner and their GPhC registration number:

Please continue on a separate sheet if necessary.

Corporate Body

Superintendent's name and GPhC registration number is	
--	--

I am/We are already included in the pharmaceutical list for the health and well-being board in whose area the premises listed in sections 2 and 2a below are located.

Yes No

1.3 Relevant fee

I/we include the relevant fee for this application.

2 Name of the current owner and address of listed premises site 1 (the continuing site)¹

--

I/we (the applicant) propose to carry on at site 1, the business in the course of which the above owner is providing pharmaceutical services at the above site.

These premises are currently in my/our possession* Yes No

* by rental, leasehold or freehold

2a Name of the current owner and address of listed premises site 2¹ * (the closing site)

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¹ This should be the name and address as it currently appears in the relevant pharmaceutical list.

Please continue on a separate sheet if necessary.

4.4 These details should include a floor plan showing the consultation area where you propose to offer the services, where relevant. Where a floor plan showing the consultation area cannot be provided please set out the reasons for this.

Floor plan showing consultation area

Please continue on a separate sheet if necessary.

4.5 Please give details of any premises facilities that are currently provided from both sites; and the services that you intend to provide from the consolidated site. Examples are listed but include others that are considered relevant.

Details of premises facilities relevant to the applications	Currently Provided at site 1 (Y/N)	Currently provided at site 2 (Y/N)	To be provided at Site 1 after consolidation (Y/N)
Access for wheelchair users			
Access without steps			
Toilet for wheelchair user			
Induction loop			
Signing service			
Translation service			
Parking			
Disabled car parking			
Other			

Please continue on a separate sheet if necessary.

5 Information in support of the application

5.1 Please confirm that you are/will be accredited to provide all the services included in section 4 to be provided from site 1 after consolidation where that accreditation is a prerequisite for the provision of the services. Yes No

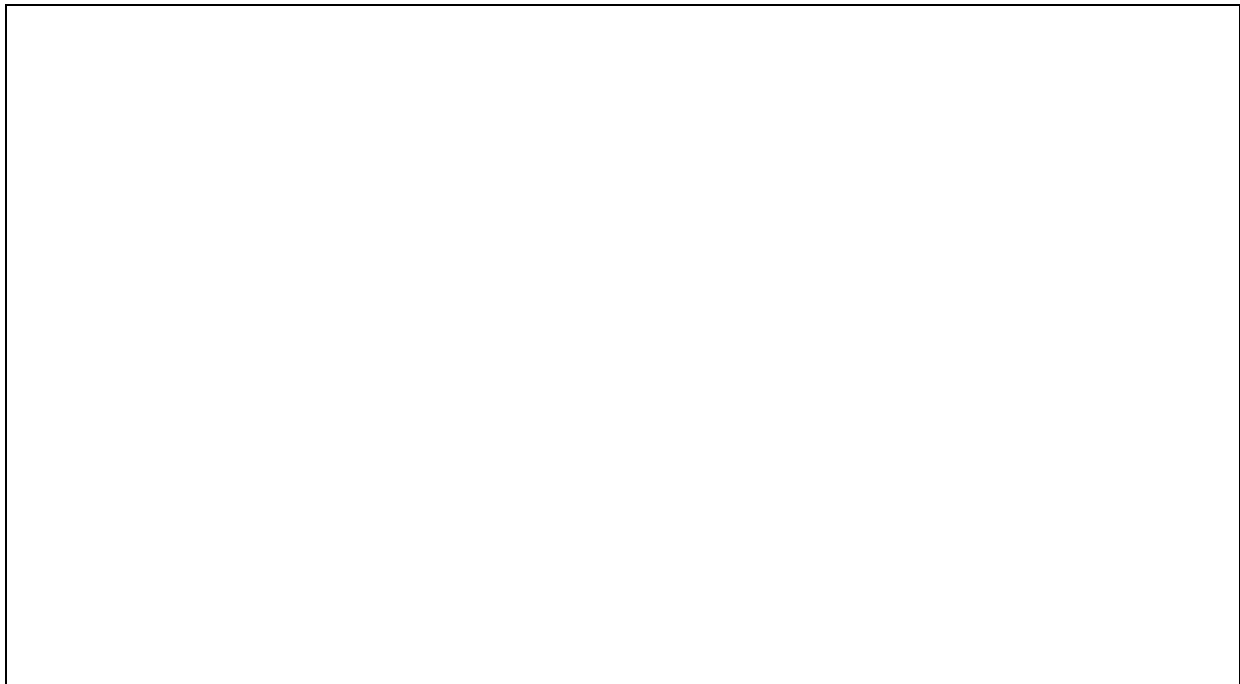
5.2 Please confirm that the premises are/will be accredited to provide all the services included in section 4 to be provided from site 1 after consolidation where that accreditation is a prerequisite for the provision of the services. Yes No

5.3 Will there be any interruption to service provision? Yes No

5.4 If the answer to question 5.1 or 5.2 is “no” or the answer to question 5.3 is “yes” please give full details in the box below:

Please continue on a separate sheet if necessary.

5.5 Please use the box below to explain why granting the application would not create a gap in pharmaceutical services provision that could be met by a routine application to meet a current or future need for pharmaceutical services, or to secure improvements or better access to pharmaceutical services. Applicants may wish to refer to the guidance on determining consolidation applications in Annex 19A of Chapter 12A of the Pharmacy Manual.



Please continue on a separate sheet if necessary.

6 Declaration to be signed by the current owner of site 1

I/we confirm that this application is being made with my/our full knowledge and consent.

If I/we am/are not the applicant I/we will withdraw from the pharmaceutical list in respect of the premises listed in section 2 (site 1) consequent upon the consolidation of the listed chemist premises onto site 1 and the applicant being included in the list at site 1.

Signature

Name

Position

Date

On behalf of the company/partnership

6a Declaration to be signed by the current owner of site 2 (only required where the current owner of site 2 is different to the current owner of site 1)

I/we confirm that this application is being made with my/our full knowledge and consent, and that I/we will withdraw from the pharmaceutical list in respect of the premises listed in section 2a (site 2) consequent upon the granting of this application.

I/We undertake to provide at site 1, consequent to this application, the same pharmaceutical services as those that the current owner of site 1 is providing.

Signature

Name

Position

Date

On behalf of the company/partnership

7 Undertakings

By virtue of submitting this application I/we undertake to provide pharmaceutical services at the premises listed at section 2 (site 1):

- that are already listed chemist premises,

I/We also undertake to notify the Commissioner within 7 days of any material changes to the information provided in this application (including any fitness information provided under paragraph 3 or 4, Schedule 2) before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake to notify the Commissioner if I/we am/are included, or apply to be included, in any other relevant list before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake:

- to comply with all the obligations that are to be my/our terms of service under Regulation 11 if the application is granted, and

- in particular to provide all the services and perform all the activities at the premises listed above that are required under the terms of service to be provided or performed as or in connection with essential services.

The following only applies where the applicant is seeking to provide directed services. I/We:

- undertake to provide the directed services mentioned in this application if they are commissioned within 3 years of the date of grant of this application or, if later, the listing of the premises to which this application relates,
- undertake, if the services are commissioned, to provide the services in accordance with an agreed service specification, and
- agree not to unreasonably withhold my/our agreement to the service specification for each directed service I/we are seeking to provide.

I confirm that to the best of my knowledge the information contained in my/our application is correct.

Signature

Name

Position

Date

On behalf of the company/partnership

Contact phone number in case of queries.....

Contact email number in case of queries

Registered office

Please send the completed form to:

[insert Commissioner's office details]



Chapter 12A

Annex 1A

Information to be included in all routine and excepted applications for inclusion in a pharmaceutical list

This form must accompany all routine and accepted applications for inclusion in a pharmaceutical list in accordance with Schedule 2 Paragraph 2
Please complete this form as legibly as possible

1.1 Sole Trader

If you are applying as a **sole trader**, complete the information in this section.

Name	
Sex	
Date of birth (dd/mm/yyyy)	
Private address and phone number	
Correspondence address (if different to above)	
Registration number in the GPhC register	

If you are already included in Part 3 of the GPhC register in respect of any other pharmacy premises, please list the premises registration number(s) below.

--

The declaration below must be signed for pharmacy applications.

I declare that I am a registered pharmacist.	
Name	
Signature	
Date	

1.2 Partnership

If you are applying as a **partnership**, complete the information in this section:

Partnership name	
Correspondence address	

Please provide the following information for each partner in the partnership. GPhC registration numbers and declarations only need to be provided for pharmacy applications.

Partner 1	
Name	
Sex	
Date of birth (dd/mm/yyyy)	
Private address and phone number	
Registration number in the GPhC register	
I declare that I am a registered pharmacist.	
Signature	
Date	

Partner 2	
Name	
Sex	
Date of birth (dd/mm/yyyy)	
Private address and phone number	
Registration number in the GPhC register	
I declare that I am a registered pharmacist.	
Signature	
Date	

Partner 3	
Name	
Sex	
Date of birth (dd/mm/yyyy)	
Private address and phone number	
Registration number in the GPhC register	
I declare that I am a registered pharmacist.	
Signature	
Date	

Partner 4	
Name	
Sex	
Date of birth (dd/mm/yyyy)	
Private address and phone number	
Registration number in the GPhC register	
I declare that I am a registered pharmacist.	
Signature	
Date	

Please attach a continuation sheet if necessary.

If the partnership is already included in Part 3 of the GPhC register in respect of any other pharmacy premises, please list the premises registration number(s) below.

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The declaration below must be signed for pharmacy applications.

I declare that this partnership is, or is entitled to be, lawfully conducting a retail pharmacy business in accordance with section 69 of the Medicines Act 1968 (general provisions).

Name

Signature

On behalf of (name of partnership)

Date

1.3 Corporate Body

If you are applying as a **corporate body**, complete the information in this section:

Full registered name of the corporate body	
Trading names (if any)	
Companies House company registration number	
Address of registered office	
Fixed line telephone number of registered office	

Please provide the following information for the superintendent (for pharmacy applications) and each director (for all applications). GPhC registration numbers only need to be provided for pharmacy applications.

Superintendent	
Full name	
GPhC registration number	
Date of birth	
Superintendent's private address	

Director 1

Full name	
Date of birth	
GPhC registration number (if applicable)	

Director 2	
Full name	
Date of birth	
GPhC registration number (if applicable)	

Director 3	
Full name	
Date of birth	
GPhC registration number (if applicable)	

Director 4	
Full name	
Date of birth	
GPhC registration number (if applicable)	

Please attach a continuation sheet if necessary.

If the body corporate is already included in Part 3 of the GPhC register in respect of any other pharmacy premises, please list the premises registration number(s) below.

--

The declaration below must be signed for pharmacy applications.

I declare that this body corporate is, or is entitled to be, lawfully conducting a retail pharmacy business in accordance with section 69 of the Medicines Act 1968 (general provisions).	
Name	
Signature	
On behalf of (name of body corporate)	
Date	

Chapter 12A

Annex 1B

Preliminary refusal - Dispensing Appliance premises or Distance Selling premises

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

I am writing to confirm receipt of the above application on [insert date].

The application has been refused as the premises listed in the application are [distance selling premises] [appliance contractor premises].

Regulation 26A(5)(b) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 states that a consolidation application must be refused if either premises are distance selling premises or appliance contractor premises.

Yours sincerely

[name]

[title]

Chapter 12A

Annex 2

Initial Consolidation Application Report

[insert name of decision-maker]

[insert date of meeting]

[insert agenda item number] - Application for consolidation onto an existing site application.

Name of applicant(s):	
Address of consolidating premises site 1	
Address of premises to close after consolidation site 2	
Services provided at site 2 that have been identified as not continuing at site 1 after the consolidation	

A copy of the application is attached.

[Only use if the application does not clearly include existing services as continuing after the consolidation]

Enhanced Services

Schedule 2 Paragraph 9 (2) Do you wish to seek undertaking from the applicant for the provision of directed services? The applicant has identified the enhanced services that it will provide from the pharmacy following consolidation. [insert the applicant's description] Are you satisfied that the applicant is providing the enhanced services NHS England would require in that HWB area after the consolidation?
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Report produced by

Name	
-------------	--

Position	
Date	

Chapter 12A

Annex 3

Acknowledgement of Receipt of Application

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

I am writing to confirm receipt of the above application on [insert date]. We are required to determine the application within 4 months, unless we have good cause to take longer. You will be kept informed of our progress but should you have any questions please do not hesitate to contact me.

[As part of your application you are required to provide the enhanced services provided by the current owner. Please find enclosed copies of the specifications for these services.]

Yours sincerely

[name]

[title]

[Enc]

Chapter 12A

Annex 4

Acknowledgment of Receipt of Application and Request for Further Information

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2] – missing information and/or documentation

I am writing to confirm receipt of the above application on [insert date]. The application has been checked against the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the following relevant [information and/or documentation] is missing:

- [insert the information and/or documentation that is missing]

I would be grateful if you could submit the above to me by [insert date].

If there will be a delay in providing the above [information and/or documentation] you are required by the regulations to notify me of this delay, the reasons for it and the date by which you will be able to provide it. We will then decide whether or not we are satisfied that there is good cause for the delay.

If we do not receive the requested [information and/or documentation] by [insert date] the application will be treated as withdrawn, unless you have sought a review of our request or unless we have agreed to a delay.

If you believe this request to be unreasonable and wish to seek a review please write to me by [insert date].

Should you have any questions on the contents of this letter please do not hesitate to contact me.

Yours sincerely

[name]

[title]

Chapter 12A

Annex 5

Notification of Outcome of Review and Request for Missing Information

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2] – missing information and/or documentation

I am writing to confirm the outcome of the review of our request to provide missing information and/or documentation dated [insert date].

We have determined that the following information and/or documentation must be provided:

- [insert the information and/or documentation that is missing]

I would be grateful if you could submit the above to me by [insert date].

If there will be a delay in providing the above [information and/or documentation] you are required to notify me of this delay, the reasons for it and the date by which you will be able to provide it. We will then decide whether or not we are satisfied that there is good cause for the delay.

If we do not receive the requested [information and/or documentation] by [insert date] the application will be treated as withdrawn, unless we have agreed to a delay.

Should you have any questions on the contents of this letter please do not hesitate to contact me.

Yours sincerely

[name]

[title]

Chapter 12A

Annex 6

Notification of Outcome of Review and Withdrawal of Request

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2] – missing information and/or documentation

I am writing to confirm the outcome of the review of our request to provide missing information and/or documentation dated [insert date].

We have determined that the following information and/or documentation need not be provided:

- [insert the information and/or documentation that was the subject of the original request]

The original request for this [information and/or documentation] is to be treated as withdrawn.

Should you have any questions on the contents of this letter please do not hesitate to contact me.

Yours sincerely

[name]

[title]

Chapter 12A

Annex 7

Acknowledgement of Receipt of Missing Information

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2] – missing information and/or documentation

Further to my letter of [insert date] I am writing to confirm receipt of the missing [information and/or documentation].

We will begin to process the application and you will be notified of the decision within 4 months.

[As part of your application you are required to provide the enhanced services provided by the current pharmacies]

Should you have any questions on the progress of the application please do not hesitate to contact me.

Yours sincerely

[name]

[title]

[Enc]

Chapter 12A

Annex 8

Confirmation of Non-receipt of Missing Information and Withdrawal of Application

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2] – missing information and/or documentation

Further to my letter of [insert date] I am writing to confirm that the missing [information and/or documentation] has not been received. The application is therefore being treated as withdrawn.

Yours sincerely

[name]

[title]

Chapter 12A

Annex 9

Acknowledgement of Receipt of Application and Request for Missing Undertakings

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2] – missing undertakings

I am writing to confirm receipt of the above application on [insert date]. The application has been checked against the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the undertakings required by paragraph 9, Schedule 2 of the regulations are missing.

I would be grateful if you could submit the undertakings to me by [insert date].

If we do not receive the requested undertakings by [insert date], then the application will be treated as withdrawn.

Should you have any questions on the contents of this letter please do not hesitate to contact me.

Yours sincerely

[name]

[title]

Chapter 12A

Annex 9A

Acknowledgement of Receipt of Application and Request for Undertakings regarding Enhanced Services

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2] – undertakings regarding enhanced services

I am writing to confirm receipt of the above application on [insert date] which has been checked against the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

We hereby notify you under paragraph 9(2) of Schedule 2 of the Regulations that, if the application is granted, then NHS England intends to commission from you the following enhanced services which are currently provided at or from the closing premises, which you have not listed on your application form:

- [insert]
- [insert]

Relevant service specifications are enclosed.

Therefore you are required to give an undertaking that you will provide that/those enhanced services if commissioned. Please sign the enclosed sheet setting out the undertaking in full and return it to me by [insert date].

If we do not receive the requested undertakings by [insert date], then the application will be treated as withdrawn.

Should you have any questions on the contents of this letter please do not hesitate to contact me.

Yours sincerely

[name]

[title]

Name of applicant:

Continuing premises:

Closing premises:

I/We acknowledge notice from NHS England under paragraph 9(2) of Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 that, if the application is granted, NHS England intends to commission from me/us the following enhanced services which are currently provided at or from the closing premises, which were not listed on the application form:

- [insert]
- [insert]

I/We:

- undertake to provide the enhanced services mentioned above if they are commissioned within 3 years of the date of grant of this application or, if later, the listing of the premises to which this application relates,
- undertake, if the services are commissioned, to provide the services in accordance with an agreed service specification, and
- agree not to unreasonably withhold my/our agreement to the service specification for each enhanced service.

Signature

Name

Position

Date

On behalf of the company/partnership

Registered office

Chapter 12A

Annex 10

Acknowledgement of Receipt of Missing Undertakings

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2] – missing undertakings

Further to my letter of [insert date] I am writing to confirm receipt of the missing undertakings.

We will now begin to process the application and you will be notified of the decision within 4 months, unless we have good cause to take longer.

[As part of your application you are required to provide the enhanced services provided by the current pharmacies.]

Should you have any questions on the progress of the application please do not hesitate to contact me.

Yours sincerely

[name]

[title]

[Enc]

Chapter 12A

Annex 11

Confirmation of Non-receipt of Missing Undertakings and Notification of Application Withdrawn

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2] – missing undertakings

Further to my letter of [insert date] I am writing to confirm that the missing undertakings have not been received. The application is therefore being treated as withdrawn.

Yours sincerely

[name]

[title]

Chapter 12A

Annex 12

Identifying Interested Parties: Notifiable Applications

Introduction

1. Determining the parties who must be notified of applications pursuant to paragraph 19 of Schedule 2 to the Regulations is the responsibility of the relevant decision-maker set out in Chapter 3.
2. The following paragraphs will help the decision-maker to identify parties to be notified – more particularly, those who would be significantly affected by the grant of the application / who might have a significant interest in the outcome of the application.
3. The following paragraphs will not cover every potential scenario and therefore ultimate responsibility to determine who is to be notified of an application rests with the decision-maker.
4. Where the decision-maker is reasonably satisfied that the distances shown in the paragraphs below will include persons who would not be significantly affected or who would not have a significant interest, the distances can be reduced to an appropriate level.

Contractors included in a pharmaceutical list (paragraph 19(1)(c)(i))

5. Contractors included in one of the pharmaceutical lists should be considered to be significantly affected by the grant of the application (and notified of it) where:
 - 5.1 where the continuing and the closing premises do not lie in a controlled locality, the contractor's premises are within 2km in a direct line from the continuing and/or the closing premises, or
 - 5.2 where the continuing and the closing premises lie in a controlled locality, the contractor's premises are located within 8km in a direct line from the continuing and/or the closing premises.

Persons entitled to be included in a pharmaceutical list (paragraph 19(1)(c)(ii))

6. Persons whose applications for inclusion have been granted (but who are yet to be included) should be considered to be significantly affected by the grant of the application (and notified of it) if:
 - 6.1 where the continuing and the closing premises do not lie in a controlled locality, the person's proposed premises are located within 2km in a direct line from the continuing and/or the closing premises, or
 - 6.2 where the continuing and the closing premises lie in a controlled locality, the person's proposed premises are located within 8km in a direct line from the continuing and/or the closing premises.

Local pharmaceutical services (LPS) contractors (paragraph 19(1)(d))

7. LPS contractors should be considered to be significantly affected by the grant of the application (and notified of it) if:

- 7.1 where the continuing and the closing premises do not lie in a controlled locality, the LPS contractor's premises are located within 2km in a direct line from the continuing and/or the closing premises, or

- 7.2 where the continuing and the closing premises lie in a controlled locality, the LPS contractor's premises are located within 8km in a direct line from the continuing and/or the closing premises.

Patient, consumer or community groups in the HWB area (paragraph 19(1)(e))

8. The following groups should be considered to have a significant interest in the outcome of the application and be notified:

- 8.1 where the continuing and/or the closing premises are in a controlled locality, the relevant Parish Council;

- 8.2 where the application offers to provide unforeseen benefits for a specific patient group, any group that is representative of that group of patients.

GP practices (paragraph 19(1)(f)(i))

9. Dispensing practices that have dispensing patients within 1.6km of the continuing and/or the closing premises should be considered to have a significant interest in the outcome of the application and should be notified of it.

GP performers included in the dispensing doctor list (paragraph 19(1)(f)(ii))

10. GP performers included in the dispensing doctors list that have dispensing patients within 1.6km of the continuing and/or the closing premises should be considered to have a significant interest in the outcome of the application and should be notified of it (if the practice has not already been notified under paragraph 19(1)(f)(i)).

Health and wellbeing board (HWB) (paragraph 19(1)(h))

11. It should be noted that the Regulations require the relevant HWB to make representations in writing about the application which must indicate (in addition to any other matters about which they may wish to make representations) whether, if the application is granted, in the opinion of the HWB the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services provision that could be met by a routine application to meet a current or future need for pharmaceutical services or to secure improvements or better access to pharmaceutical services.

Chapter 12A

Annex 13

Notification of Application to Interested Parties

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

We have received the above application, a copy of which is enclosed, and have completed our preliminary checks. We are now notifying interested parties of the application.

If you wish to make written representations on this application they should be sent to me at the above address within 45 days of the date of this letter i.e. by [insert date]. You should note that any comments submitted will be shared with other interested parties and the applicant, and may be shared under the Freedom of Information Act as requested.

We will consider all representations that are received and will arrange an oral hearing to determine the application if we identify a matter on which we wish to hear further evidence.

Yours sincerely

[name]

[title]

Enc

Chapter 12A

Annex 13A

Notification of Application to Health & Wellbeing Board

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

We have received the above application, a copy of which is enclosed, and have completed our preliminary checks. We are now notifying interested parties of the application.

Schedule 2, paragraph 19(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) requires the Health and Wellbeing Board to make representations on consolidation applications to NHS England.

Those representations must (in addition to any other matter about which the Health and Wellbeing Board wishes to make representations) indicate whether, if the application were granted, in the opinion of the Health and Wellbeing Board the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services.

The Health and Wellbeing Board's representations should be sent to me at the above address within 45 days of the date of this letter i.e. by [insert date]. You should note that any comments submitted will be shared with other interested parties and the applicant, and may be shared under the Freedom of Information Act as requested.

We will consider all representations that are received and will arrange an oral hearing to determine the application if we identify a matter on which we wish to hear further evidence.

Yours sincerely

[name]

[title]

Enc

Chapter 12A

Annex 13B

Second Notification of Application to Health & Wellbeing Board

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

We wrote to you on [insert date of first notification to HWB] requesting that you provide us with representations on the above enclosed application. We note that we have not yet received representations from you. This letter is to remind you that the deadline for providing representations is [insert date of deadline as set out in previous letter]. Please ensure your representations are sent to me at the above address by this date.

We previously highlighted that Schedule 2, paragraph 19(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) requires the Health and Wellbeing Board to make representations to us.

We also indicated that your representations must (in addition to any other matter about which the Health and Wellbeing Board wishes to make representations) indicate whether, if the application were granted, in the opinion of the Health and Wellbeing Board the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services.

As set out in my previous letter, you should note that any comments submitted will be shared with other interested parties and the applicant, and may be shared under the Freedom of Information Act as requested.

We will consider all representations that are received and will arrange an oral hearing to determine the application if we identify a matter on which we wish to hear further evidence.

Yours sincerely

[name]

[title]

Enc

Chapter 12A

Annex 13C

Third Notification of Application to Health & Wellbeing Board

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

I refer to my previous letters dates [insert date of first letter] and [insert date of second letter] requesting that you provide me with the representations of the Health and Wellbeing Board on the above enclosed application.

The deadline for sending me the representations was [insert old deadline as set out in previous letters] but I have not received any representations from you.

I would remind you that it is your statutory duty to provide representations.

You must, within 10 days of the date of this letter, by [insert date 10 days from date of this letter], provide to me at the above address, representations of the Health and Wellbeing Board on the application that at the very minimum indicate whether, if the application were granted, in the opinion of the Health and Wellbeing Board the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services.

Yours sincerely

[name]

[title]

Enc

Chapter 12A

Annex 13D

Final Notification of Application to Health & Wellbeing Board

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

I refer to my previous letters dates [insert date of first letter], [insert date of second letter] and [insert date of third letter] (enclosed).

On three previous occasions, I have requested that you provide me with the representations of the Health and Wellbeing Board on the above enclosed application.

Despite my previous requests and having two months in which to respond, you have failed to provide me with representations.

Your failure to provide representations means you are in breach of your statutory duty and are now at risk of legal challenge.

I must now inform you that if I do not receive your representations within the next 7 days, by [insert new deadline], we will cease any further contact with you on this matter and proceed to determine the application without regard to the position of the Health and Wellbeing Board.

Yours sincerely

[name]

[title]

Enc

[include with this letter copies of the three previous letters and a copy of the application]

Chapter 12A

Annex 13E

Clarification to Health & Wellbeing Board

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

I refer to your letter dated [insert date] which provided the Health and Wellbeing Board's representations on the above enclosed application.

We have reviewed your representations and consider that you have not addressed the point on which you are required by statute to address and which we set out in our letter of [insert date], namely:

"whether, if the application were granted, in the opinion of the Health and Wellbeing Board the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services."

I would be grateful if you could send to me at the address above your representations on this point within the next 10 days, by [insert date 10 days from the date of this letter].

We will consider all representations that we receive from you.

Yours sincerely

[name]

[title]

Enc

Chapter 12A
Annex 14
Request for Payment

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

I am writing to advise that your payment for the above application has not cleared. Please could you therefore arrange for payment to be made by [*insert date giving 5 working days*].

Until your payment has cleared we will not be in a position to determine your application. Should your subsequent payment not clear then your application will be treated as withdrawn.

Yours sincerely

[name]

[title]

Chapter 12A

Annex 15

Notification that Payment has not Cleared and Application is withdrawn

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

Further to my letter of [insert date], I am writing to advise that payment for the above application has not cleared. Your application is therefore being treated as withdrawn.

Yours sincerely

[name]

[title]

Chapter 12A

Annex 16

Circulation of Comments on Application

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

Further to my letter of [insert date], please find enclosed copies of the written representations that we have received regarding the above application.

If you wish to make any comments on these representations they should be sent to me at the above address within 14 days of the date of this letter i.e. by [insert date].

Yours sincerely

[name]

[title]

Enc

Chapter 12A

Annex 16A

Circulation of comments on application from HWB (following late receipt)

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

Further to my letter of [insert date], please find enclosed copies of the written representations of the Health and Wellbeing Board (HWB) that we have received regarding the above application.

[If the original 14 day timescale has not expired then include: "Due to the late receipt of the HWB representations, if you wish to make any comments on any of these representations, including the HWB's representations, we have extended the timescale for comments. Any comments should now be sent to me at the above address within 14 days of the date of this letter i.e. by [insert date]."]

[If the original 14 day timescale has passed then include: "If you wish to make any comments on these representations, they should be sent to me at the above address within 14 days of the date of this letter i.e. by [insert date]."]

Yours sincerely

[name]

[title]

Chapter 12A

Annex 16B

Oral Hearings

The following is an extract from paragraphs 63 to 67 of Chapter 13 of the DH Guidance (with references to the provisions of the Regulations removed).

1. Oral hearings are not required to be held for every application decision and NHS England should make a judgement on when it is necessary to do so. This is likely to be based on the complexity of the application, previous applications in the area and any appeals, particularly upheld appeals, to the FHSAU regarding those applications, and the number and type of representations made in respect of the application from those notified of it.
2. If NHS England decides to hear oral representations prior to determining an excepted application it must:
 - 2.1 give the applicant and any additional presenters not less than 14 days' notice of the time and place for the oral hearing; and
 - 2.2 advise the applicant who else has been invited to make representations at the hearing. This may include other applicants where NHS England has decided to determine two or more applications together.
3. The Regulations define a person as an additional presenter if:
 - 3.1 the application to which the hearing applies is an excepted application for a change of ownership and relocation;
 - 3.2 they were given notice of the application and made representations. As part of the representations, the person must have indicated that they would wish to make oral representations if an oral hearing took place, and they must have identified a matter about which NHS England considers it would be desirable to hear further evidence about from the person at the oral hearing; and
 - 3.3 NHS England is satisfied that the person made a reasonable attempt to express their views on the application in their written representation.
4. Written representations must therefore take a view on whether the application should be refused or granted, and the reasoning for that view. It is for NHS England to then decide whether they wish to hear further evidence on those reasons at the oral hearing. It should be noted that simply saying that you would wish to attend an oral hearing without giving a view on the application is not sufficient. If a person notified of an application does not state in their written representations that they would wish to make oral representations, NHS England is not required to invite them to an oral hearing if it decides to hold one.
5. If NHS England decides at or after the oral hearing that an application is to be deferred, it may hold a further oral hearing once the period of deferral has expired if it so wishes. This is a matter for NHS England to make a decision on and it is not obliged to hold a further hearing.

Chapter 12A

Annex 17

Notification of Oral Hearing - Applicant

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

We have decided to hear oral representations on your application.

The oral hearing will be held at [insert time] on [insert date] at [insert address] and the following persons have been invited as additional presenters:

- [insert names]

I would be grateful if you could confirm whether you will be attending by [insert date].

Yours sincerely

[name]

[title]

Chapter 12A

Annex 18

Notification of Oral Hearing – Additional Presenters

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

We have decided to hear oral representations on the above application. Having considered the written representations you have submitted the [insert name of committee] would like to hear further evidence from you.

The oral hearing will be held at [insert time] on [insert date] at [insert address].

I would be grateful if you could confirm whether you will be attending by [insert date].

Yours sincerely

[name]

[title]

Chapter 12A

Annex 19

Report

Application for inclusion in a pharmaceutical list: Consolidation onto an existing site

Name of applicant		
Address of consolidating premises		
Relevant regulations and guidance	<p>Regulation 26A – consolidation onto an existing site.</p> <p>[Regulation 65 – core opening hours conditions]</p> <p>[Regulation 66 – conditions relating to providing directed services⁵.]</p> <p>Regulation 67 Conditions relating to voluntary closure of premises Opening hours schedule</p>	
Additional information		
[
Work through Regulation 26A addressing each criterion, adding comments and arriving at an outcome on each]		[insert outcome]
<ul style="list-style-type: none"> • Would granting the application create a gap in pharmaceutical services that could be met by a current or future needs, or improvements or better access, application? • Will there be an interruption in service provision and if so has the applicant given reasons for this? 		
[Has the impact of the decision on those with protected characteristics under the Equalities Act 2010 been considered?		[insert outcome]
Is this in accordance with NHS England's Public Sector Equality Duty]		
Has the impact of the decision on NHS England's duty on health inequality been considered?		

⁵ To be considered if the applicant is undertaking to provide directed services.

Have other statutory duties of NHS England been considered in making the decision?]	
---	--

Recommendation ⁶	
-----------------------------	--

Enclosures	Application	Annex A
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Report produced by

Name

Position

Date

⁶ If recommendations are not made to the decision-maker this section should be deleted.

Chapter 12A

Annex 19A

Guidance on the Determination of Consolidation Applications

Introduction

This Annex sets out guidance on determining consolidation applications.

Preliminary Matters

In accordance with the procedure set out in Chapter 12A of the Pharmacy Manual, a number of initial matters will already have been decided. This approach is intended to filter out applications that do not comply with the requirements for a consolidation application (as set out in Regulation 26A of the NHS (Pharmaceutical Services and Local Pharmaceutical Services Regulations) 2013 (the "Regulations").

The preliminary decisions include:

- rejecting the application where the application relates to distance selling premises or appliance contractor premises;
- rejecting the application where the application relates to premises that are in more than one single Health and Wellbeing Board; and
- whether NHS England intends to commission enhanced services.

Consideration of Consolidation Application

A number of Q&As and comments are set out below that relate to the issues that are likely to be relevant when considering consolidation application.

1. Who can make a consolidation application?

A consolidation application may be made by

- a person who is listed in the pharmaceutical list in relation to both the continuing premises and the closing premises - as set out in Regulation 26A(3)(a);
- a person who is listed in the pharmaceutical list in relation to the continuing premises and seeks a change of ownership of the closing premises - as set out in Regulation 26A(3)(b); and
- a person who is listed in the pharmaceutical list in relation to the closing premises and seeks a change of ownership of the continuing premises - as set out in Regulation 26A(4).

The decision maker should be aware of which application type applies to ensure that correct regulatory test is applied. Refer to section 4 below (Refusing a consolidation application) for more information.

2. Is fitness to practice relevant?

As set out in section 1 above, a consolidation application must be made by a person who is either already listed in the pharmaceutical list in relation to the continuing premises or the closing premises (or both). Regardless of who is making the application, the applicant will already be included on the relevant pharmaceutical list and will not need to provide fitness to practice information.

3. Representations from relevant parties

The application will have been circulated to relevant parties including the relevant Health and Wellbeing Board (the "HWB"). A consolidation application differs from other types of pharmacy applications in that the HWB is required to provide representations that, at a minimum cover, a specific point - whether, if the application were granted, in the opinion of the HWB the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by routine application: (a) to meet a current or future need for pharmaceutical services; or (b) to secure improvements, or better access, to pharmaceutical services. Regardless of whether the HWB makes other comments on the application, the HWB must provide a view on this.

The procedure set out in Chapter 12A of the Pharmacy Manual contains template letters to the HWB making clear that the HWB provides this information.

The Regulations do not set out the consequence of the HWB not providing this information; NHS England has no legal power to force the HWB to provide the required information. NHS England has considered whether it is able to determine the application where a HWB does not provide the information despite multiple requests.

NHS England considers that if the HWB does not provide the required information after the 45 day deadline has passed and after NHS England makes further multiple requests, NHS England will proceed to determine the application on the information before it. NHS England considers it would be unfair on an applicant, who may well have submitted a consolidation application for pressing financial reasons, to delay determination of the application any further.

4. Refusing a consolidation application

Regulations 26A(5) to (7) set out matters which NHS England must consider in order to determine whether or not it must refuse the application.

Regulations 26A(6) and (7) are dependent on who has made the application and only the relevant provision should be applied to the relevant application.

- Regulation 26A(6) applies where either of the first two bullet points in section 1 above apply; and
- Regulation 26A(7) applies where the first third bullet point in section 1 above applies.

Regulation 26A(5) applies to all applications and should be considered first. If the application is not refused by virtue of Regulation 26A(5) then Regulation 26A(6) or (7) should be considered.

5. Regulation 26A(5)

Regulation 26A(5) sets out that a consolidation application must be refused if:

- either of the premises are distance selling premises or appliance contractor premises; or
- NHS England is satisfied that granting the application would create a gap in pharmaceutical services provision that could be met by a routine application:
 - to meet a current or future need for pharmaceutical services; or
 - to secure improvements, or better access, to pharmaceutical services.

Distance selling premises or appliance contractor premises

The first criterion for refusal should have been determined as a preliminary matter. Nevertheless, the decision maker should ensure that this has not been missed and that the application is not required to be refused for this reason.

Creating a gap in provision

NHS England considers that it is reasonable to infer that the reference to "gap in pharmaceutical services provision" in the second criterion for refusal is to be interpreted in a similar way to the references to gaps in provision as set out in paragraphs 2 and 4 of Schedule 1 of the Regulations.

In other words, if granting a consolidation application results in the creation of a need for pharmaceutical services or a situation where if pharmaceutical services were provided they would secure improvements or better access to pharmaceutical services, then there would be a gap in service provision.

The second criterion for refusal is the issue on which the HWB is required to give a view. The decision maker should note that Regulation 26A(5) requires NHS England to refuse the application if it (NHS England) is satisfied that a gap would be created that could be met by a routine application.

Where the HWB has provided its view, the decision maker should not simply take the HWB's view and adopt it without first putting its mind to the matter. NHS England is likely to have received comments on this issue from the applicant and interested parties other than the HWB. The decision maker must consider all representations before it when considering this issue.

There will likely be a large number of factors that need to be taken into account when considering whether granting an application will create a gap that can be met by a routine application. The factors are likely to be similar to the factors taken into account by the HWBs in assessing whether there are gaps for the purposes of the Pharmaceutical Needs Assessments.

Factors that may be relevant include (but are not limited to) whether the opening hours offered at the continuing premises are sufficient to ensure that the consolidation does not leave a gap in service provision or whether the applicant is undertaking to provide the same pharmaceutical services in the continuing premises as were provided in the closing premises or the continuing premises previously.

A further factor that may be relevant is the extent to which the closing premises leads to a loss of facilities, e.g. access for wheelchairs, disabled parking, etc. If a party argues that the

consolidation would lead to a loss of facilities, then the decision maker will likely need to consider points including but not limited to:

- the extent to which there is evidence that such loss of facilities would occur;
- the extent that other pharmacies in the area provide such facilities and the geographical spread of those pharmacies;
- the effect of the loss of facilities on persons accessing pharmaceutical services in the area; and
- whether such a loss amounts to a gap in service provision.

Ultimately, the decision maker will need to consider the extent to which representations are supported by evidence. NHS England may determine that less weight is attributed to representations not supported by evidence.

6. Statutory duties of NHS England

There are a number of statutory duties which NHS England must take into account when considering a consolidation application. These duties are set out in legislation and it is important that the decision maker is familiar with all of these duties.

Decision makers are referred to Chapter 21 which sets out a comprehensive explanation of the duties and how to comply with them.

7. When should applications be heard together?

Where NHS England is presented with more than one consolidation application for a specific area, it may consider that it is reasonable to hear the applications together.

Regulation 26A(8) provides that if applications are being considered together, as regards the issue of gap in provision, each application may be refused on the basis of the cumulative effect on provision of all the applications being considered together.

The Regulations do not set out when in the application process a decision should be made to hear applications together. If applications are not received together, hearing applications together could lead to a delay in the determination of the first application (given the need to notify parties of the second application) and detrimentally affect the first application if the applications are refused on the basis of the cumulative effect.

NHS England considers that it is reasonable and fair to adopt a cut off time after which a received application will not usually be considered together with a previously received application. If a second application is received after 30 days of the date that the first application was notified to interested parties, then NHS England will usually consider that it is not appropriate to hear the application together. There may be exceptional reasons why this approach is not complied with and it is for each decision maker to consider whether any exceptional factors apply.

Chapter 12A

Annex 20

Third Party Rights of Appeal

1. THIRD PARTY RIGHTS OF APPEAL

- 1.1 Those who have third party rights of appeal (in respect of routine or excepted applications which are granted) are set out in paragraphs 30(2) and (3) of Schedule 2 to the 2013 Regulations.
- 1.2 Persons in any of the following categories should not be considered to satisfy paragraph 30(3)(c) or regulation 63(3)(c) and they should not therefore be notified that they have a third party right of appeal:
 - 1.2.1 A notified person who responds with these or similar words: “Thank you for notifying us of this application. We have no specific comments to make at this time but reserve the right to comment later.”
 - 1.2.2 A notified person who does not explicitly state that they oppose the application.
 - 1.2.3 A notified person who gives no grounds for opposing the application.
- 1.3 The decision-maker must fully document the reasons for giving (or not giving) third party rights of appeal to a particular party.

Chapter 12A

Annex 21

Application Granted - Applicant

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

We have considered the above application and I am writing to confirm that it has been granted.

[insert full reasoning for decision]

[If applicable, insert the following:]

[By virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 you must:

- Continue to provide the following directed service[s], and

Enclosed is a form confirming acceptance of this. It should be signed by an authorised person to confirm that you accept this which is imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, and returned to me.]

[Also] enclosed is a template of the notice of consolidation which you are required to submit to us. Please note this may not be submitted until the end of the 30 day appeal at the earliest.

Yours sincerely

[name]

[title]

Enc

Name of applicant:

Consolidation onto an existing site application for [insert name of pharmacy] from [insert address]

I agree to the continuing condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as set out in your letter dated

Signature

Name

Position

Date

On behalf of the company/partnership

Registered office

Notice of consolidation

Entries marked with an asterisk (*) are to be filled in by the Commissioner

Name of applicant*

Trading name if different

Address of the premises at which pharmaceutical services are no longer to be provided (the closing premises)*

Pharmaceutical services will cease to be provided at the closing premises on

..... (*insert date*)

Address of the premises at which pharmaceutical services are to continue to be provided (the continuing premises)*

Telephone number

Fax number

Email

Website

Premises registration number with the General Pharmaceutical Council

Name of superintendent pharmacist
(pharmacy bodies corporate only)

Services to be provided from the premises*

Date of grant of application by the Commissioner or on appeal*

The consolidation of services onto the site of the continuing premises will take effect within the next 14 days, ie on: (*insert date*)

I confirm that reasonable steps have been taken to advise any patients who have nominated the contractor listed in relation to the closing premises as their nominated dispensing contractor that their nomination will transfer to the contractor listed in relation to the continuing premises, if the Electronic Prescription Service is available through those premises, unless they change their nomination.

Signature

Name

Position

Date

On behalf of the company/partnership

Contact phone number in case of queries.....

Contact email number in case of queries

Registered office

The following must be completed if the applicant applied for a change of ownership of pharmacy premises when making a consolidation application.

I hereby give notice that I intend to cease provision of pharmaceutical services. I am/represent the person on the pharmaceutical list in relation to the closing/continuing* premises.

Signature

Name

Position

Date

On behalf of the company/partnership

* delete as necessary

The information provided below will be added to the premises entry on www.nhs.uk

Services provided (Please tick all that apply):

- Electronic prescription service
- Delivery service Elastic hosiery Truss fittings
- Emergency contraception Incontinence supplies Stoma appliances
- Needle exchange Emergency contraception (local schemes)
- Pregnancy testing
- Others (please specify)
-

Premises/facilities (please tick all that apply)

- Access for wheelchair users Access without steps
- Toilet for wheelchair users Induction loop
- Signing service Translation service

Parking

Disabled car parking

Public transport nearby (please specify)

.....

Other facilities (please specify)

.....

Languages spoken by staff (other than English)

.....

Chapter 12A

Annex 22

Granted – Third Party with No Appeal Rights

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

We have considered the above application and I am writing to confirm that it has been granted.

[insert full reasoning for decision]

[If applicable, insert the following]

[By virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the applicant must

- provide the following directed service[s]

Yours sincerely

[name]

[title]

Chapter 12A

Annex 23

Granted – Third Party with Appeal Rights

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

We have considered the above application and I am writing to confirm that it has been granted.

[insert full reasoning for decision]

[If applicable, insert the following]

[By virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the applicant must

- provide the following directed service[s],

You have a right of appeal to the Secretary of State against our decision. Should you choose to appeal then you should send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to:

Family Health Services Appeal Unit
1 Trevelyan Square
Boar Lane
Leeds
LS1 6AE

Yours sincerely

[name]

[title]

Chapter 12A

Annex 24

Notification of Refusal of Application - Applicant

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

We have considered the above application and I am writing to confirm that it has been refused.

[insert full reasoning for decision]

You have a right of appeal to the Secretary of State against our decision. Should you choose to appeal then you should send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to:

Family Health Services Appeal Unit
1 Trevelyan Square
Boar Lane
Leeds
LS1 6AE

Yours sincerely

[name]

[title]

Chapter 12A

Annex 25

Notification of Refusal of Application – Third Party

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

We have considered the above application and I am writing to confirm that it has been refused.

[insert full reasoning for decision]

Yours sincerely

[name]

[title]

Chapter 12A

Annex 26

Notification that Secretary of State Grants Application

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

We have been notified that the Secretary of State has [granted/confirmed the grant] of the above application. Please find enclosed a revised template of the notice of consolidation which you are required to submit to us.

Yours sincerely

[name]

[title]

Notice of consolidation

Entries marked with an asterisk (*) are to be filled in by the Commissioner

Name of applicant*

Trading name if different

Address of the premises at which pharmaceutical services are no longer to be provided (the closing premises)*

Pharmaceutical services will cease to be provided at the closing premises on

..... (*insert date*)

Address of the premises at which pharmaceutical services are to continue to be provided (the continuing premises)*

Telephone number

Fax number

Email

Website

Premises registration number with the General Pharmaceutical Council

Name of superintendent pharmacist
(pharmacy bodies corporate only)

Services to be provided from the premises*

Date of grant of application by the Commissioner or on appeal*

The consolidation of services onto the site of the continuing premises will take effect within the next 14 days, ie on: (*insert date*)

I confirm that reasonable steps have been taken to advise any patients who have nominated the contractor listed in relation to the closing premises as their nominated dispensing contractor that their nomination will transfer to the contractor listed in relation to the continuing premises, if the Electronic Prescription Service is available through those premises, unless they change their nomination.

Signature

Name

Position

Date

On behalf of the company/partnership

Contact phone number in case of queries.....

Contact email number in case of queries

Registered office

The following must be completed if the applicant applied for a change of ownership of pharmacy premises when making a consolidation application.

I am/represent the person on the pharmaceutical list in relation to the closing/continuing* premises. I/We hereby give notice of my/our intention to cease provision of pharmaceutical services at the ceasing/continuing premises

Signature

Name

Position

Date

On behalf of the company/partnership

* delete as necessary

The information provided below will be added to the premises entry on www.nhs.uk

Services provided (Please tick all that apply):

- Electronic prescription service
- Delivery service Elastic hosiery Truss fittings
- Emergency contraception Incontinence supplies Stoma appliances
- Needle exchange Emergency contraception (local schemes)
- Pregnancy testing
- Others (please specify)
-

Premises/facilities (please tick all that apply)

- Access for wheelchair users Access without steps
- Toilet for wheelchair users Induction loop
- Signing service Translation service

Parking

Disabled car parking

Public transport nearby (please specify)

.....

Other facilities (please specify)

.....

Languages spoken by staff (other than English)

.....

Chapter 12A

Annex 27

Confirmation of No Appeal

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

I am writing to confirm that no appeal against our decision on the above application has been submitted to the Secretary of State.

You therefore have 6 months from the date of my previous letter dated [insert date] within which to submit your notice of consolidation and bring the consolidation into effect.

Enclosed is a copy of the banking mandate which should be completed and returned with your notice of consolidation.

Yours sincerely

[name]

[title]

Chapter 12A

Annex 28

Acknowledgement of Receipt of Notice of Consolidation

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

I am writing to confirm receipt of your notice of consolidation.

[insert name of P1] will [remain/be included] on the pharmaceutical list for the [insert] Health and Wellbeing Board in respect of the premises at [continuing site address], whilst [insert name of P2] will be removed and services will cease to be provided from the premises at [closing site address] with effect from [insert date].

[If applicable, insert the following]

[By virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 you must:

- provide the following directed service[s],

Yours sincerely

[name]

[title]

Chapter 12A

Annex 29

Notification that Notice of Consolidation Received Out of Time

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

I am writing to acknowledge receipt of your notice of consolidation. Unfortunately it was not submitted in time and therefore your application has lapsed.

Yours sincerely

[name]

[title]

Chapter 12A

Annex 30

Change to the Pharmaceutical List – Notice

[date]

Dear [insert]

Re: Consolidation onto the site at [address 1] of [pharmacy 1] already at that site and [pharmacy 2] currently at [address 2]

I am writing to inform you that the above application to consolidate services onto an existing site will take effect on [insert date].

From that date [insert name of P1] will [remain/be included] on the pharmaceutical list for the [insert] Health and Wellbeing Board in respect of the premises at [continuing site address], whilst [insert name of P2] will be removed and services will cease to be provided from the premises at [closing site address].

If you require any further details, please contact me.

Yours sincerely

[name]

[title]