**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)**

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**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]](#footnote-1)**

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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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I/we confirm that, consequent on the consolidation of the listed chemist premises at site 1, the provision of pharmaceutical services from site 2 will cease. Yes No

If the current owners of listed premises site 1 and 2 are different, I/we confirm that this application is also an application to change the ownership of the listed premises for which I/we are not the owner.

Are either or both of the listed premises above distance selling premises or appliance contractor premises[[2]](#footnote-2)? Yes No

**3 Opening hours**

**3.1 Proposed core opening hours[[3]](#footnote-3)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total |
|  |  |  |  |  |  |  |  |

**3.2 Proposed total opening hours[[4]](#footnote-4)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total |
|  |  |  |  |  |  |  |  |

**3.3 Current core opening hours for Site 1**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total |
|  |  |  |  |  |  |  |  |

**3.4 Current total opening hours for Site 1**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total |
|  |  |  |  |  |  |  |  |

**3.5 Current core opening hours for Site 2**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total |
|  |  |  |  |  |  |  |  |

**3.6 Current total opening hours for Site 2**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total |
|  |  |  |  |  |  |  |  |

**4 Pharmaceutical services and premises facilities to be provided at the consolidated premises - Site 1**

Essential services (paragraphs 3 to 22, Schedule 4 – pharmacies)

**4.1** If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write ‘none’ if the pharmacy does not provide appliances).

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**4.2** I/We confirm that the current pharmaceutical services provided at site 1 will continue to be provided consequent to the consolidation of the listed chemist premises at site 1.

**4.3** Please give details of any advanced and enhanced services that are currently provided from both sites; and the services that you intend to provide from the consolidated site.

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of NHS Pharmaceutical Services 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)** |
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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** Pleaseconfirm 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

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Please send the completed form to:

|  |
| --- |
| [insert Commissioner's office details] |

1. This should be the name and address as it currently appears in the relevant pharmaceutical list. [↑](#footnote-ref-1)
2. NHS England must refuse a consolidation application if either or both sites are distance selling premises or appliance contractor premises. [↑](#footnote-ref-2)
3. These should be the same as the current core opening hours for site 1. [↑](#footnote-ref-3)
4. The total opening hours includes the core hours and any supplementary opening hours. These should be the same total opening hours as at the current site 1. [↑](#footnote-ref-4)